

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Centre address:	13 Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 7348
Email address:	donore_91@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brecon (Care) Limited
Provider Nominee:	John Percival Griffin
Lead inspector:	Ann Wallace
Support inspector(s):	Angela Ring
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 December 2017 09:00 To: 13 December 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was a short term announced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on the actions from the previous inspection and inform an application from the provider to renew the centres registration.

As part of the inspection, the inspectors met with residents, the provider, the Assistant Director of Nursing (ADON) and members of staff who were present in the centre during the inspection. The person in charge was on annual leave on the day of the inspection. The inspectors also observed practices and reviewed documentation such as policies and procedures, staff files, clinical governance and audit documents, care plans, medical records and the records from allied healthcare professionals.

The centre provides long term care for residents who need help with daily living due to long term physical and cognitive impairments. There were 19 residents living in

the centre on the day of the inspection.

During this inspection the inspectors found that the centre had carried out a number of improvements since the last inspection in relation to governance and management processes, the layout of multi-occupancy rooms, safeguarding and safety processes, health and safety, health and social care, notification of incidents and staffing. However the inspectors found that further improvements were needed in managing staffing levels in the centre to ensure that staffing levels were appropriate to meet the assessed needs of the residents at all times.

Residents who spoke with the inspectors reported high levels of satisfaction with the care and services provided at the centre and complimented the staff on their courtesy and kindness. Residents told the inspectors that they felt safe at the centre.

There was an established staff team with a low turnover of staff. Staff had good access to training and all staff had attended mandatory training on fire safety, moving and handling and cardio-pulmonary resuscitation. Staff and managers had also attended recent updates in the detection and prevention of elder abuse.

The findings of the inspection are laid out in the body of the following report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed the statement of purpose which documented the aims, objectives and ethos of the centre and stated the facilities and services which were provided for residents. The inspectors found that the statement of purpose reflected the care and services provided for the residents and the ethos of the centre. The document was reviewed regularly.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The service provided in the centre was seen to be in line with the statement of purpose. Inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre and that these were implemented in line with

the centre's own policies and procedures. This was an action from the previous inspection.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspectors spoke were clear about the reporting structure.

The person in charge [PIC] is a registered nurse with over twenty years experience of managing older person's services. She had regular contact with the provider who was based in the centre Monday to Friday. The person in charge was supported in their role by the assistant director of nursing (ADON) who is a qualified nurse with more than ten years experience of working in an older person's residential care setting. The ADON was deputizing for the PIC on the day of the inspection and cooperated fully with the process.

Nursing and care staff were supported and supervised in their day to day work by the PIC and the ADON. The PIC and provider worked a flexible on call roster in order to provide support and supervision at weekends and out of hours. Housekeeping and catering staff were supervised in their work by the PIC. Staff who spoke with the inspectors reported that they had ongoing support from the senior staff and managers in the centre and that they were approachable. Staff received regular feedback on their performance and annual appraisals were carried out by the PIC for all staff working in the centre. As a result inspectors found that staff demonstrated accountability for their work and were clear about what was expected of them in their roles.

The provider and PIC had administrative support from a part time administrator for payroll, correspondence and general administrative duties. The member of staff carried out these duties on a part time basis in addition to his normal duties as a health care assistant. The provider told the inspectors that this would be reviewed regularly to ensure that adequate administrative support was available in the centre. This was a requirement from the previous inspection.

Management meetings were held regularly between the person in charge, the provider and staff from all departments. A review of the meeting minutes showed that key issues such as staffing, training, complaints, audits and concerns about individual residents were discussed and management plans drawn up to resolve issues raised. Audit findings and incidents were reviewed by managers and relevant staff and improvement plans developed and agreed. The PIC used the meetings to update staff on the centre's policies and procedures and to review practices against the policies. These were requirement from the previous inspection.

The provider had retained a consultancy firm to support the centre with the development and review of policies and procedures and updates on relevant legislation. The consultancy was also supporting the PIC to improve the implementation of policies and procedures and quality assurance systems in the centre.

Documentation showed that the quality of care and the experience of residents was monitored and reviewed on an ongoing basis. There was a clear complaints process in the centre. Complaints were recorded and acted upon. Resident meetings were held

regularly and the records included an attendance list, issues raised by residents and agreed actions and resolutions. The centre had completed an annual review of the quality and safety of care delivered to residents. The review included feedback from residents and relatives on the quality of services provided in the centre and identified areas for improvement. The report was available to residents and their families.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All the documents required to be kept and maintained in the centre were in place. The inspectors found that records required to be kept in the centre were kept secure and were easily available for review.

The inspectors reviewed a sample of staff recruitment files and found that they contained the requirements as listed in Schedule 2 of the regulations. This was an action from the previous inspection.

The inspectors reviewed a sample resident's nursing and medical records and found that the records contained all the requirements of Schedule 3 of the regulations.

The centre maintained all policies as listed in Schedule 5. The policies reviewed by the inspector were up-to-date, comprehensive and included current best practice guidance. The Safeguarding policy gave clear guidance on how agencies must work together to ensure that residents in the centre were protected.

Inspectors found that there was a copy of the current statement of purpose, the resident's guide and a copy of previous inspection reports available in the centre.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that policies and procedures were in place to safeguard and protect residents from abuse. Incidents, allegations and concerns relating to the abuse of residents had been recorded. Training records showed that staff had attended a recent safeguarding update. The provider and person in charge (PIC) had attended further training session with the HSE Safeguarding team.

Staff who spoke with the inspectors were able to articulate the policies and procedures relating to the detection of and protection of residents from abuse. Staff were aware of their role and responsibilities in relation to safeguarding residents in the centre. The provider and assistant director of nursing (ADON) were aware of their responsibilities in relation to responding to allegations of abuse and safeguarding the residents who lived at the centre. Residents told the inspectors that they felt safe at the centre and that they could approach the staff and managers in the centre if they had any concerns.

The inspector found that in line with the ethos of the centre, managers and staff were working towards a restraint free environment in line with best practice guidance. Records showed that the use of bed rails was minimal in the centre. The use of bedrails was monitored and recorded in the centre's restraint log. The inspector reviewed a sample of assessments for bed rails and found that individual resident risk assessments documented that alternatives to bed rails had been considered. Risk assessments and care plans showed evidence of resident and family involvement in decisions regarding risk management and restraint.

The majority of residents living at the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A sample of resident's care plans were reviewed by the inspectors. Residents had care plans in place for the management of responsive behaviours which identified the triggers which might cause the behaviours and the appropriate actions to be taken to support the residents. Staff were knowledgeable about individual residents and what might trigger their responsive behaviours. Staff were aware of the appropriate techniques to be used with individuals when responsive behaviours were exhibited. Inspectors observed staff using discreet supervision and interventions to support

residents who displayed responsive behaviours. Staff worked well together as a staff team which helped to create a calm and pleasant atmosphere in the centre.

The provider and the PIC had reviewed the accommodation for two residents who were occupying a twin room on the ground floor. The room was now a single room and the resident who occupied the room was able to display their personal items and arrange the room to suit their needs. This was an action from the previous inspection.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that the health and safety of residents, staff and visitors was actively promoted. The action plan required following the previous inspection in relation to the review of accidents and incidents that occurred in the centre had been completed.

There were comprehensive policies in place relating to health and safety and risk management. These had been recently reviewed and met the requirements of the regulations. There was an up-to-date Health and Safety Statement. A comprehensive emergency plan was in place.

The inspectors found that there was a log of all accidents and incidents that had occurred in the designated centre since the previous inspection. Records showed that these were reviewed in line with the centre's policies and procedures and a corrective action response (CAR) was documented for each incident. The PIC discussed incidents with relevant staff at the staff handover meetings. As a result there was clear evidence of learning and improvements being made to prevent a recurrence of the incident. This was an improvement from the previous inspection.

The risk management policy was reviewed and was seen to comply with Regulation 26 (1). The centre's risk register had been updated to include current clinical risks such as responsive behaviours displayed by some residents in the centre. The inspectors spoke with staff and found them to be aware of relevant risks in their areas of work. Staff were observed to follow correct risk management procedures in their day-to-day practices for example correct moving and handling techniques and infection control procedures.

Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for skin integrity, resident dependency, continence, moving and handling, residents who smoked and responsive behaviours. Clinical risk assessments were recorded in resident's care plans and were reviewed four monthly or more often if a resident's condition changed. Staff who spoke with the inspector were able to articulate the risks relating to individual residents and the management plans that were in place to manage identified risks.

The fire safety policy was detailed and centre specific and included a clear evacuation procedure to be followed in the event of a fire. Fire exits were found to be unobstructed. Staff allocation records showed that a member of staff was allocated on each shift to check that the fire escapes were kept clear and that there were no trip hazards to obstruct evacuation in the event of a fire.

Records reviewed by the inspector showed that fire safety equipment including fire detection equipment and alarm systems were checked and serviced at regular intervals.

Staff had attended fire safety training and fire evacuation drills were carried out at regular intervals. Staff who spoke with the inspector were clear about the procedure to follow in the event of a fire.

Up to date records were available for the servicing of nursing and moving and handling equipment such as hoists and specialist beds and mattresses. All equipment had been serviced within the last twelve months.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that there was a record of all incidents that had occurred in the centre since the last inspection. All notifiable incidents were notified to HIQA within the required timeframes. This was an action from the previous inspection.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that residents had an assessment of their needs, care plans that described how their needs were to be met and that their needs had been reviewed on a regular basis. The actions in relation to the assessment of communication needs and psychosocial needs and care plan reviews had been implemented since the last inspection.

The inspectors reviewed a selection of resident's records and spoke with staff who developed and used them. Documentation showed that prior to admission an assessment was carried out by the person in charge (PIC) and the provider representative to ensure that the potential resident's needs could be met in the centre. When residents were admitted, a more detailed assessment was completed by nursing staff within 48 hours and a care plan was developed with the resident and their family. Risk assessments were completed in key areas such as falls risk, nutritional risks, pressure sore risk, responsive behaviours and moving and handling risks. Clear risk management plans were in place which supported resident autonomy and promoted self care abilities and independence. Care plans and risk assessments were agreed with the resident and their family.

Medical and care records showed that residents had good access to relevant medical and allied health and social care professionals. General Practitioners (GP) visited the centre weekly and residents could keep their own GP if they wished to do so. Out of hours GP services were available for residents. A range of allied health care services attended the centre when required. These included; physiotherapy, dietician, speech and language therapy, consultant psychiatrist and community mental health services. Specialist nursing services such as palliative care and tissue viability nurses provided specialist input on referral from the centre. Care plan records demonstrated that recommendations were implemented for example special diets and mobility aids.

The inspectors found that there were clear records of staff reviewing and updating resident's records as their needs changed. This was done at least four monthly or more frequently if a resident's condition changed. This was an action from the previous inspection. Residents and their families were involved in the reviews if they chose to attend.

The inspectors found that where residents were temporarily absent from the centre relevant information was sent with them in relation to their medication and assessments of their needs. On the residents return to the centre from hospital there was a clear summary of their needs and any changes to medication.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that overall the location, design and layout of the designated centre met the needs of the residents in a comfortable and homely way. However one of the actions from the previous inspection was not resolved. This related to toilet and bathroom facilities on the ground floor not being situated close to residents' bedrooms.

The designated centre is a two storey house which has been extended and adapted to provide accommodation for 24 residents. The provider had completed an extensive internal refurbishment within the existing building in December 2016. The centre does not have a lift between floors. A stair lift is provided for residents. This information is clearly stated in the centre's statement of purpose. This was an action from the previous inspection.

The provider informed the inspectors that residents are assessed for their mobility needs prior to admission to rooms on the first floor. On the day of the inspection the inspectors observed that the residents on the first floor were mobilizing independently or with the supervision of one member of staff.

There are six single bedrooms, four twin bedrooms and three multi-occupancy rooms with three or four residents. All bedrooms have hand wash basins, a wardrobe for each resident and a bedside locker. Lockable drawers are made available for residents who wish to use them. All bedrooms have accessible call bell systems for each bed. Some residents had personalized their rooms with photographs and artifacts from home. Two

single rooms on the ground floor had access directly onto the pleasant courtyard areas leading to the main garden.

Following the previous inspection the provider had reconfigured a twin room on the ground floor to a single room and a three bedded room on the first floor to a twin room. The inspectors found that these bedrooms were now of a suitable size and layout for the needs of the residents who occupied them.

There is one toilet on the ground floor which is not wheelchair accessible. Two wheelchair accessible toilet/shower rooms are available on the ground floor however one of these is situated off the communal lounge at the rear of the building and is not close to the residents' bedrooms. The accessibility and distance of toilet and bathroom facilities on the ground floor are an outstanding requirement from the previous inspection.

The communal areas are light and spacious and were well used by the residents during the inspection. There is a small dining room to the side of the building with patio doors which lead out to the courtyard area and the garden. In addition to the recently developed communal lounge there is a smaller quiet lounge area next to the nurse's station which provides quiet comfortable seating for those residents who prefer a calm space and who need a higher level of nursing supervision. The inspectors observed residents taking part in craft activities in this area. Some residents chose to take their meals in this lounge.

The outside space is nicely laid out for residents and is a particular strength of the centre. The courtyard garden surrounds the premises and provides several small outside seating areas. The areas are nicely laid out with raised beds and flower pots, garden chairs and tables and seating. There is a small area in the courtyard designated as a smoking area which was available for residents who wished to smoke.

The centre provides a range of assistive equipment including wheelchairs, specialist mattresses and hoists. The inspectors reviewed the service records for the equipment and found that they had been serviced within the last year.

There is a small laundry room just off the main building. There is a separate domestic room with sluice facilities and storage for cleaning equipment. Both rooms were clean and tidy on the days of the inspection. Appropriate fire detection and fire safety equipment was available in the laundry room.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. The actions from the previous inspection in relation to privacy and dignity, activities, advocacy and care plans for residents with identified communication needs had been addressed.

Following the previous inspection a second person had joined the activities team and worked opposite the activities coordinator. The planned programme now covered Monday to Friday with limited activities provided by care staff at the weekends. As a result the inspectors found that residents had access to meaningful activity during the morning and early afternoon on five days each week and some weekend activities. The afternoon programme now included outings to local shops and cafes. Residents who spoke with the inspectors said that the activities programme had improved and that they were able to go out for a walk on most days if they wished to do so.

The programme taking place during the inspection included, exercise to music sessions, board and card games and craft activities. All residents spent some time in the communal areas on the day of the inspection. For those residents with higher levels of need staff were observed sitting with them and chatting or reading magazines and the newspaper. The inspectors observed that staff offered support and gentle encouragement to residents to participate in activities. Staff knew which activities individual residents preferred. Staff respected when residents chose not to participate in the activities.

Throughout the inspection residents were seen to be making choices about how and where to spend their day. For example when to get up, what to eat and drink at meal times and whether to take part in the activities on offer.

The centre has an open visiting policy with limited restrictions around meal times. Residents could meet with their visitors in private in their rooms or in the communal areas.

There were televisions and newspapers available for residents. There was a telephone that residents could use in private. Residents had access to wifi and one resident used this to keep in touch with family who lived at a distance.

Where residents had communication needs these were identified during their assessment and were documented in the residents' care plans. The centre had organized a translation service for one resident whose first language was not English. This was an action from the previous inspection. Staff were aware of individual resident's communication needs and what support was needed to engage with them

effectively.

There were three monthly residents meetings and meeting records showed that topics such as food, the laundry service and activities were discussed regularly. The meetings were facilitated by an external facilitator. Minutes were documented for each meeting. Records showed that where issues were raised the centre provided feedback to individual residents on what had been done to resolve issues.

Residents had access to advocacy through an advocate who was known to the centre. Details were provided in the resident's guide and on the notice boards. In addition the centre had organized independent advocacy from a national advocacy organization. The service was due to commence in January 2018. This was an action from the previous inspection.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors reviewed the staffing levels at the designated centre and found that at most times there were sufficient staff with the required skills to meet the needs of the residents in the centre.

In line with the actions required from the previous inspection the designated centre had increased the number of health care assistants on the roster from one staff to two staff between 6pm and 8pm. However a sample of rosters was reviewed and inspectors found that due to sickness and short notice absences these staffing levels were not consistently maintained. There was no evidence that the current staffing levels led to negative outcomes for residents however inspectors noted that staffing levels would need to be reviewed to reflect an increase in occupancy or individual resident dependencies in the future.

The designated centre was recruiting for health care assistants at the time of the inspection and had selected a suitable candidate who was due to join the staff team in January 2018.

There was sufficient housekeeping and catering staff available in the centre to ensure that the needs of residents were being met.

The assistant director of nursing (ADON) worked opposite the person in charge. The ADON provided supervision of care and services that were provided on each shift and support to staff and residents as required. The inspector found that there was an open door approach from managers that supported effective communications and created an open culture in the centre. Staff who spoke with the inspector told them that managers were approachable and that their decisions were resident focused.

Staff knew residents and their families and were able to tell the inspector about individual resident's needs and preferences for care. The inspector found that this information was reflected in individual residents' care plans. Staff demonstrated genuine respect and empathy in their interactions with residents. The inspectors observed good communications between staff members and that they worked well together as a team. As a result there was a pleasant and relaxed atmosphere in the centre.

The designated centre had a system in place for monitoring that staff training was in date. Training records for fire safety, moving and handling and recognizing elder abuse were available for staff and records showed that all staff working in the centre had received up to date training or were listed to attend update training in the near future. There were other training opportunities available for staff for example in relation to responsive behaviours and understanding dementia. The centre used a variety of training methods including in-house training following incidents, resident profiling, e-learning, specialist practitioners such as mental health professionals and outside trainers.

Inspectors reviewed a sample of staff files and found that the designated centre had effective recruitment procedures in place. Staff files contained the required document as per Schedule 2 of the regulations. This was an action following the previous inspection. Staff files were audited as part of the centre's quality assurance programme.

The provider informed the inspector that all staff received Garda vetting before starting employment at the centre. This was verified in the staff files that were reviewed during the inspection. All nurses in the centre were registered with the Nursing and Midwifery Board of Ireland. There were no volunteers working in the centre at the time of the inspection.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Date of inspection:	13/12/2017
Date of response:	21/12/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

There is one toilet on the ground floor which is not wheelchair accessible. Two wheelchair accessible toilet/shower rooms are available on the ground floor however one of these is situated off the communal lounge at the rear of the building and is not close to the residents' bedrooms. The accessibility and distance of toilet and bathroom facilities on the ground floor are an outstanding requirement from the previous inspection.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The Clinical team is satisfied that there are adequate toilets on the ground floor. The residents on the ground floor in front of the house are toilet assisted residents, however in the new year we will ask the architect to look at the possibility of extending the single toilet.

Proposed Timescale: 20/12/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Rosters showed that due to sickness and short notice absences staffing levels were not consistently maintained.

2. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

The recent staff shortages were due to emergency holidays & sickness. We are awaiting the arrival of a new HCA and are not taking in any new residents until sufficient staff are available to meet the needs of all residents.

The PIC will ensure that always there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents. The process of ensuring that sufficient staff are available is based on the dependency levels and the staff, with necessary competence, required to meet the level of dependency. The Roster will be reviewed daily by the PIC to ensure that this requirement is compliant and that residents are delivered safe and consistent care.

Where staffing levels fall short of the required compliment the PIC can recourse to off duty staff who are available to replace the missing staff.

Proposed Timescale: 21/12/2017