Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Donore Nursing Home
Centre ID:	0032
Centre address:	Sidmonton Road Bray Co. Wicklow
Telephone number:	01 2867348
Fax number:	01 2867348
Email address:	Donore_09@yahoo.com
Type of centre:	☒ Private ☐ Voluntary ☐ Public
Registered providers:	Brecon Care Ltd
Person in charge:	Maria Balanquit
Date of inspection:	19 October 2011
Time inspection took place:	**Start:** 09:30 hrs **Completion:** 16:30 hrs
Lead inspector:	Angela Ring
Support inspector:	Carol Grogan
Type of inspection:	☒ Announced ☐ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Regulatory Monitoring Visit Report

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Donore Nursing Home is a three-storey Victorian house for 26 residents, most of whom are over 65 years, have a history of mental health illness and were previously living in a psychiatric hospital.

There are two living rooms, a dining room, treatment room and a smoking room. Bedroom accommodation consists of five single rooms, four twin rooms, three three-bedded rooms and one four-bedded room, none of which have ensuite facilities. There are three assisted bathrooms, four toilets and a staff and visitors' toilet on the ground floor. Outside there is a sluice, laundry and storage sheds. There is a small patio area with seating to the rear of the centre. Access to the garden area is up a wheelchair accessible ramp with handrails. Parking is available on the street outside the centre.

Location

Donore Nursing Home is on a residential road, near Bray town, County Wicklow, with a view of the sea.

Date centre was first established:	1948
Number of residents on the date of inspection:	25 + 1 in hospital

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	0	4	6	15

Management structure

John Griffin is the person named to act on behalf of the Provider, Brecon Care Ltd. He is one of the Directors of the company and is involved in the day-to-day management of the centre. He is present approximately six days a week. The Person in Charge, Maria Balanquit, works full-time and a nurse deputises in her absence. The nursing and care staff report to the Person in Charge, and the cleaner and Chef report to the Person in Charge and the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	3	1	1	0	1 Activity Coordinator

Summary of findings from this inspection

Overall, inspectors found that improvements had been made in all areas of the centre. The provider and person in charge had been proactive in continuing to improve the level of service and care provided to residents. The provider and the person in charge were committed to promoting the safety of residents and improvements were made in risk management. Staff had received training and were knowledgeable about fire safety and the prevention and response to elder abuse. The health and social needs of residents were met and residents had access to medical services and a range of other health services when required. Care plans were in place for all residents and they were regularly reviewed. The quality of residents' lives was enhanced by the provision of activities and opportunities to exercise during the day. However, there were some improvements required in risk management, care planning, the use of restraint, staff files and the centre's policies. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors spoke with a number of residents during the inspection. All residents told inspectors that they were happy and felt safe in the centre. Several of them spoke about the provider and person in charge and how caring they were towards them. Residents said they enjoyed their food and they also enjoyed going out for walks with the activity coordinator.

Governance

Article 5: Statement of Purpose

Inspectors found that the statement of purpose accurately described the service that was provided in the centre. However, some adjustments were required in order to comply with the Regulations. For example, it did not contain the size of the communal areas, the arrangements in place for consultation with residents, the arrangements for protecting the privacy and dignity of residents and the independent appeals process in the complaints procedure.

All residents had a history of mental health illness or varying degrees of dementia. Inspectors were satisfied that the service met the diverse care needs of these residents, as stated in the statement of purpose which was kept under review by the provider and was made available to residents.

Article 15: Person in Charge

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time at the centre since 2003. She continued to keep her skills up-to-date by undertaking on going professional development and attending study days. She had completed a Further Education and Training Awards Council (FETAC) Level 6 course in management and plans to complete a course in human resources this year. The person in charge had a range of medical and nursing textbooks to assist her and the staff to improve their knowledge of mental health illness and dementia to support the residents. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and demonstrated good organisational skills. She told inspectors that she was supported in her role by the provider and two nurses who deputised in her absence. Inspectors found that she was knowledgeable about residents' needs and their backgrounds. She was observed engaging well with residents and relatives throughout the day of inspection.

Article 16: Staffing

Inspectors examined the file of a newly recruited staff member and found that it contained all of the information required by the Regulations. However, the file held two references instead of three references required. Inspectors found that there were good induction arrangements for this newly employed staff member and evidence of staff appraisal. Inspectors carried out an interview with the staff member and found that she was knowledgeable about the residents, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse.

Inspectors found that staff spoken to were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to residents' needs in an informed and kind manner. Staff told inspectors that they

enjoyed working in the centre and they felt very well supported by the provider and person in charge. There were records to indicate that staff had received recent training on responding to behaviours that challenge which was highlighted as an area for improvement in the previous reports. Inspectors found that there was a calm, relaxed atmosphere in the main communal area where residents spent most of their day.

At the previous inspection, inspectors met with a volunteer working in the centre and found that there was no written agreement outlining the person's roles and responsibilities as required by the Regulations. Inspectors found that this agreement had been completed for the volunteer.

Inspectors found that there were adequate numbers and skill-mix of staff on duty to meet residents' needs on the day of inspection. Inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty.

Inspectors saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, inspectors reviewed minutes of staff meetings and found that risk management, safety issues and the introduction of new policies were discussed with staff.

Article 23: Directory of Residents

Inspectors reviewed the Directory of Residents and found that it was updated to include recent admissions and transfers to hospital.

Article 31: Risk Management Procedures

Inspectors found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

There was a health and safety statement in place which related to the health and safety of residents, staff and visitors.

Inspectors found that there was a specific risk management policy, which addressed the risks identified in the Regulations such as violence and aggression, assault, residents going missing and self-harm. However, there were no precautions in place to guide staff in responding to other accidental injuries to residents or staff.

Inspectors reviewed the incidents that occurred since the previous inspection and found that while there were 17 falls with two resulting in an injury to a resident in the previous four months, several of the falls related to three residents. Incident forms were completed for each incident and there was evidence of residents being monitored closely following an incident. In addition, there was a further review of the resident's condition carried out 24 hours after each incident to monitor for potential injuries. There was also a post falls assessment completed with an analysis carried out to determine the root cause and preventative measures were being taken to prevent its reoccurrence such as a medication review. Inspectors reviewed the residents who fell frequently and found that one had a very poor balance and had a

tendency to walk unsupervised, one resident had dementia and frequently stood up and tried to walk unaided, another resident's mental health condition placed her at high falls risk. Inspectors found that staff were aware of these residents' high falls risk and closely monitored them throughout the day. There were risk assessments and care plans also developed for these residents with preventative strategies identified such as environmental precautions. The person in charge had commenced auditing of falls and was beginning to determine patterns which she said assisted her in monitoring practice.

Inspectors reviewed the policy on falls and found that it had not been updated to reflect current practice in the centre. It did not include the post falls assessments, preventative strategies that staff were currently carrying out. It required updating to bring it in line with the current practice.

Inspectors found that improvements were made in the identification of risks and potential risks in the centre. Risk assessments were completed on all residents who smoked and care plans were developed as a result.

Inspectors reviewed the emergency plan which identified the procedures to follow in the event of fire, flood, loss of power or heat. However, while the provider was knowledgeable regarding the procedures to be followed in the event of a full evacuation of the centre, this was not part of policy. This posed a risk as there was insufficient guidance to staff in the event of an emergency.

Article 39: Complaints Procedures

Inspectors found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive, complied with the requirements of the Regulations and it was displayed in prominent position in the centre. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

Inspectors reviewed the complaints log and saw that very few complaints were recorded from residents and relatives. The person in charge explained that they received very few complaints from residents. Inspectors found that the residents advocate who visited the centre regularly spoke to individual residents and often brought areas of concern to the provider and person in charge on behalf of the resident and there was documentary evidence to support this.

Article 36: Notification of Incidents

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Resident Care

Article 9: Health Care

Inspectors found that there was very good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by their general practitioner (GP). In addition to GP services, there was evidence that residents were regularly reviewed by a Consultant Psychiatrist from St Brendan's Hospital and a community mental health nurse where necessary. There was also evidence that social workers provided ongoing support for residents who transferred from St Brendan's Hospital and the person in charge said they could access the services of Newcastle Psychiatric Hospital for other residents if necessary.

Inspectors reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were carried out for all residents. Care plans were in place which identified residents' needs and there were three-monthly reviews completed. However, the involvement of residents in the development and review of their care plans required improvement.

Inspectors reviewed the nursing notes of a resident with a wound and found that there were records to demonstrate proper assessment and treatment plans. There was also evidence of residents being referred to specialist wound consultants.

Because of the nature of some of the residents' mental health conditions, their behaviour was sometimes seen as challenging and on occasion this resulted in residents displaying verbal and physical outbursts. Inspectors found that there were risk assessments completed on the dangers associated with outbursts, behavioural charts maintained to record behaviour and there was evidence of measures being taken to respond to the behaviour. There was a comprehensive policy developed on verbal and physical aggression which provided guidance to staff on responding to and meeting the needs of these residents. Inspectors observed staff responding appropriately to residents with behaviours that challenged and staff detailed the specific strategies they used to respond to identify behaviours which were in line with the interventions in the residents' care plans.

There was a comprehensive restraint policy in place to guide practice and restraints were not widely used. There were no residents restrained in chairs with lap belts on the day of inspection, however, bedrails were used for a number of residents. Inspectors reviewed files for a sample of residents using bedrails and found that there was an assessment completed for the use of bedrails, and a release and review record was evident. Improvements were required in the initial assessment for the use of bedrails as evidence of alternative strategies were not evident prior to the use of bedrails.

Inspectors saw documentary evidence to demonstrate that residents' weight was recorded each month and the person in charge monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at

risk. There was evidence of residents being prescribed supplements where necessary.

Inspectors observed one resident whose seating needs were not being met as the resident's chair did not give her adequate postural and head support - this was discussed with the person in charge and she undertook to request an urgent seating assessment from an occupational therapist for the resident.

There were some opportunities for all residents to participate in activities appropriate to his or her interests and capacities. There was an activity coordinator employed in the centre three days per week. A schedule of activities was available each day and there was evidence that residents engaged in activities such as music, Sonas, exercises, quizzes and art. The activity coordinator knew the residents very well and was seen responding to each of them as individuals. She was seen taking a number of residents outside for walks in the afternoon which they said they greatly enjoyed.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

Inspectors found evidence of good medication management processes. There was a comprehensive medication management policy which provided guidance to staff. The person in charge told inspectors that the pharmacist was completing medication audits and there was documentary evidence to support this. The most recent audit was carried out in September 2011 and no issues were noted. There were also audits completed on the use of psychotropic medication and hypnotics, inspectors found that while there was a high use of these medications, there was no evidence of residents being overly sedated on the day of inspection and several of the residents were prescribed these medications for a long number of years.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Article 6: General Welfare and Protection

Inspectors found that measures were in place to safeguard residents. Records showed that staff had attended a training course on the prevention, detection and response to elder abuse in March 2011 and the person in charge told inspectors that she frequently discussed elder abuse with staff on duty. Inspectors found that staff spoken to were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents confirmed to inspectors that they felt safe in the centre.

Inspectors found that the centre-specific elder abuse policy gave guidance to staff on the types of abuse and the need to report suspected abuse. However, it did not provide adequate guidance on the procedures to follow in the investigation of an allegation of abuse.

At the previous inspection in May 2011, information of concern was received by the Authority in relation to responses to residents with behaviours that challenge, detection and prevention of abuse and poor complaints management. Inspectors were satisfied at that inspection that there was no immediate risk to the health and safety of residents and the issues raised in the concern were not validated during that inspection. After the inspection, the provider and person in charge were asked to carry out a thorough investigation into the allegations made in the concern. The initial report submitted by the provider did not adequately address the issues raised. Following further correspondence from the Authority, the provider with the assistance of the Elder Abuse Officer from the HSE submitted an adequate investigation which detailed areas for improvement. One area for improvement was the introduction of the policy on Violence and Aggression which had been developed and the policy had been implemented.

During this inspection, inspectors interviewed the provider and person in charge in relation to the protection of residents and the learning they gained from completing the investigation. Inspectors found that they displayed sufficient knowledge of their responsibilities in responding to and investigating elder abuse and the provider in particular had a much greater awareness of the procedures to follow in the case of investigating alleged elder abuse.

Article 20: Food and Nutrition

Inspectors were satisfied that residents received a nutritious and varied diet. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff. There was a central dining room and residents were seen to enjoy the social dining occasion. Inspectors noted that meals were hot, well presented and tasty. Some residents opted to dine in the day room and inspectors saw that their food was served on a tray. Staff were seen assisting residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Inspectors saw residents being offered drinks throughout the day. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. Inspectors found that the chef had a good knowledge of each resident's dietary needs and preferences and she ensured that the needs of residents on special diets were met.

Environment

Article 19: Premises

The centre was clean and well maintained throughout. New chairs had been purchased for the day room and the chairs had been rearranged to promote conversation and interaction with residents. There was a new call bell system installed and inspectors saw staff responding promptly to the call bell. Inspectors found that most of the bedrooms were personalised and had adequate space and residents had access to locked personal storage space. This was addressed since the

previous inspection. The provider was aware that the four multi-occupancy rooms would not be acceptable after 2015.

There was a secure garden for residents to access unaccompanied with a seating area and a golfing green. Some residents were seen sitting outside getting some fresh air.

Article 32: Fire Precautions and Records

The procedures for fire detection and prevention were in place. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored regularly. Inspectors read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. Inspectors read the training records which confirmed that most staff had attended training on fire prevention and response in June 2011. Inspectors found that all staff spoken with were clear about the procedure to follow in the event of a fire.

Closing the visit

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

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

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

23 October 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Donore Nursing Home
Centre ID:	0032
Date of inspection:	19 October 2011
Date of response:	23 November 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The statement of purpose did not include all matters listed in Schedule 1 of the Regulations.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose has been compiled and includes all matters listed in Schedule 1 of the Regulations.	Completed

2. The provider has failed to comply with a regulatory requirement in the following respect: The policy on elder abuse did not outline the procedure to follow in the investigation of an allegation of abuse.	
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Elder abuse policy revised with procedures for the prevention, detection and response to abuse.	Completed

3. The provider has failed to comply with a regulatory requirement in the following respect: The emergency plan did not provide sufficient guidance for staff in the event of an emergency. The risk management policy did not cover the precautions in place to control the risks associated with accidental injury to residents or staff. The falls policy was not comprehensive enough to guide staff as it did not encompass the centres procedure for post fall assessment and review.
Action required: Put in place an emergency plan for responding to emergencies.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Action required:

Update the falls policy to ensure it is comprehensive enough to guide staff on the centres procedure for post fall assessment and review.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An emergency plan is in place for responding to emergencies. Risk management policy and verbal/physical aggression policy covers the precautions in place to control all the specified risks. Please see attached forms in use. Actions taken on the updated comprehensive fall policy, staff are well guided on centre's procedures for post fall assessment and review. Please see attached forms.	 Completed Ongoing Completed and Ongoing

4. The provider has failed to comply with a regulatory requirement in the following respect:

There was no evidence of the risks of using restraints being considered or evidence that alternatives were used prior to the use of restraint.

Action required:

Provide a high standard of evidence based nursing practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Risk assessment for the use of restraint has been developed and is being used.	Completed

5. The provider has failed to comply with a regulatory requirement in the following respect: One staff file did not have three references.
Action required: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.
Reference: Health Act, 2007 Regulation18: Recruitment Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Recruitment procedures are put in place to ensure the authenticity of the staff references. Please see the attached recruitment procedure.	Completed

6. The provider has failed to comply with a regulatory requirement in the following respect: There was little evidence of resident involvement in the development of their care plan.
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment

Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Actions had been taken previously, now it is documented that residents have an active involvement in the development of their care plan and for those who are capable, their signature are affixed.	Ongoing

7. The provider has failed to comply with a regulatory requirement in the following respect: There was no plan in place to address the multi-occupancy rooms within the predetermined timeframe.	
Action required: Put a plan in place to address the multi-occupancy rooms within the predetermined timeframe.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: I have had a consultation with my consulting engineer and have agreed to have all the remedial work done on time and to meet the building regulation in place at the time of completion.	Completed Ongoing

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 13: Healthcare	Ensure an adequate seating assessment is completed for residents with specific seating requirements.
	Provider's response: We have attached seating assessments done to the two residents by the occupational therapist.

Any comments the provider may wish to make:

Provider's response:

We are delighted with your amiable support and assistance extended to us during your recent inspection. We appreciate this and plan to use it to bring forward the welfare of the residents entrusted to our care.

Provider's name: John Percival Griffin
Date: 21 November 2011