



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Donore Nursing Home
Name of provider:	Brecon (Care) Limited
Address of centre:	13 Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 July 2018
Centre ID:	OSV-0000032
Fieldwork ID:	MON-0024439

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Donore is a small centre with 24 beds which caters for residents with long term mental health needs, challenging behaviours and dementia. Our aim is to provide a comfortable, clean and safe environment for our residents.

The staff team is well-established with many staff working at the centre for over five years. Staff know the residents well and aim to provide a homely atmosphere for residents where everyone is treated with compassion and can live with contentment, laughter, socialize and experience a high quality of life, enhancing their optimum level of functioning, also their worth and dignity and independence.

**The following information outlines some additional data on this centre.**

Current registration end date:	22/01/2021
Number of residents on the date of inspection:	18

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
10 July 2018	16:30hrs to 20:00hrs	Ann Wallace	Lead
10 July 2018	16:30hrs to 20:00hrs	Gearoid Harrahill	Support

## Views of people who use the service

Residents who spoke with the inspectors said that they were well looked after in the centre and that their needs were met. Residents said that staff were kind and patient and that they could talk to staff if they had any concerns. Residents saw the person in charge and the provider on most days and said that they were approachable.

Residents were aware that there had been a number of staff changes and said that they had been kept informed about the changes. Residents said that they were being well looked after.

## Capacity and capability

This was a triggered inspection to review information in relation to how the centre was managing the impact of the resignations of nursing staff.

The provider had submitted an email to the Health Information and Quality Authority outlining how the centre was managing the absences in the short term and providing information about the recruitment of nursing staff.

Inspectors found that the registered provider and the person in charge had not followed the centre's own policies and procedures in relation to the recruitment of staff, safeguarding residents and the maintenance of records.

Inspectors reviewed the regulations in relation to governance and management, staffing, records and protection. Inspectors also reviewed the governance arrangements that were in place in the centre. Two immediate action plans in relation to protection and records were issued to the person in charge at the end of the inspection. The management agreed not to take any further admissions to the centre until nursing staff had been successfully recruited to fill the current vacancies.

During the inspection inspectors met with the person in charge, nursing staff, care staff and residents. The provider was on scheduled leave at the time of the inspection but was available on the telephone and was in regular contact with the person in charge throughout the inspection. The person in charge and all staff co-operated fully with the inspection process and provided documentation and

information as requested by the inspectors.

On the afternoon of the inspection inspectors found that the staff in the centre matched the duty roster. There were sufficient staff on duty in the centre to meet the needs of the current residents. A qualified nurse was on duty who had worked at the centre for a number of years. She had recently transferred from night duty to work on days. Staffing levels were verified in interviews with residents and staff during the inspection.

However inspectors found that the files relating to a number of relief nursing staff did not have the required documentation in place and did not include evidence of up to date Garda vetting clearances. There was no evidence available that these staff had attended an induction programme in line with the centre's own policies and procedures.

Inspectors informed the person in charge that all staff must have Garda vetting in place and that these nursing staff could not work in the centre until their vetting clearance was in place. The person in charge subsequently made arrangements for agency staff to cover the roster until the required documentation was in place.

Following the inspection inspectors sought assurance from the person in charge that all new nursing staff would have the required documentation in place and would complete the centre's induction programme prior to working in the centre.

All remaining staff files were reviewed by the inspectors and found to contain all of the documents required in Schedule 2 of the Regulations, including appropriate Gardai vetting.

### Regulation 16: Training and staff development

Three staff nurses rostered to work in the centre had not completed an appropriate induction programme prior to working as nurse in charge in the centre.

Judgment: Not compliant

### Regulation 21: Records

Two personnel files for relief nursing staff who had worked at the centre in the past did not contain all of the documents required in Schedule 2 of the regulations. Three personnel files for relief nursing staff who had been recently recruited and were rostered to work in the centre did not contain all of the documents required in

Schedule 2 of the regulations.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider and the person in charge had not followed the service's own policies and procedures in relation to the recruitment of staff, safeguarding residents and the maintenance of records. Both the registered provider and the person in charge were aware that the recruitment systems that they implemented were in breach of their own policies and procedures. As a result the current management systems did not ensure that care and services were provided in a safe, appropriate and consistent manner in accordance with the centre's statement of purpose.

Judgment: Not compliant

### Quality and safety

The inspectors reviewed policies and procedures and relevant documentation in relation to the protection of residents. Inspectors also spoke with residents, nursing staff and care staff in relation to the protection of residents. Residents who spoke with the inspectors said that staff were kind and patient and that they could talk to staff if they had any concerns. Residents said that they felt safe in the centre.

Staff were observed offering discreet support and supervision to residents. Staff knew each resident well and were able to talk to the inspector about the resident's life history and their current needs. There were a number of residents who had a history of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were aware of each resident's behaviours and the triggers for these. Staff who spoke with the inspectors had attended training on the management of responsive behaviours.

Residents told the inspector that although staffing levels had reduced in line with reduced occupancy they were able to make choices in their day to day routines and activities in the centre. Those residents who liked to go out of the home for a walk or to visit the local shops and amenities were usually facilitated to do so at some part of the day.

Staff working in the centre had attended safeguarding training and staff were aware of their role and responsibilities to keep residents safe in the centre. The person in charge and the registered provider had attended safeguarding training in 2017 as part of an action plan following a previous inspection. The centre had

comprehensive policies and procedures in relation to the Protection of Vulnerable Adults (Safeguarding). However there was no evidence of safeguarding training in the files for the three newly recruited staff nurses.

As a result the registered provider had not taken all reasonable measures to protect residents from abuse.

Residents had access to an independent advocate and one resident was using advocacy services at the time of the inspection.

## Regulation 8: Protection

Two nursing staff who had worked as the nurse in charge in the centre did not have appropriate Gardai vetting clearance and references in place. Two relief nursing staff rostered to work in the centre did not have appropriate Gardai vetting clearance and references in place. There was no record of attendance at an appropriate safeguarding training in these staff files.

Judgment: Not compliant



**Appendix 1 - Full list of regulations considered under each dimension**

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 8: Protection	Not compliant

# Compliance Plan for Donore Nursing Home OSV-0000032

Inspection ID: MON-0024439

Date of inspection: 10/07/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All new staff have undergone: -</p> <ul style="list-style-type: none"> <li>• Dementia and challenging behavior training</li> <li>• Manual handling</li> <li>• Fire training</li> </ul> <p>All are centre specific training.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>These files are now on the employees file, the records set out in schedule two three and four are now ready for inspection.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure that</p> <ul style="list-style-type: none"> <li>• The recruitment of staff in the future will have the required documentation in place and will complete the centre's induction programs and have completed</li> </ul>	

Garda Vetting before they commence duty.

- Safe guarding the vulnerable adults in their long-term care.
- Maintenance of the records are provided in a complete manner in accordance with our Statement of purpose.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The three relief nurses had their Garda Vetting in place the day after the unannounced inspection.
- References were in place
- All the new staff have safe guarding training in their staff files.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Compliant		Completed 31.07.2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Compliant		Completed 11.07.2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		Completed 11.07.2018  Completed 18.07.2018  Completed 31.07.2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery	Compliant		Completed 11.07.2018

	of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		Completed 11.07.2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Compliant		Completed 11.07.2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Compliant		Completed 31.07.2018