



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Announced
Date of inspection:	26 February 2018
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0020746

About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. It was purpose built in 2000 and provides 36 long-term places, 12 respite care, places and two convalescence. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy.

The following information outlines some additional data on this centre.

Current registration end date:	29/06/2018
Number of residents on the date of inspection:	43

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
26 February 2018	09:30hrs to 17:45hrs	Helen Lindsey	Lead
26 February 2018	09:30hrs to 17:45hrs	Leone Ewings	Support

Views of people who use the service

The feedback provided by residents was generally positive. They felt they were receiving a good service. Eight questionnaires were received from residents and relatives and inspectors also spoke with residents during the inspection, including those who were staying on a respite basis.

All residents who provided feedback were positive about the staff and their approach to care and support. They felt their dignity and rights were being respected. Feedback was generally positive about the range of activities offered with some suggestions made for more activities both in and out of the centre. Feedback on meals was mostly positive with people enjoying the quality and choices offered, with a suggestion for more availability of fruit. Some comments were made about the lack of arrangements to see visitors privately, and limitations to accessing the garden.

Capacity and capability

Overall, a good service was being provided to residents. Improvement was required to involving them in the development of the centre' annual report.

The staff team were observed to be meeting the needs of residents in a timely way, responding to requests for support, answering alarm call-bells, and offering support at mealtimes in a discreet manner. The person in charge regularly reviewed the identified needs of the residents and then made decisions on how to allocate staff in the two units of the centre. Training opportunities were available for all staff, and an analysis of what training would be needed in the upcoming year was based on learning from incidents and complaints from the previous year.

Residents confirmed they were aware of the complaints process, and easy read posters were on display around the centre to explain how any concerns could be raised. Inspectors reviewed recent complaints that had been made and found that the complaints policy had been followed in practice. Some complaints had been dealt with at a local level, and others were dealt with using the wider organisational options available. The person in charge completed an audit of complaints to identify any trends that required attention. They ensured that any identified actions

were implemented.

The senior management team reviewed the ongoing performance of the centre, using items such as audits, and reviews of care practice. Where improvements were identified as required senior management monitored that they were addressed in a timely way. The discussions and decisions made about any issues identified were clearly recorded in meeting minutes, and where issues that may be a risk to residents or the wider service were identified they were entered on to the centres risk register and actions were agreed to reduce the risk. Day-to-day practice was supervised by the senior nurses in the centre. Regular meetings with the person in charge covered a range of clinical indicators, for example numbers of falls, management of catheter care, pressure area care, and use of 'as required' medication. This ensured that each resident's needs were monitored and kept under regular review.

Documents and policies in the centre were regularly reviewed and, in most cases updated, appropriately to reflect any changes in legislation. An annual report was available which set out the performance of the centre, but it did not include feedback from residents or show how it had been prepared in consultation with them and their families.

Regulation 15: Staffing

Staffing levels had been agreed following a review of the needs of the residents and were appropriate for the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities. All staff had completed safeguarding and fire safety training, and training was being planned for manual handling.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance and management arrangements in place to ensure the centre was providing the service described in the statement of purpose and meeting the needs of the residents. There was an annual review document setting out the performance of the centre but there was no evidence that the document had been prepared in consultation with the residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care signed on admission that described the terms of their residency.

Judgment: Compliant

Regulation 3: Statement of purpose

A written statement of purpose covering all of the required items was available. It set out the service to be provided, gave a description of the premises and described the arrangements in place for admissions to the service. It had been recently reviewed to ensure the information was up to date.

Judgment: Compliant

Regulation 30: Volunteers

Each resident involved with the centre had their roles and responsibilities set out in writing and a vetting disclosure in place.

Judgment: Compliant

Quality and safety

Residents' assessed needs were being met, however some improvements were required in relation to care plan documentation and the procedures for using restrictive practice. The premises continued to be in need of improvement to meet the needs of residents and the requirements of the regulations. This impacted on residents' privacy and dignity being, especially in multi-occupancy rooms.

There was a process for assessing the needs of long-term and respite residents prior to their admission, and this had improved since the last inspection. The documentation was fully completed and gave an overview of each resident's identified needs. Care plans were in place where needs were identified, and some good examples of setting out individual wishes and preferences. However, there was a lack of detail of how care was to be provided in some plans. For example, what equipment may be necessary, and what to do if there was a change in the resident's presentation. Reviews of residents' needs were being carried out every four months, or more frequently if required, and the reviews included using a range of recognised nursing tools covering topics such as risk of pressure areas, risk of malnutrition, and risk of falls. There were low levels of clinical incidents seen in the ongoing reviews of care carried out by the nursing staff which showed residents care needs were being managed by the staff team.

Medication practice was seen to be in line with national standards, and the audits carried out by the visiting pharmacist found good levels of compliance in relation to receipt, storage, administration and the return of medication, including that of controlled drugs.

Staff spoken with were very clear of the arrangements in place in the centre to safeguard residents from abuse. They were clear of the policy and the steps they must take if they witnessed, suspected or had abuse reported to them. Residents said they felt safe in the centre. All residents felt their rights were being respected, and inspectors observed a number of positive interactions between staff and residents where choices were being facilitated. Throughout the day, residents were seen to be making choices, including when to get up, what to eat, how to spend their time, their privacy.

There was some use of restrictive practice in the centre, which was monitored regularly and where possible use was reduced. For example the use of 'as required' (PRN) medication had reduced in collaboration with the general practitioner (GP). The policy and procedure followed the nationally published guidance 'Towards a restraint free environment'. However, in a number of risk assessments for the use of bed rails, it was noted that alternatives trialled were not recorded, as required by the policy. When inspectors asked for clarification of what had been trialled, staff commented that the lack of equipment, such as low level beds, had limited the

options available in the centre.

While the premises were well maintained and decorated overall, there were a number of areas where the premises did not provide the minimum requirements for residents which was impacting on their quality of life. Storage in the centre was limited and, as a result, could not be used at times due to the need to store equipment in them; for example the visitors room and a sluice room. The dining room was used for mealtimes but due to its size, two sittings to accommodate everyone. At times the area called the library was used to supplement the dining area, but it was part of the corridor and a fire exit route. There was a lounge area but, again, it could not accommodate all of the residents. While there were other areas, such as those at the end of each residential corridor, or the oratory, they did not provide access to television or other media, or any activities taking place. Some activities were carried out in the library, but this was open plan, and did not afford any privacy for activities taking place. Some residents said it was hard to find private space to meet with visitors. This especially impacted the residents accommodated in multi-occupancy rooms, especially in the four-person bedrooms in use. While there were curtains for privacy, seating and storage for belongings, the space in these bedrooms was small. Residents were accommodated close to each other, and there was a risk their privacy and dignity may be impacted, for example while receiving personal care relating to continence.

There was also an insufficient number of showers available in the centre. Inspectors observed a list of who would use the shower each day to ensure every resident had the opportunity over a period of time; however, this did not support person-centred care or facilitation of residents preferences.

The provider recognised that there were areas of the premises which were not meeting the requirements of the regulations and that this had an impact on the residents. HIQA had received a plan for the renovation of the premises and work was due to be completed by the end of 2018. The provider felt that the renovations would address the areas of non compliance and improve quality of life for residents.

Regulation 11: Visits

Arrangements for visiting the centre were clearly displayed and residents were satisfied that they were able to meet with family members at times that suited them.

Judgment: Compliant

Regulation 17: Premises

The premises did not have:

- grab rails beside sinks in some communal areas
- sufficient number of showers for the number of residents in the centre
- sufficient storage space for residents assistive equipment
- communal areas large enough to accommodate the number of residents
- arrangements in place to protect privacy and dignity in four bedded rooms
- suitable arrangements for residents to dine in appropriate areas at all times
- sufficient space to meet visitors in private

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knowledge of what to do in the event of hearing the alarm was good, and the support needs of each resident were documented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication practice in the centre was in line with national standards. There were clear arrangements in place for receipt, storage and administration of medication in the centre, and residents were seen to be receiving their medication as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care records showed that pre-admission assessments were completed, care plans were put in place and reviews took place every four months or more frequently if required. Improvement was required to ensure care plans consistently reflected residents' up-to-date needs, and described how the healthcare needs were to be met.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to allied healthcare services, and residents' needs were assessed regularly by a multidisciplinary team to ensure their needs were being met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to assess if a restrictive practice, such as bed rails, was appropriate to support a resident. However, it was not consistently recorded what alternatives had been trialled ahead of making the decision to implement the restriction. The availability of alternative solutions in the centre was also limited, for example the number of low-level beds.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including robust recruitment of staff, ongoing training and supervision of staff, clear arrangements for managing finances and personal storage, and following the policies and procedures where concerns were raised.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities in the centre, provided by staff who had reviewed residents' interests when putting the weekly schedule together. Residents were offered choice in all aspects of their daily life including how and where to spend their time, and choices offered at each mealtime. However, the ability to undertake activities in private was limited due to the lack of space in four-person bedrooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0020746

Date of inspection: 26/02/2018

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The quality of care including resident experience and feedback is of paramount importance in the improvement of services. We very much value the feedback from residents and family members to inform service improvement. The Provider will ensure that going forward the annual report will be prepared in consultation with residents and their families and this is will enabled through consultation within the residents for a and in meetings with individuals where so desirable/practical.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24:</p> <p>Contract for the provision of services.</p> <p>The contract of care has been updated to include all the information as outlined in the Health Act 2007 (Care And Welfare Of Residents In Designated Centres For Older People) Regulations 2013 including the details of the bedroom on offer and the occupancy of this room. This action have been completed.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will ensure that the reconfiguration work due to commence in June 2018 will meet the needs of residents as outlined in the Regulations in conformance with Schedule 6. In respect of identified gaps outlined in the inspection report as outlined below the Provider will ensure that the Reconfiguration Project addresses the</p>	

<p>deficiencies outlined. The Project is planned to be completed by December 2018. A copy of the revised configuration has been discussed and forwarded to the Authority:</p> <ul style="list-style-type: none"> • grab rails beside sinks in some communal areas • sufficient number of showers for the number of residents in the centre • sufficient storage space for residents assistive equipment • communal areas large enough to accommodate the number of residents • arrangements in place to protect privacy and dignity in four bedded rooms • suitable arrangements for residents to dine in appropriate areas at all times • sufficient space to meet visitors in private 	
Regulation 5: Individual assessment and Care Plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The registered provider will ensure the needs of residents are met in the completion of comprehensive assessment prior to admission. The Person in Charge will ensure that care plans are completed within 48 hours of admission and reviewed at least on a four-monthly basis in consultation with the resident and/or nok where appropriate. The Person in Charge has assigned the CNM & key workers to review and update residents care plans and the PIC will audit for compliance with same. On-going auditing through the use of the Nursing Metric Tool will continue to monitor performance in this regard and will ensure action plans are in place for continued improvement required and as a feedback tool for staff meetings and for discussion on the agenda at the Integrated Quality Risk and Safety Committee. </p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behavior that is challenging</p> <p>The Provider and Person in Charge are committed to the provision and promotion of a restraint free environment in the centre.</p> <p>Training needs analysis, identifies the knowledge and skills requirements of staff in the identification and management of behaviours that challenge is on-going in line with the Regulations, HSE Toward a Restraint Free Environment policy and incident and risk management policies.</p> <p>The person in charge in conjunction with the CNM's is presently undertaking a comprehensive analysis of restrictive practices and will ensure the updating of Care Plans including the recording of all alternatives considered and/or trialed.</p> <p>Restrictive practices will be monitored by CNM on each ward and reviewed by the Person in Charge and MDT with discussion at both the MDT forum and the Integrated Quality</p>	

Risk & Safety meetings.

The Provider has approved funding for additional equipment and the purchase of floor beds etc. has taken place. |

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The privacy and dignity of residents central to the all activities in the centre. The use of curtains around beds and bedrooms doors are example of promotion of same as well as staff use of engaged signage and knocking before entering a room.

Weather permitting residents have access to both the garden and patio areas.

The planned reconfiguration has taken into account the Regulatory requirements including those pertaining to Regulation 9 and improvement of quality of life of the residents. |

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Red	31/12/18
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/6/18
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that	Substantially Compliant	Yellow	Completed

	centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/4/18
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/4/18
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2019