

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Darraglynn Nursing Home
Centre ID:	OSV-0000220
Centre address:	Carrigaline Road, Douglas, Cork.
Telephone number:	021 436 4722
Email address:	darraglynn1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Darraglynn Nursing Home Limited
Provider Nominee:	Margaret O' Sullivan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 November 2017 09:30	21 November 2017 17:30
22 November 2017 09:15	22 November 2017 16:15

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 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection at Darraglynn Nursing Home, Douglas, Cork. The purpose of the inspection was to monitor compliance with regulations and standards and inform renewal of registration for the centre. Current registration is due to expire on 18 April 2018. As part of the inspection the inspector met with residents, the person in charge and provider, relatives and visitors, and other staff members. The inspector reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. Staff and management were observed in the conduct of their daily routine and engagement with residents. The inspection also assessed the physical environment and reviewed health and safety arrangements.

The findings of the inspection are described under 14 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre had demonstrated that a high standard of care was provided in keeping with evidence-based practice. The last inspection of this centre took place on 25 May 2016. A copy of that report is available at www.hiqa.ie. The provider had demonstrated a responsive approach in the implementation of any improvements identified at that time. Throughout the inspection staff and management demonstrated a conscientious approach to their respective roles.

Representatives of the service providing entity fulfilled administrative and nursing roles at the centre and were in attendance throughout the duration of inspection. Both individuals demonstrated an effective understanding of the duties and responsibilities associated with their roles. Management outlined the structures of authority and described processes around supervision and accountability in operation. The centre was appropriately resourced to provide comfortable accommodation and facilities that were in keeping with the assessed needs of residents. The premises were clean and very well presented throughout. There was appropriate outside space that was secure and well maintained where residents could sit and take the air in fine weather. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and practical training in keeping with their roles and responsibilities.

The inspector spoke with staff who had responsibility for developing and delivering a meaningful activity programme, and who confirmed that resources were appropriately allocated to support these initiatives. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The culture of care at the centre was community oriented with many residents and members of staff from the local area. Residents were supported to engage in decision making at the centre through the provision of relevant information, resident meetings and access to independent advocacy services. Satisfaction surveys took place and the independent advocate who attended the centre was also available to provide training to staff as required. Overall the centre was found to be in compliance with the requirements of the regulations and the conditions of registration. Some improvements were identified in relation to secure storage of medicines and documentation. The Action Plan at the end of the report sets out the measures put in place by the provider to address these issues and meet the requirements of 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.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre, and summarised the facilities available and services provided. The statement of purpose was kept under review and was last updated in September 2017.

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):

No actions were required from the previous inspection.

Findings:

The centre was a well established nursing home operating under the management of Darraglynn Nursing Home Ltd. The nominated service provider representative was a director of the company who also provided managerial support in relation to the

administration of the centre. Another company director was clinically qualified and also partook in the ongoing management of the centre, providing clinical and administrative support as required. Management of care was implemented through both the directorship of the company and the person in charge. The organisational structure was as set out in the statement of purpose. The person in charge explained systems of care and communication that reflected the current profile of needs for residents in the centre. The inspector saw that team communication around the individual care needs of residents took place between all staff on at least a daily basis.

The centre was registered for a maximum occupancy of 25 residents. The centre was very well maintained and presented. Management confirmed that resources were dedicated on a consistent basis to ensure a continuing programme of upkeep. Both directors of the company were in attendance throughout the inspection and demonstrated a responsive approach to complying with the regulations. Effective action had been taken to address previous inspection findings. Effective systems of oversight were in place that included monitoring of service through the use of a regular audit schedule. Data was collated and monitored in relation to a number of key performance indicators, including accidents and incidents, the use of antibiotics and the occurrence of healthcare related infections.

A review of the quality and safety of care was completed annually and a copy of the report on this review was available for reference as required by the regulations. Processes to facilitate feedback by residents and relatives were in place, including meetings and survey questionnaires. The review summarised achievements during the year against a framework that reflected the relevant national standards.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

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):

No actions were required from the previous inspection.

Findings:

The centre maintained a full suite of policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These were centre specific and, where appropriate, referenced the latest national policy, guidance and guidelines. Policies were reviewed at least every three years, or more frequently where required and copies were accessible for reference in the nurses' station. Records were maintained that indicated staff were made aware of changes to policies.

Records were generally maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Evidence was in place that the centre was adequately insured against injury to residents and loss or damage to residents' property. The inspector reviewed a sample of staff files and found that all the requirements in relation to documentation as set out in Schedule 2 of the regulations had been met. A Directory of Residents was in place in keeping with Regulation 19 that contained the relevant information required under Schedule 3. Records in relation to medical and nursing notes were maintained in keeping with Schedule 4. However, the care planning process was in transition from hard copy to electronic versions and, in some instances, information required further development as it did not always reflect the level of detail and knowledge that staff had been able to demonstrate when discussing their understanding of a resident's care.

Judgment:

Substantially 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:

There were relevant policies and procedures in place that provided direction to staff on measures to safeguard the welfare of residents. In addition, all staff had received current training on how to prevent, detect and respond to abuse. Appropriate protocols were in place for staff to record, report and investigate any allegations of abuse, should they occur. The inspector spoke with members of staff who understood their duties of care and demonstrated a conscientious approach to safeguarding the welfare of residents. Management confirmed that robust recruitment procedures were in place that included the verification of references and the security vetting of all staff. Security measures included a visitors' attendance log and the use of closed circuit television (CCTV) in reception and corridor areas.

The inspector reviewed processes for managing finances and valuables. Management encouraged residents to manage their own finances, either independently or with the support of family. Residents were provided with individual, lockable storage for the safe keeping of personal items. At the time of inspection the centre did not act as an agent for any resident. Some small amounts of cash were managed for minor expenditures. The inspector reviewed a sample of cash management records that were accurate and transparent. Appropriate safeguarding protocols in this regard included the double signing of entries and withdrawals, and the retention of receipts for reference.

A restraint policy was in place that promoted a restraint-free environment with the stated aim that underlying factors be considered and restraint used only as a last resort. Assessments had been undertaken to ensure that the use of restraint, such as bed-rails, was safe and appropriate. These assessments were documented on individual care plans. Where bed-rails were in use, records were maintained that reflected regular monitoring, as required.

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:

A comprehensive set of policies and procedures was in place that appropriately addressed the requirements in relation to health and safety. The risk management policy was kept under regular review and referenced the specific hazards identified by Regulation 26. There was an effective system of identifying and assessing risks throughout the centre. A risk register was in place that was regularly updated and included assessments around the risks identified on the previous inspection in relation to patio railings, for example. There was a current health and safety statement. Procedures for responding to emergencies were set out in a related emergency plan that provided instructions and contact details as necessary. Evacuation procedures and floor plans identifying nearby emergency exits were displayed clearly at the centre. Personal evacuation plans were in place that provided information on the mobility and assistance needs of each resident. Incidents and accidents were recorded electronically and reviewed on a monthly basis as part of the ongoing quality improvement plan.

The premises and grounds were well maintained with suitable safeguards in place that included grab-rails and accessible call-bells in all rooms. Emergency exits were clearly marked. Cleaning products and hazardous substances were securely stored. Access to areas of potential hazard, such as sluice rooms and the kitchen area, was restricted. The inspector discussed cleaning protocols with a member of staff who had received relevant training in the area of infection control and was able to describe how the work undertaken was in keeping with best practice. The centre had a nominated member of staff with responsibility for monitoring compliance with national standards for infection prevention and control. The inspector noted that staff utilised personal protective equipment and sanitising hand-gel as appropriate.

A fire-safety register was in place that recorded monitoring of regular checks of fire alarm panels, escape routes, door release mechanisms and emergency lighting. Suitable fire-equipment was available throughout the centre, and regular service and maintenance documentation was in place for this equipment. The inspector reviewed training records that confirmed all staff had received current mandatory training in both fire-safety and manual handling practice. Staff spoken with confirmed that they took part in regular fire drills. The inspector reviewed records of these exercises and noted that relevant information on participants, duration and any learning outcomes were recorded.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

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 inspector reviewed practice and procedures in relation to the management of medicines with the person in charge and noted that appropriate action had been taken to improve processes that had been identified on the previous inspection. A comprehensive policy covering the required areas of managing medicines, including protocols on ordering, prescribing, storing and administration, was in place. The policy had been reviewed in July 2016. The inspector noted that storage facilities for all medicines were orderly and secure in keeping with requirements. Drug trolleys, medicines and controlled drugs were stored in a locked room that was only accessible through the nurses' station at reception. However, in practice these secure arrangements were compromised as the door to the nurses' station itself was not fitted with access controls.

A member of nursing staff demonstrated how medicines were administered in keeping with the directions of the prescriber. A protocol for referring to the prescriber in instances where a resident might refuse medicine was in place. A sample of prescription records was reviewed by the inspector that contained all relevant biographical information, including a photograph of the resident. The prescribing of PRN medicines (a medicine taken only as the need arises) included information on the recommended maximum daily dosage. Where residents required their medicines to be crushed prior to administration, authorisation by the prescriber was documented. The inspector spoke with members of nursing staff who confirmed that their training on managing medicines was regularly updated and that appropriate support around training and audit was provided by the pharmacist. Staff had access to compliance aids to assist them in identifying medicines if necessary. A signature bank for all administering nursing staff was maintained. At the time of inspection no residents were self-administering their medication.

Judgment:

Substantially 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:

The inspector reviewed documentation around the recording and management of incidents and accidents and discussed practice in relation to submitting notifications with the responsible staff members. Management understood the statutory requirements in relation to the notification of incidents. Processes were in keeping with requirements

and incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the Regulations.

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):

No actions were required from the previous inspection.

Findings:

On admission residents were comprehensively assessed around key components of care such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Assessments were undertaken by a qualified nurse. Care planning assessments and records were maintained electronically; this system was accessible and easy to review and provided effective oversight of the prescribed care for residents at any given time. Care plans were implemented in line with the assessments and provided relevant guidance to staff on how best to meet the needs of the resident when providing care. The inspector reviewed a sample of care planning records and noted that planning processes were consistent with previous inspection findings. Assessments were comprehensive and were regularly reviewed at least every four months, or as care needs changed.

The inspector spoke with members of nursing and care staff about their understanding in relation to the needs of residents. All staff spoken with demonstrated a well developed knowledge and understanding of the needs and personal circumstances of individual residents. Where assessments had identified that a resident had particular needs, an associated plan of care had been developed and was available for reference by staff. For example, specific plans were in place for issues around communication, dietary requirements or where a resident might have difficulty swallowing. Management provided access as necessary to relevant allied healthcare, such as speech and language therapy, dietetics and physiotherapy. Arrangements were in place to support residents in accessing dental and optician services as required. Psychiatric and geriatric consultancy services were available on referral. Measures to promote good health and ensure early detection of illness included routine vital observations and weight recording on a regular monthly basis, or more often as a resident's condition might change.

The inspector saw that consultations took place with residents and their families and that these reviews were noted on care plans. Resident records were regularly updated

with relevant nursing narrative notes on at least a daily basis. Care staff spoken with explained that they were responsible for ensuring that information on safety checks and personal care were accurately recorded. Regular entries were noted on records. Medical notes reflected regular reviews by an attending general practitioner (GP). Residents had the option of retaining the services of their own GP. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

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):

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

Findings:

Darraglynn Nursing Home is a 25 bedded facility situated approximately one kilometre from Douglas village, on the outskirts of Cork city. The centre is a single storey building over a basement with parking facilities to the front and side. Residential accommodation is laid out on the ground floor only. Bedroom accommodation comprises 21 single bedrooms and two twin bedrooms. Twenty of the single bedrooms and one of the twin bedrooms are en-suite with toilet, shower and wash-hand basin facilities. All rooms were well laid out and appropriately furnished, with adequate storage and equipment as necessary. Both twin rooms had privacy screens in place. All rooms had a radio and television and were fitted with call-bell facilities. Bathroom and toilet facilities were well equipped and accessible. Rooms were personalised to varying degrees with photographs, belongings and memorabilia.

The entrance area of the centre led onto the nurses' station and reception where there was a small seating area and coffee table. Accommodation was laid out to either side of the main entrance. On one side there was access to the main communal seating area where residents could gather for activities or watch TV. Another smaller sitting area was provided on the other side of the building opposite the dining area. The dining area was nicely laid out with tables decoratively set for small groups or individuals. From here residents also had direct access to the outside and a secure, paved patio area with seating.

The premises was very well maintained and nicely decorated. Communal areas were comfortably furnished and homely in layout and design. There was evidence of a

programme of preventive maintenance for equipment such as beds, hoists, mattresses and wheelchairs. Staff facilities were provided on the basement level. Separate toilet facilities were provided for catering staff on the ground floor. Heating, lighting and ventilation was appropriate to the size and layout of the centre. Kitchen facilities were well maintained and appropriately equipped for the size and occupancy of the centre. The laundry area was also well equipped and laid out with segregated areas for used and clean linen. The centre had adequate access as necessary to assistive equipment, such as wheelchairs and hoists, appropriate to the needs of the residents. Storage facilities were fit for purpose throughout.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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:

There was a complaint policy in place and management confirmed that it was kept under regular review. Information on how to make a complaint was on display in the entrance area of the centre. Information about the complaints process was included in both the guide for residents and the statement of purpose. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaint officer, and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. The procedure outlined the management of both verbal and written complaints and the related timeframes that could be expected for action. Contact information for both the independent advocate and the office of the Ombudsman was provided.

The inspector reviewed the process for managing complaints. The template included entries for the complaint and complainant, details of any investigation into the complaint and the outcome. The inspector discussed the complaints process with the provider and person in charge who explained that processes for consultation, such as the resident forum and the attendance by the independent advocate, also afforded opportunities to address any issues that might be raised by residents without the need to invoke the formal complaints process. The inspector also spoke with relatives of residents who confirmed that communication with management and staff was effective and that there were opportunities to raise any requests around improvements or change on an ongoing basis. Feedback in questionnaires also indicated that there was a clear understanding of who was in charge and how to go about raising any concerns. The providers were in daily attendance and met regularly with residents to ensure their needs were met. At the time of inspection there were no open complaints and none had been subject to an

appeal.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A comprehensive policy on end-of-life care was in place that covered the emotional, psychological and physical aspects of resident care. It also provided direction on respect for remains and the procedure for post-death verification. Guidance was included on managing religious preferences. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. Members of management spoken with explained an approach which involved both residents and family in the regular review of care. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Effective support was available from both GP services and a palliative care team.

Judgment:

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:

There were relevant policies in place on both communication and the provision of information for residents. Management confirmed that information about the centre was

provided as part of the admission process. This included a guide for residents and a copy of the statement of purpose. The inspector noted that a visitors' policy was in place and that there was a regular attendance of visitors on the days of inspection. Residents could receive visitors in their room and there was also a separate sitting area that provided a private space for visits. Residents had access to TV, radio, papers and a private phone. The centre had arrangements in place to provide access to an independent advocate.

Staff and management articulated a commitment to developing a culture of care at the centre that was focused on the choices and preferences of the individual residents. This commitment was echoed in feedback when the inspector spoke with residents, relatives and visitors. The inspector spoke with a number of residents and relatives who provided very positive feedback on their experience of care at the centre. Residents confirmed that they had good choice around how they spent their day, when and where they took their meals or received visitors, or whether they took part in the variety of activities provided. The inspector also discussed the arrangements to support social activation and engagement for residents with staff and management. The activities coordinator explained that efforts were made to ensure that all residents had an opportunity to engage in the course of an activity and also that these opportunities were appropriate to the residents' ability to understand and respond. The care planning process included a psycho-social assessment around interests, hobbies and personal preferences. Records of assessment around abilities and interests, as well as records of activities engaged in, or extent of participation, were maintained for reference. There was evidence that personalised activities were provided for residents who might have a cognitive impairment or related communication needs. The inspector spoke with a staff member who was trained in alternative therapies and provided massage and reflexology for residents, as appropriate to their assessed needs and preferences. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, and exercise time. Residents were facilitated to go on outings or go for coffee to the nearby shopping centre.

Mealtimes took place in a pleasant dining area and all staff were seen to interact with residents throughout the dining experience ensuring needs were met and preferences were accommodated. Residents were seen to have access to regular snacks and refreshments in the course of the day and the inspector noted that staff regularly checked on the welfare of residents offering tea or a drink as a matter of course. All residents were seen to be familiar and at their ease with staff generally.

The ethos of the centre, set out in the statement of purpose, stated that residents would be provided with a "warm and caring atmosphere...and encouraged to participate in the development of their individualised care..." The inspector found that this ethos was actively promoted in the centre and that staff and management shared a commitment to providing care that focused on the individual resident.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the staff rota with the person in charge and noted that the staff numbers and skill mix were appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. A suitably qualified member of staff had responsibility for deputising as person in charge. Processes were in place to ensure that staff were kept aware of the changing needs of residents and included a regular daily handover meeting. Supervision arrangements were in place and a qualified nurse was on duty at all times. Regular audits took place and staff performance was monitored.

The inspector spoke with staff about their training and duties. All staff spoken with demonstrated an appropriate understanding of their responsibilities and duties in relation to the care and welfare of residents. There was evidence that staff were provided with a regularly updated training programme and all staff had received current training in the required mandatory areas. The centre provided an additional programme of training on areas such as the management of dysphagia (issues with swallowing), dementia, responsive behaviours and the use of restraint, for example.

The centre had appropriate policies on recruitment, training and police vetting. The inspector reviewed a sample of personnel files and was satisfied that the maintenance of this documentation was in keeping with the requirements of Schedule 2 of the regulations. These files also included a record of staff appraisals. The provider was able to describe robust recruitment practices and induction processes that were reflected in the associated policies and procedures. Police vetting was in place for all staff before the commencement of their employment. There were no volunteers at the time of inspection.

Judgment:
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:

Mairead Harrington
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:	Darraglynn Nursing Home
Centre ID:	OSV-0000220
Date of inspection:	21/11/2017
Date of response:	20/12/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Records around care planning that were maintained electronically required further development to ensure that information was consistently recorded in relation to specific areas of care.

1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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

(1) in such manner as to be safe and accessible.

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

The relevant support team has been contacted to address this issue and ensure that resident's information and care plans are more easily understandable and accessible.

Proposed Timescale: 31/01/2018

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The door to the nurses' station was not fitted with access controls.

2. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

A key pad will be added to the nurses' station door to maintain the security of residents files in accordance with the data protection act.

Mid of January 2018

Proposed Timescale: 31/01/2018