

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donore Nursing Home
Centre ID:	0032
Centre address:	Sidmonton Road
	Bray
	Co. Wicklow
Telephone number:	01-2867348
Email address:	donore_91@yahoo.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Brecon (Care) Ltd
Person authorised to act on behalf of the provider:	John Percival Griffin
Person in charge:	Maria Balanquit
Date of inspection:	18 July 2013
Time inspection took place:	Start: 9:00 hrs Completion: 18:00 hrs
Lead inspector:	Patricia Tully
Support inspector(s):	Sheila Doyle
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 12 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection, inspectors met with the provider, residents, relatives, staff members and followed up on the actions taken by the provider since the previous inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, complaints log and staff files.

There was evidence that the provider was endeavouring to comply with 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. The majority of issues identified at the previous inspection in May 2013 had been addressed.

The Authority was satisfied that the person in charge is a fit person to do so, however, there were weaknesses in her knowledge of the Regulations on this inspection.

As identified in previous reports, the residents in Donore Nursing Home present with complex needs that require a skill mix of staff with expertise and knowledge to ensure that the residents' needs are met at all times. Inspectors were concerned that inappropriate terminology was used on occasion during the inspection to describe certain behaviours. The statement of purpose did not adequately capture the distinctive service provided in the centre.

Inspectors observed that residents were not afforded choice in some aspects of their day-to-day life. For example, residents were not asked how they would like their tea in the evening as it was served from the kitchen sweetened and with milk already added. Some wardrobes were blocked, which restricted residents' access to their personal belongings.

Inspectors found that the general health needs of residents were adequately met. Residents had access to general practitioner (GP) services, to a range of other health services and the general nursing care provided was of an acceptable standard.

A risk management process was in place for the centre. Fire procedures and an emergency plan were in place. Measures to protect residents from being harmed or suffering abuse were in place. Staff had received training in the detection, prevention and response to abuse however, a small number of staff were not knowledgeable of all forms of potential abuse.

Some documentation as required by the Regulations was not available in three of the staff files reviewed.

While the registered provider was attempting to create a comfortable and workable environment for residents and staff, the challenges posed by the premises made it difficult to create a homelike atmosphere and some institutional practices were observed. The design and layout of the building posed challenges to the provider to comply with the Regulations and specifically Standard 25 by July 2015.

Inspectors' findings and areas for improvement are discussed further in the report. Actions required are listed in the Action Plan at the end of this report.

Section 41(1)(c) 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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose did not adequately capture the distinctive service provided in the centre. The centre predominantly accommodated residents with long-term mental illness and Korsakoff's syndrome.

It was also noted on this inspection that the bound laminated version of the statement of purpose inappropriately included a list of residents which the person in charge referred to as the directory of residents. The person in charge told inspectors this version of the statement of purpose was available to residents and relatives in the sitting room.

Outcome 3

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse. She worked full-time at the centre since 2003. She had the relevant length of experience required by the Regulations. She participated in ongoing professional development by attending study days covering topics such as behaviour that is challenging. She previously completed a Further Education and Training Awards Council (FETAC) Level 6 course in leadership and management and had just completed a FETAC Level 5 course in human resources.

She demonstrated her commitment to meeting the requirements of the Regulations and the Authority's Standards. The Authority was satisfied that the person in charge is a fit person to do so, however, there were weaknesses in her knowledge of the Regulations on this inspection.

The person in charge told inspectors that the senior nurses deputised in her absence, however, she worked six days a week and was present in the centre in excess of her rostered hours of duty. During the inspection it was difficult to ascertain the exact hours she worked in the centre as she gave inspectors conflicting information. Initially she stated that she worked 8am or 9am to 9pm when rostered until 5pm and later said that she was not in the centre after 7pm. She stated that her reason for spending extra time in the centre was because residents looked for her to reassure and comfort them. The provider did not perceive any risk issues with this practice.

The person in charge stated that the atmosphere in the home had improved since regulation commenced and this was confirmed by staff spoken with by inspectors. Staff told inspectors that shouting is not allowed. However, the person in charge told inspectors that she sometimes "raised her voice to staff" when reminding them of care practices to be adopted.

On reviewing the complaints log inspectors saw that two complaints had been made by residents in relation to interaction with them which the person in charge had addressed by speaking with the residents.

Outcome 4

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:

Regulations 21-25: The records to be kept in a designated centre
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:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

The action from the previous inspection had been addressed. Residents' files were securely stored in a locked press in the nurses' station.

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

A number of policies did not sufficiently guide staff or set out the procedures to be followed. For example, the policy on personal property was unclear and not adhered to in practice. Management of residents' personal finance was not addressed in the policy. The smoking policy required review.

Directory of Residents

Substantial compliance

Improvements required *

The directory of residents was inappropriately contained within the statement of purpose. When asked for the directory of residents, the person in charge referred an inspector to the statement of purpose. Inspectors found residents' personal details included within the laminated statement of purpose. A separate directory is required.

The 'directory' did not contain all information specified in Schedule 3 and paragraph (3) of the Regulations and was not up to date.

Staffing Records

Substantial compliance

Improvements required *

Evidence of physical and mental fitness for the purposes of the work or a declaration to that effect was not available in all staff files.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Action(s) required from previous inspection:

Put in place written operational policies and procedures relating to residents' personal property and possessions.

Inspection findings

Inspectors found measures to protect residents from being harmed or suffering abuse were in place. However, some improvement was required. While staff reported that they had attended training and records confirmed this, a small number of staff spoken with were not knowledgeable of all forms of potential abuse.

The elder abuse policy gave guidelines and described the procedures to follow should an elder abuse investigation need to be carried out.

Inspectors saw that the provider managed some residents' money in a manner that did not maximise the residents' capacity to exercise personal autonomy and choice. The residents' finances were managed as a collective account by the provider. Residents' monies were maintained in a separate bank account and balances checked were correct. However, this practice was not sufficiently robust to protect each resident's personal finances as recent transactions were not maintained in the residents' individual ledger.

Although a policy was in place to guide the accounting procedures, inspectors noted that two signatures were not recorded for each transaction as required by the policy in place. This was discussed with the provider as it had been identified as an area for improvement at the previous inspection that had not been addressed within the agreed timescale.

Outcome 7

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on three monthly and the emergency lighting and fire equipment annually. Daily inspections of fire exits were carried out. Training records confirmed that all staff had attended training on a minimum of a yearly basis. Fire drills were conducted at least every six months. All staff spoken to were clear about the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Inspectors noted that infection control practices were adequate.

Staff had attended the mandatory training in moving and handling apart from the kitchen staff as confirmed by the training records and in discussion with staff.

A safety statement dated 2012 was available. A risk management policy was in place and met the requirements of the Regulations. Specific risk management issues were addressed in the risk register including up to date risks associated with ongoing building works. However, a number of risks associated with the premises were not specified including supervision of dispersed bedrooms, safe use of WC's in wet rooms with sloping floors for shower drainage or alternative wheelchair access to the building in the absence of a ramp at the front entrance in compliance with Part M Building Regulations.

Outcome 8

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Inspectors were satisfied that each resident was protected by the designated centre's procedures for medication management.

The action previously identified in relation to nurse transcribing had been addressed. New documentation had been introduced and inspectors saw that each transcription was signed by the transcribing nurse and co-signed by a second nurse who verified the transcription was correct to minimise the risk of error. In addition the policy had been amended to reflect this change in practice.

Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

A medication fridge which was locked was available and the inspector noted that the temperatures were recorded twice daily and were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had introduced an audit tool which she described as a benchmarking system against the Authority's Standards and the Regulations. There was no formal process for reviewing this information to improve practice or for reviewing and improving the quality and safety of care provided to, and the quality of life of residents in the centre.

The person in charge outlined improvements in care planning documentation following previous inspections by the Authority and that the smoking policy had been updated following a complaint in regards to smoking.

There was no documentary evidence of shared learning with staff notwithstanding, the person in charge said that she instructed staff on best practice and person centred care during her supervision of their work and care duties. There was no written evidence of any learning being transferred to staff. There were no minutes of staff meetings.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that the healthcare needs of residents were met, however, inspectors were concerned the reported incidence of episodes of behaviour that is challenging remained high and may be symptomatic of unmet needs.

As identified in previous reports, some of the residents' mental health conditions, resulted in their behaviour being seen as challenging at times and on occasion this triggered residents displaying verbal and physical outbursts. Inspectors found that there were risk assessments completed on the risks associated with outbursts, behavioural charts were maintained to record behaviour and there was written evidence of measures being taken to respond to the behaviour. However, a number of verbal outbursts that occurred during the day of the inspection were not documented. There was no record of monitoring which strategies led to improvement as opposed to those that didn't have a positive outcome.

There was a comprehensive policy developed on verbal and physical aggression which provided guidance to staff. Staff detailed the specific strategies they used to respond to behaviours which were in line with the interventions in the residents' care plans. Inspectors observed staff responding appropriately to residents with behaviours that challenged on a one-to-one basis. This positive approach contrasted with the difficulties described by the provider and the person in charge in meeting the needs of the residents and some resulting in inappropriate restrictive control measure put in place. A physical barrier had been erected across one of the wash-hand basins as a preventative measure.

The provider advised that staff continually received training on behaviour that challenges from professionals. There was evidence that residents were regularly reviewed by a Consultant Psychiatrist and a community mental health nurse who also acted as an advocate as documented in minutes of advocacy meetings.

Residents had access to medical and allied health professionals. There was access to optician, dental, chiropody, dietician and occupational therapy. The nurse explained that the GP visited regularly and were available anytime if necessary. There was a system in place for each resident to be regularly reviewed by their GP and there was documentary evidence to support this.

Inspectors reviewed a sample of residents' care plans and read where nursing assessments and clinical risk assessments were carried out for all residents. The care plans were reviewed on a three monthly basis or more frequently if required. Inspectors found that care plans were updated when there was a change in the residents' condition. There was a record of the residents' health condition and treatment given, completed on a daily basis.

As there was currently no resident with a wound, inspectors reviewed the procedures for wound management and found that there were sufficiently robust to demonstrate proper assessment and treatment plans. There was also evidence of residents being referred to specialist wound consultants. Inspectors found that there was a wound management policy in place.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as weight loss. Nutritional risk assessments were used to identify residents at risk and care plans were in place. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. Staff had attended specific training on restraint management. Inspectors noted that appropriate risk assessments had been undertaken and there was evidence that alternatives had been considered. Two hourly checks were completed when bedrails were in use. There were no lap belts in use. A policy was in place to guide practice. Inspectors noted that bedrails were used for three residents.

There were some opportunities for residents to participate in activities appropriate to his or her interests and capacities. An activity coordinator was employed in the centre for 20 hours over three days per week and inspectors met with her during the inspection. A schedule of activities was available each day which was flexible and dependent on the residents' wishes and level of participation. The inspectors observed a good rapport between the coordinator and the residents. There was evidence that residents engaged in activities such as music, Sonas, exercises, quizzes and art. The activities coordinator brought residents to the sea front and local café for regular outings in groups of four.

Inspectors found that further improvements were required in providing opportunities for meaningful engagement for residents when the activity coordinator was not on duty. The coordinator and the person in charge told the inspectors that residents had access to board games, listening to music, miniature golf, the garden and massage therapy. No specific staff member was assigned to coordinate these activities. There were also fewer opportunities for those who were more dependent or presented with behaviours that challenged to engage in suitable programmes and activities. A calmer atmosphere was evident when the residents were engaged in activity or receiving one-to-one attention.

Outcome 12

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

Action(s) required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Provide necessary sluicing facilities.

Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

Inspection findings

Donore Nursing Home is a Victorian house spread over two and a half floors with an extension to the rear. The centre is registered to accommodate up to 26 residents.

There are two steps leading to two bedrooms, a bathroom and a WC off the mid-landing with no lift access. Two stair-lifts allow access to the top floor for those with restricted mobility. Bedrooms are dispersed throughout the building which poses challenges for supervision of residents at all times. For example, two bedrooms are located off one side of the dayroom and one bedroom is located off the other which is some distance from the location of the bathrooms and other bedrooms. Several actions relating to the premises had been identified on each of the previous inspections.

Some of the actions from the previous inspection had been addressed and others were in the process of being addressed. Mechanical ventilation had been installed in the smoking room and a sink for hand-washing had been installed in the laundry. Works were ongoing to provide separate staff facilities for lockers and also to separate the cleaning store from the sluice room. However, there were no clear guidelines based on evidence-based practice for managing infection control in the absence of mechanical sluicing facilities. The provider told inspectors that sluicing facilities were yet to be installed.

There are three multi-occupancy bedrooms. One room previously used as a multi-bedded room had been reduced to a two-bedded room. However, this room was also being used to store unused and dismantled beds. The provider was aware that the multi-occupancy rooms did not meet the requirements of the Regulations and Standard 25. There was space restrictions in a number of the two-bedded rooms which impacted on privacy and access to wardrobes and the wash-hand basins.

The wheelchair toilet and shower on the ground floor could not comfortably accommodate a wheelchair user due to the size and layout.

Uncovered heating pipes and radiators were identified by inspectors as a burn risk to residents.

The sitting room where residents sat for most of their day was dark as it was surrounded by rooms on all sides and therefore natural light and ventilation was restricted.

The extension to the rear of the day room accommodates the nurse's station, a 'quiet' room and a WC. The day room was also a throughway for access to the nurses' station located in the quiet room and access to the garden is also through the quiet room from the day room.

The design and layout of the building poses challenges to the provider in complying with the Regulations and specifically Standard 25 by July 2015.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 16

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, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Inspection findings

Inspectors observed some good practice in terms of privacy and dignity when personal care was being delivered. For example, screens were drawn, doors shut and staff knocked and called out before entering bedrooms and bathrooms. The person in charge told inspectors that she had to remind staff of appropriate care practices and staff spoken with said that practices had improved.

Personal care arrangements were flexible. Residents were encouraged to get up each morning or they could lie in if they wished and a number of residents were observed lying in bed mid-morning. However, some practices in place did not encourage each

resident to exercise choice and control over his/her life and enable them to maximise their independence in accordance with his/her wishes. For example, some residents did not have access to their wardrobes, which restricted access to their own clothes.

The layout of the bedrooms did not allow for privacy and dignity in all situations. For example, a steel wash-hand basin was located beside one resident's bed.

A number of residents dined in the same dayroom where they sat for most of the day with their meals being served on small over-bed type tables. While the person in charge told inspectors that residents stayed in the day room to have their meals by choice, the size and layout of the dining room limited the opportunity for all residents to sit together in the dining room. At the evening meal, residents were presented with tea in cups that had been pre-sweetened/or not and the milk pre-poured. The person in charge stated that the staff knew the residents' preferences and that she had provided jugs and sugar bowls in the past which were taken away because of presenting behaviours.

A member of staff from St Brendan's Hospital acted as advocate for the residents. There was no documentary evidence that residents were consulted with by management on the organisation of the centre. There was no resident's committee in place. The person in charge stated that resident satisfaction surveys or questionnaires had not been used to ascertain the residents' views on the service they received.

Outcome 17

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. An external contract provided a linen laundry service and personal clothes and towels were laundered in the centre's laundry.

Adequate space was not provided for residents' personal possessions. A number of residents did not have access to the wardrobes in their bedrooms as they were

blocked by the beds resulting in residents not having appropriate storage of and access to their own clothes.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed a sample of staff files and determined that some did not meet the requirements of the Regulations. While there was a recruitment policy in place which met the requirements of the Regulations, some files did not contain evidence of physical and mental fitness.

Inspectors found that there were appropriate staff numbers on duty on the day of the inspection but had concerns that the skill mix did not fully meet the assessed needs of residents. While some improvements in behaviours had been noted by staff, there remained particular challenges requiring a level of expertise and input from skilled staff in order to bring about improvement in some of the presenting behaviours. While staff spoken with commented that the atmosphere in the centre was calmer, they also reported that incidents of verbal outbursts by residents continued to occur, as documented in behaviour logs and observed during the inspection.

Staff rotas reviewed by inspectors indicated that these were the usual arrangements. A registered nurse was on duty at all times including night duty. The person in charge stated that the roster was altered on a day-to-day basis if additional staff were identified as being required or to cover sick leave.

Inspectors confirmed that up-to-date registration numbers were in place for nursing staff.

The provider was committed to providing ongoing training to staff. Training records showed that extensive training had been undertaken in 2013 and staff spoken with confirmed this. This included training on challenging behaviour. Additional training was planned for 2013. Staff spoken to said that the Standards needed to be explained more fully to staff.

Inspectors found that there were formal induction arrangements for newly employed staff members. A formal appraisal was also carried out with each employee on an annual basis. The person in charge told the inspector that the process identified strengths, weaknesses and informed training needs and plans.

The provider told inspectors that staff were treated like family and that they all eat their meals together in the dining room.

Closing the visit

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

Acknowledgements

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

Report compiled by:

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Inspectors
Regulation Directorate
Health Information and Quality Authority

Date: 19 July 2013
Updated: 4 November 2013

Provider's response to inspection report *

Centre Name:	Donore Nursing Home
Centre ID:	0032
Date of inspection:	18 July 2013
Date of response:	6 September 2013 Updated:- 15 November 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet the requirements of the regulations and correctly reflect all matters listed in Schedule 1.

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).

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Statement of purpose has been modified to provide a more accurate description of the residents more suitable for the care of Donore.	Completed

Outcome 4: Records and documentation to be kept at a designated centre

The person in charge is failing to comply with a regulatory requirement in the following respect: The directory of residents was inappropriately included in the statement of purpose and not maintained as a separate directory with all up to date information specified in Schedule 3 of the Regulations.	
Action required: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) 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 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Directory of Residents is now a standalone document. The Directory of Residents is compliant with the requirements of schedule 3.	Completed

The provider is failing to comply with a regulatory requirement in the following respect: The policies and procedures did not sufficiently guide staff.

Action required:	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All operational policies and procedures are currently being updated to reflect best practice and a greater understanding of the regulations and standards.	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect:	
A small number of staff did not adequately describe the forms that abuse might take.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We had the HSE Elderly Abuse Officer of County Wicklow on 23rd October 2013 and held a training session for all staff at Donore. Meanwhile a questionnaire examining the understanding of Elderly Abuse by the staff has been distributed and collected.	Completed

<p>We have a zero tolerance approach to abuse.</p> <p>A robust incident reporting system is in place and all staff are familiar with their responsibilities with regard to reporting any incident of abuse either by staff, by residents, relatives or any other visitors. We carried out a test of this claim as we wrote this response and staff provided an adequate knowledge of this policy. Presently there are no incidents of abuse logged.</p>	<p>Completed</p>
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<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The system for managing residents' finances required strengthening.</p>	
<p>Action required:</p> <p>Put in place written operational policies and procedures relating to residents' personal property and possessions.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Two signatures will now be applied to all transactions. The report suggested that residents might look after their own finances. The finances referred to in the report is the money provided by St. Brendan's Hospital. This is provided as a "lump" sum to the Provider's, Comfort Bank Account for the very reason that individual residents are unable to manage their financial affairs.</p> <p>This finance is managed diligently, with a separate bank account and is open to audit by the authority or any other pertinent body.</p>	<p>Ongoing</p>

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All risks in the centre had not been identified, assessed and control measures put in place.</p>

Action required:	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
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:	
The risk management policy is being updated, which includes the identification and assessment of risk throughout the designated centre and the precautions in place to control the risks identified.	Ongoing

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

The provider is failing to comply with a regulatory requirement in the following respect:
There was no system in place for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the centre.
Action required:
Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Action required:
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.
Action required:
Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A formal quality management system is being installed; outcomes from the system will inform quality and safety of care. The system will drive improvement and preventative action, and will address all adverse incidents reported and the adverse outcomes from the residents committee meeting.	Completed

Outcome 11:

The provider is failing to comply with a regulatory requirement in the following respect: Each resident did not have equal opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.	
Action required: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An Activity Coordinator is employed 20 hours per week and offers meaningful activities to all residents. We propose to carry out an assessment of each resident using recognised PAL Tool to establish their capability to participate in activities. We would however point out that it is not unusual in these care settings to find that not all residents wish to participate in the activities. As far as possible the activity coordinator involves herself in one to one with those residents who wish to participate	31 December 2013 Completed

<p>in activity.</p> <p>Care staff do involve the residents in meaningful activities. This is now recorded in the activity record book and nurses' narrative report.</p>	<p>Completed</p>
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Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The three multi-occupancy bedrooms will not meet the regulations and specifically Standard 25 in July 2015</p> <p>There was restricted space in a number of the two bedded rooms. There was no wheelchair accessible WC or bathroom. Ramped access was restricted.</p> <p>There were no mechanical sluicing facilities available.</p>
<p>Action required:</p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p>Action required:</p> <p>Provide adequate private accommodation for residents.</p>
<p>Action required:</p> <p>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.</p>
<p>Action required:</p> <p>Provide necessary sluicing facilities.</p>
<p>Action required:</p> <p>Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>

Action required:	
Provide suitable storage facilities for the use of each resident.	
Action required:	
Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.	
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:	
The premises will be modified to reflect the requirements of the Health Act 2007 and the HIQA Standards.	1 July 2015
A bed has been removed from one of the pertinent rooms. For hygiene and social reasons, a remedy has been provided.	Immediate
These premises has been approved by HIQA for registration and this currently includes three-bedded rooms. In addition, these rooms are clearly identified in the statement of purpose which has been with the authority since registration application.	1 July 2015
All bedrooms can provide privacy for residents	Completed
A mechanical sluice machine has been installed.	Completed
All residents are provided with a wardrobe. All residents are provided with bedside lockers.	Completed
A wheelchair assisted toilet will be provided in the modified building.	1 July 2015
All residents can access and egress the building by the side door.	Completed

Theme: Person-centred care and support

Outcome 16: Residents' rights, dignity and consultation

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

The residents' privacy, dignity and choice were not facilitated at all times.

Each resident did not have privacy in accessing the wash hand basins in the bedrooms due to the size and layout of the bedrooms.

Action required:

Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Action required:

Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

Reference:

- Health Act, 2007
- Regulation 10: Residents' Rights, Dignity and Consultation
- Standard 2: Consultation and Participation
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

Residents will be provided with the freedom of choice on all occasions as far as is possible and practical and where this freedom does not adversely affect the other residents.

Completed

A resident's committee is now in place under the chairmanship of the Advocate – an employee of the HSE Mental Health Services and jointly with the Activity Coordinator.

Completed

Outcome 18: Suitable staffing

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

There were weaknesses in staff's knowledge of the Regulations and the Authority's Standards.

Some staff files did not meet the requirements of the Regulations.

The reported incidence of episodes of behaviour that is challenging remained high and may be symptomatic of unmet needs.

Kitchen staff had not received lifting and handling training.

Action required:

Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff commensurate with their roles are familiar with the various legislation and standards. Where applicable the staff are familiar with pertinent policies, procedures and the statement of purpose.</p> <p>Staffing levels are determined by the dependency level of the day and this determination is made by the PIC.</p> <p>In the future all employees will be recruited in the best practice as in the new Recruitment Policy and if possible another Registered Psychiatric Nurse will be recruited in the future.</p> <p>All nurses will be facilitated to avail of the An Bord Altranais on line training.</p> <p>An extensive training program has been developed by the PIC for all the staff to be carried into the new year.</p>	<p>Completed</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>