

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Centre name:	Dealgan House
Centre ID:	130
Centre address:	Bellewstown Road
	Toberona
	Dundalk
Telephone number:	042 9355016
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Email address:	delaghanhouse@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Dealgan House Nursing Home Limited
Person authorised to act on behalf of the provider:	Fintan Farrelly
Person in charge:	Catriona Hande
Date of inspection:	23 & 27 May 2011
Time inspection took place:	Day 1: Start: 09:05 hrs Completion: 17:45 hrs Day 2: Start: 11:00 hrs Completion: 16:10 hrs
Lead inspector:	Jude O'Neill
Support inspector:	Siobhan Kennedy (day 2 only)
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen 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 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Dealgan House Nursing Home was established in 2001. It is located on the outskirts of Dundalk town, County Louth, in a residential area which is serviced by local buses. Shops and other amenities are located within walking distance along a pedestrian footpath.

The centre provides accommodation for up to 53 residents in a single-storey, purpose-built building. Primarily it provides long term care for older persons and residents with dementia. Residents requiring assessment, respite, convalescence and palliative care are also accommodated.

All bedrooms are single occupancy rooms with the exception of one two-bedded room. Thirty bedrooms have en suite toilets and wash hand basins while a further ten have en suite toilets, wash hand basins and showers.

The entrance foyer has a seated area. This leads into a corridor which extends around an accessible large inner square courtyard planted with shrubs and flowerbeds. The main communal rooms and residents' bedrooms are located on either side of the corridor looking out onto the gardens.

Amenities for residents include three sitting rooms, a large dining room, visitors' and prayer rooms, a hairdressing salon and a smoking room. Four bathrooms/showers and toilets and four additional toilets are available for the use of residents. Two visitors' toilets are also provided.

Other facilities include two nurses' stations, a kitchen, a laundry, offices, sluice rooms and a staff changing room equipped with lockers and storage areas.

External grounds provide secure gardens and ample car parking space.

Date centre was first established:					
Number of residents on the date of inspection:					49
Number of vacancies on the date of inspection:					4
Dependency level of current residents:	Max	High	Medium	Low	
Number of residents:	8	16	16	9	
Gender of residents:			Male (✓)	Female (✓)	
			12	37	

Management structure

Dealgan House is owned by Dealgan House Partners (Nora and Tom Byrne; Catherine and Fintan Farrelly) and operated by Dealgan House Nursing Home Ltd. On behalf of the company, the designated provider is Fintan Farrelly, director. The managing director, Nora Byrne also works part-time in the centre.

On a day to day basis, the Person in Charge is Catriona Hande, Director of Care. A clinical nurse manager, staff nurses, care staff, administrative and other ancillary staff report directly to the Person in Charge.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, visitors and staff. They observed care practices and reviewed documentation such as care plans, medical records, complaint records, accident/incident logs, maintenance records, fire safety documentation, policies and procedures and personnel files. During the inspection, separate fit person interviews were carried out with the provider, the managing director and the person in charge, all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with the information provided in the registration application form, supporting documentation and satisfaction questionnaires which had been completed by 11 residents and 14 relatives/carers.

The findings of this inspection are set out under eighteen 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 2009 (as amended); and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report. A small number of areas for improvement identified by residents or relatives were shared in confidence with the centre's management staff.

Inspectors were satisfied that the care provided to residents was of a good standard. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents. Inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Residents and their representatives were appropriately involved in care planning and the operation of the centre. Recruitment practices were robust and staff were knowledgeable about residents' needs and likes/dislikes and of their duties and responsibilities under the legislation and the Authority's standards. Staff were observed to be approachable, considerate and caring in their interactions with residents.

Residents were provided with dignified and respectful care, were protected from abuse, and received a high standard of evidence-based nursing, medical and allied health care. Staff numbers and skill mix were appropriate to the assessed needs of residents, and to the size and layout of the centre. The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained.

In the main, the systems and practices in place in relation to the health and safety of residents and the management of risk sufficiently promoted and ensured the safety of residents, staff and visitors. However, a quarterly service of fire safety equipment had been overlooked and the door to the resident's smoke room was observed to be held open.

Two other areas for improvement were identified in relation to the complaints procedure and the statement of purpose and function which required minor amendments to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). These are described under the outcome statements and related actions are set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement did not meet all of the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Omissions included a lack of information on the aims and objectives of

the centre, details of the pre-admission assessment and any exclusion criteria used for admission and how the views of residents informed the operation of the centre. In addition, the statement did not reference that the centre only admitted dependent persons over 18 years.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The provider and person in charge demonstrated a positive attitude to the value of audit and had introduced systems to monitor the quality of care provided and quality of life experienced by residents in the centre.

Audits had been undertaken in relation to a range of topics which included resident satisfaction, medication management, personal care, hand hygiene, infection control, staff awareness of elder abuse and care records.

Documentation reviewed by inspectors confirmed that audits were carried out on a regular basis, areas for improvement had been identified and action plans put in place to address any shortcomings. A review of the minutes of resident and staff meetings confirmed that audit findings had been routinely discussed.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The complaints procedure was prominently displayed within the centre and also described in the residents' guide and the statement of purpose. While the policy had last been revised in May 2011, it was unclear from the documentation, who was the nominated officer to deal with complaints as reference was made to both the director of care and clinical nurse manager as having responsibility in this regard. The policy also incorrectly referenced the Health Service Executive (HSE) and the Authority as having responsibility for investigating complaints within the centre.

Residents and relatives informed inspectors that they could approach management and staff with their concerns at any time and that these were addressed in a timely manner. The person in charge maintained a complaints log and advised inspectors that the emphasis within the centre was on local resolution. There were three complaints recorded for 2011 which appeared to have been appropriately investigated. There was evidence of resolution and in one instance a written apology had been made to a complainant by a member of staff. However, there was no evidence to indicate if complainants were satisfied or not with the outcome to their complaint.

While an appeals process was available as required by the regulations, the policy did not stipulate who carried out this function.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse. At the time of inspection there were no recorded incidents or allegations of abuse.

All staff had received training on identifying and responding to elder abuse and an awareness training and policy audit carried out in March 2011 confirmed that 95% of staff had received training at that time. Additional training had subsequently been provided.

The person in charge and staff spoken with demonstrated good knowledge of the different forms of elder abuse and were clear on reporting procedures in the event of an allegation, incident or suspicion of abuse. Residents spoken to and those who completed questionnaires confirmed that they felt safe in the centre. Examples of resident's comments included "I feel secure and cared for" and "there is always somebody around".

A centre-specific policy was available which was updated during the inspection to include the need to notify the Authority and the HSE in addition to an Garda Síochána.

While the centre did not manage residents' finances, the administrator did handle small amounts of 'petty cash' on behalf of ten residents. Discussion with the

administrator and review of a sample of three records confirmed that robust systems were in place in accordance with the Authority's standards.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The environment was clean and well maintained and measures were in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and in discussion with inspectors were aware of the policy and procedures in place to control infection. The infection control policy was last updated in April 2011.

A member of the housekeeping staff was able to describe to an inspector the cleaning systems in place and how these worked in practice. Staff had access to supplies of latex gloves and disposable aprons and were observed using the alcohol hand gels which were available throughout the centre.

There was a low level of incidents and accidents in the centre which were subject to regular review by the managing director and the person in charge. There was a range of measures in place to prevent accidents and facilitate residents' mobility, including liaison with occupational therapy and physiotherapy. Hand rails were provided on both sides of the corridor to promote independence. Residents were observed moving around the centre during the day using the handrails for support. A senior staff nurse was the in-house trainer on moving and handling and there was ongoing training to ensure that all staff involved in the care of residents received appropriate instruction and regular updates.

A risk management policy was in place which, together with the health and safety statement, had last been revised in March 2011. There was evidence of written risk assessments, associated identification of hazards and inclusion of controls or mitigation measures. The policy was in compliance with the relevant legislation.

A policy was in place on responding to emergencies. The policy included an emergency plan which guided staff on how to respond to events such as a fire, a gas leak, a bomb alert and flood/storm damage. The plan contained the contact details of key individuals and organisations such as wheelchair taxis and volunteer ambulance services. It also included the steps to take in the event of an emergency which included the use of a temporary place of safety (a local church). An emergency box was available that included space blankets and torches.

All staff had received training on fire safety and evacuation. The last such training took place on 7 April 2011 and was attended by 24 staff. The previous training in December 2011 was attended by 28 staff. Fire drills were held at regular intervals and a record of fire drills was maintained. Review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced regularly. However, the documentation indicated that due to an administration error by an external provider, there was a gap of six months between servicing intervals. The provider had subsequently put systems in place to ensure that servicing takes place in accordance with the relevant legislation.

The inspector observed that the door to the smoke room was on a magnetic self closer. However, during the inspection, this door was observed to be held open by a chair which not only allowed the ingress of smoke into the centre but also created a fire risk. The person in charge advised that residents at times may leave the door open but gave a commitment to revisit this matter with all staff and residents.

Outcome 6

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current guidelines and legislation. Observation of administration practices and discussion with registered nurses confirmed they had an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The person in charge maintained a list of the names and a copy of the signatures of all nurses involved in administration of medication.

A medication audit was carried out on a quarterly basis by the clinical nurse manager and good arrangements were in place with the local pharmacist.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The inspector found a high standard of evidence-based nursing, medical and allied health care. The centre had sufficient general practitioner (GP) cover, and a local out-of-hours service was also available. Residents were encouraged to retain their own GP, but where this was not possible; the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A dedicated activity coordinator was on duty seven days per week. A social care assessment had been completed for each resident which was used to inform the activity programme. A monthly newsletter set out the details of the activities on offer, any outings and dates of residents meetings. The lead activity coordinator had a degree in health promotion and maintained a health promotion notice board at the entrance to the dining room. Residents consulted were complimentary of the activities on offer and were observed to enjoy the activities provided during the inspection which included music, individual hand care and group discussions.

Communication books had been developed by staff to facilitate communication with residents who were sensory impaired or had cognitive deficits. Staff were observed using the books when communicating with a number of residents. Staff were seen taking their time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information as necessary to ensure that the resident understood what was being said to them.

The arrangements to meet residents' assessed needs were set out in individual care plans, which were drawn up with the involvement of the resident and as appropriate his/her representative. An inspector examined a sample of five care records and found that comprehensive person-centred care plans were in place which were subject to regular review. Recognised assessment tools were used to promote health and address health issues. These included assessments for falls risk, moving and handling, risk of pressure ulcers, nutrition and cognitive functioning. Appropriate measures had been put in place to manage and prevent risk. There was a strong emphasis on social care, with prescribed interventions within care plans to promote residents' social care needs, based on residents assessed preferences, interests and capacities.

The centres' policy on the use of restraint was last updated in May 2011. Discussion with staff and review of documentation confirmed that the centre was committed to providing a restraint-free environment for residents. At the time of this inspection, the forms of restraint in use were bedrails and electronic tags (for cognitively impaired residents). The centre had recently adopted the HSE guidance document on the use of restraint and in response had risk assessed each resident for the use of bedrails including where appropriate, the involvement of his/her representative.

Outcome 8

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

A policy was in place for caring for residents at end of life. The person in charge and two senior staff nurses had completed dedicated training in palliative care and good arrangements were in place with the local HSE palliative care team. Staff told inspectors that a palliative care nurse visited as required and was available to them for advice and guidance.

The sample of five care plans examined by an inspector indicated that residents' wishes regarding end of life care had been discussed, and staff were knowledgeable about individual resident's preferences.

There was a multi-denominational prayer room in the centre and arrangements were in place with local clergy to provide regular services and visits. There was also a staff choir which sang at services.

Accommodation was available for relatives to stay overnight if they so wished.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents received a nutritious and varied diet that offered choice. There were two sittings for meals with the more highly dependent residents attending the first sitting. Staff were seen sitting with these residents and assisting them respectfully. The inspector observed that mealtimes were relaxed and unhurried social occasions that provided opportunities for residents to interact with each other and staff. In the dining room, table settings for residents included condiments, a selection of drinks and matching cutlery and crockery with napkins. There was a menu card and a flower display on each table.

Inspectors observed staff discussing the menu options with each resident. They were asked what meal they would like and also where they would like it served. A number of residents chose to have meals in their rooms. Residents were complimentary of the food provided. One resident told an inspector "the meals are perfect". An inspector observed that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Staff members chatted with residents and encouraged discussion amongst them.

Throughout the day, staff offered residents a variety of snacks and drinks. Jugs of fresh water were readily available in communal areas and in residents' rooms and these were refreshed on a regular basis.

The sample of care plans reviewed confirmed that each resident's weight was checked on a monthly basis or more frequently if required. Nutrition assessments were used to identify residents at risk of malnutrition and daily intake charts were completed for each resident. The person in charge advised inspectors that admission assessment information was used to inform menu choices and where indicated, food supplements had been prescribed by GP's.

Catering staff were knowledgeable about the dietary needs of each resident and were aware any who required a special diet. A copy of the most recent

environmental health report was available and evidenced that the kitchen was in substantial compliance with the relevant statutory requirements.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The managing director provided inspectors with a copy of the contract of care that had been agreed with each resident within a month of admission. The contract set out the overall care and services provided to residents and the fees charged, including any additional fees.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political and Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents, relatives and staff told inspectors that the provider, the person in charge and staff were approachable and readily available to them. Inspectors observed good interactions between staff, residents and their relatives/visitors.

A resident's forum had been established. During 2011, it had met monthly and provided residents with an opportunity to voice their views and participate in the operation of the centre. The minutes from the last meeting held on 20 May 2011

were viewed by an inspector and indicated that the issues discussed were relevant to life in the centre and included the impending registration inspection, activity provision and forthcoming outings. Feedback was also encouraged through a suggestion box and the use of resident satisfaction questionnaires. The last satisfaction survey took place in February 2011 and considered such issues as nutrition, the quality of care, accommodation, activities, staffing and the environment. The minutes of resident meetings indicated that change had taken place in response to suggestions from residents.

All residents interviewed indicated that they were satisfied with the level of privacy afforded them in all aspects of personal care. Inspectors observed that residents were addressed by staff in an appropriate and respectful way. Staff were seen to knock before entering bedrooms and waiting for permission before entering. In the twin-bedded room, curtains were used to ensure that privacy and dignity was maintained. In response to the questionnaire, one relative/carer commented "my mother is treated with the greatest of care, courtesy and respect".

The centre operated an open visiting policy and there were no restrictions on visiting. Residents were able to meet with visitors in their bedrooms or in the visitor's room. An inspector was advised by a relative that family were always made to feel welcome and "endless cups of tea were offered and taken".

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged and supported by staff to personalise their bedrooms. Throughout the centre, inspectors noted that bedrooms were adorned with personal photographs, pictures and other belongings including furniture. The administrator maintained a record of residents' belongings which was updated on an ongoing basis.

All residents had adequate storage space for clothes and personal possessions and secure storage was recently provided for each resident.

There was a well-equipped laundry system in place and residents and relatives were satisfied with laundry provision. The laundry assistant was knowledgeable about infection control and the variety of processes for different categories of laundry. Clothing was marked discreetly on admission and all residents' clothes were folded

and returned to the resident's cupboards by staff following laundering. One relative/carer commented in a questionnaire response that "the laundry service is excellent".

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The person in charge was a registered general nurse with the required experience in the area of nursing of older people as well as additional and relevant post-qualifying qualifications and training. She worked in the centre on a full-time basis. Throughout the inspection process the person in charge was seen to be competent and committed to the delivery of good quality care to residents informed by open consultation and on-going audit and review of practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to inspectors throughout the inspection and during the fit person interview.

Inspectors observed that she provided good leadership to staff and demonstrated a strong commitment to person-centred care. She was knowledgeable about individual residents' likes, dislikes and preferences.

All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. A clinical nurse manager was also employed to provide clinical leadership and supervision to the registered nurses. The person in charge also received regular support and managerial supervision from the managing director.

Through the questionnaires and in discussion with the inspector, staff were variously described as "helpful", "caring", "approachable" and "respectful".

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. An inspector viewed the staff duty rota for a three-week period which indicated that these were the usual arrangements in place within the centre. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

A clear and transparent policy was in place for the recruitment, selection and vetting of staff. A review of three personnel files indicated that records for staff had been maintained in accordance with the relevant legislation.

All staff who spoke with inspectors were knowledgeable about the needs of residents in their care and had an understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Authority's standards. Copies of the relevant legislation and standards were available in clinical areas and had been discussed with staff during daily handovers and staff meetings.

All qualified nurses were registered with An Bord Altranais and the administrator had maintained an up to date record of their professional identification numbers. Of the 31 care staff employed, 23 had completed training at Further Education and Training Awards Council (FETAC) Level 5 or equivalent.

A comprehensive training programme was in place and individual staff training records had been maintained. Staff had attended a range of mandatory and other training relevant to the operation of the centre and the needs of residents. Examples of training included manual handling, communication, infection control, diabetes, oral health care, continence management, nutrition, hygiene, dehydration, dementia care, medication management, fire safety, and adult protection. A registered nurse and former teacher worked as an education facilitator and facilitated/delivered a range of training in-house or accessed external trainers as required. The education

facilitator told an inspector that as she worked alongside staff in her capacity as a registered nurse, she was able to identify training needs and deliver training on an ongoing basis.

Staff meetings for all groups of staff took place on a regular basis. Documentation confirmed that there had been five staff meetings in 2011.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was purpose-built in 2001 and had a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout. In comments and through questionnaires, residents were complimentary of the 'homely' and 'comfortable' environment and indicated that they enjoyed the lifestyle provided. Communal areas such as the day-rooms and the reception had a variety of pleasant furnishings and comfortable seating.

There were 51 single and one twin bedroom which were spacious, comfortable and personalised. Communal facilities included two lounges/sitting rooms, a dining room, an oratory and a visitor's room. There was also a treatment room, a main kitchen, a cleaning room, two sluice rooms and staff facilities. Cleaning schedules were in use throughout and the inspector noted these had been completed and were up to date. The kitchen had separate cleaning facilities, a Hazard Analysis Critical Control Point (HACCP) system was in place and the records inspected were found to be in order.

The centre is set on spacious landscaped grounds that were very well maintained. There is also a secure internal courtyard garden which had been landscaped with lots of colourful flower beds and green areas. The garden was safe for use by all residents. Residents told an inspector that they enjoyed spending time in the garden. The windows in inward-facing rooms provided relaxing views of the courtyard garden.

There was a range of assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hoists and other equipment had been maintained and service records were up-to-date. There was adequate storage available for equipment.

7. Records and documentation to be kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Resident's Guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General Records (Schedule 4)

Substantial compliance

Improvements required*

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of Residents

Substantial compliance

Improvements required*

Staffing Records

Substantial compliance

Improvements required*

Medical Records

Substantial compliance

Improvements required*

Insurance Cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

The inspector reviewed a record of all incidents that had occurred in the designated centre since the previous inspection. All relevant incidents had been notified to the Chief Inspector as required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

Appropriate arrangements were in place for any absence of the person in charge. The managing director, Nora Byrne is a registered nurse and deputised for the person in charge.

There had been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the managing director and the person in charge to report on inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

Inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, the provider, the managing director and staff during the inspection.

Report compiled by

Jude O'Neill

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

04 July 2011

Provider's response to inspection report

Centre:	Dealgan House
Centre ID as provided by the Authority:	130
Date of inspection:	23 and 27 May 2011
Date of response:	20 July 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement did not meet all the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Omissions included a lack of information on the aims and objectives of the centre, details of the pre-admission assessment and any exclusion criteria used, that only dependent persons over 18 years are admitted and how residents' views informed the centre's operation.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of purpose has been amended to fulfil all requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Schedule 1.</p>	<p>Completed</p>

Outcome 3: Complaints procedures

2. The provider is failing to comply with a regulatory requirement in the following respect:

There was ambiguity in the complaints procedure on who was the nominated officer to deal with complaints. The policy also incorrectly referenced the Health Service Executive (HSE) and the Authority as having responsibility for investigating complaints, did not stipulate who carried out the appeals function and did not evidence whether or not the complainant was satisfied.

Action required:

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference:

Health Act 2007
 Regulation 39: Complaints Procedure
 Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A person has been made available, independent of the person nominated in regulation 39 (5). The Dealgan House Complaints Policy has been amended and provides the name of the independent person to whom appeals can be made. The reference to the Authority and the HSE as possible channels for complaint has been removed. The person nominated under regulation 39 (5) will maintain all records required under regulation 39 (7) including whether or not the complainant was satisfied with the outcome.</p>	<p>Completed</p>

Any comments the provider may wish to make:

Provider's response:

The management of Dealgan House wish to thank the Authority Inspectors for a constructive inspection process and for the manner in which the inspection visit was carried out. The inspectors showed great consideration for both residents and staff while carrying out their inspection. The positive feedback on the standard of nursing and general care, the care plans, the facilities and the nursing home environment was greatly appreciated. We accept the findings and the report's recommendations and have taken immediate steps to implement them. Overall, it was a positive experience which will help management and staff further improve our resident's living environment and the care they receive.

Provider's name: Fintan Farrelly

Date: 20 July 2011.