

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunboyne Nursing Home
Centre ID:	OSV-0000185
Centre address:	Summerhill Road, Waynestown, Dunboyne, Meath.
Telephone number:	01 825 1123
Email address:	dunboyne@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dunboyne Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Ciara McShane
Support inspector(s):	Catherine Rose Connolly Gargan;
Type of inspection	Announced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	5

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 September 2014 09:15 To: 09 September 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection and took place over one day with two inspectors. The inspection occurred following an application to vary and was the fifth inspection, completed by the Authority, of the centre. The provider submitted an application to the Authority to increase the occupancy numbers from 37, which the centre is currently registered for, to 62 residents, therefore an increase of 25 residents. Post inspection, the provider amended the application to reduce by one to 61 residents as one bedroom which was initially proposed as a twin room was not suitable for the intended purpose.

The inspectors initially attended the centre 21 July 2014 to carry out the inspection regarding the application to vary; however the premises were not fully complete or prepared for inspection. Subsequent to this date the Provider wrote to the Authority stating the centre would be ready for inspection post 01 September 2014.

On the day of inspection, the inspectors spoke with residents, relatives and staff members. Documentation such as policies, care plans and training records were also reviewed.

Overall the inspectors found that there was satisfactory compliance to the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland, however improvements were identified.

The provider and person in charge were present for the inspection. There had been a change in the person in charge since the previous inspection.

Residents were consulted about the operation of the centre and were aware of the recent changes and the refurbishment that had been completed. The collective feedback from residents both on the day of inspection and following a review of the Authority's questionnaires provided to inspectors was one of satisfaction with the care and service provided. Fourteen questionnaires were received in total, ten of which were completed by residents and four which were completed by relatives.

The recently refurbished area of the nursing home and the recently added extension provided a bright, modern and spacious centre for residents to enjoy. It was decorated well and residents had personalised their bedrooms. The inspectors also saw photographs of residents throughout the centre in addition to art work they had completed.

Areas for improvement identified during the inspection included non compliances with infection control, medication management and the premises which are further outlined in the report and included 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Following an amendment in the provider's application to vary, post inspection, to decrease the total occupancy numbers, a revised statement of purpose was submitted to the Authority. The inspector found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents and prepared a new statement of purpose to reflect their application to vary. The statement of purpose clearly described the range of needs that the designated centre intended to meet and outlined the services they provided.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw that systems were in place to audit and monitor the care given to the residents. Audits completed by the person in charge included medication management, falls, restraint and care planning. There was also an additional management audit schedule which was completed quarterly and included areas such as equipment, documentation and records and human resources. The inspector reviewed the audit

schedule that was completed July 2014, where deficits were highlighted actions had been identified and completed. A report regarding the quality and safety of care was also reviewed which was sufficiently detailed and was made available to residents.

The person in charge also collected data on the use of restraint both chemical restraints and bedrails were reviewed. The person in charge used this information to monitor trends and identify areas for improvement.

There was a clearly defined management structure in place that identified lines of authority and accountability. The person in charge and the provider spoke about plans to increase staffing in line with the increased in resident numbers. Two additional nurses had been recruited and were due to commence their post in September of this year.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A resident's guide was available to each resident which accurately described the services provided. The inspectors saw posters in the centre reminding residents of additional services that were available and the associated cost such as chiropody and hairdressing.

The inspector reviewed a sample of five contracts of care and was satisfied that the cost of the service was outlined and additional costs the residents may be expected to pay were also outlined.

The contracts were signed by the residents and where this was not permissible the resident's relative along with a nursing staff signed it.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The arrangements for the person in charge had changed since the last inspection. The Authority had been notified of this change. The person in charge was in her role for seven months. The person in charge was on duty on the day of the inspection and worked full time hours at the centre. She was a registered nurse and had additional qualifications in gerontology, counselling and health services management.

The person in charge had sufficient systems in place in particular relating to information governance evidenced by regular staff meetings, good audit systems and information that was easily accessible and organised. All documentation requested on the day of the inspection was made readily available to the inspectors.

Staff told the inspector they felt well supported by the person in charge and that she was approachable. They confirmed that departmental meetings took place which the person in charge attended. The inspector reviewed the minutes for these meetings and was satisfied that the person in charge demonstrated leadership and good communication with her team. Appraisals also occurred annually.

On the day of inspection residents told the inspector who the person in charge was. The person in charge was observed meeting with residents and their relatives throughout the day of inspection. Relatives also confirmed they could freely approach the person in charge if they had questions or concerns. Questionnaires received by the Authority, which had been completed by relatives, also confirmed this. The person in charge had identified a deputy person in charge should she be absent for more than 28 days.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors were satisfied that the records listed in Schedule 3, 4 and 5 of the Regulations were available in the centre and easily retrievable.

Inspectors reviewed the recent environmental health report in addition to the Providers response and action plan. The directory of residents was viewed by the inspectors and was found to be complete and accurate. The inspectors saw that a recent hospital admission was recorded in the directory of residents.

The admissions policy had recently been updated August 2014, the inspectors were satisfied the practice reflected the procedure that was detailed in the policy. The risk management policy had also been updated August 2014 amongst others.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were arrangements in place should the person in charge be absent for a period of more than twenty eight days and the Provider was aware of his responsibility to notify the Chief Inspector of the absence. The person in charge, since her commencement, had not been absent for a period of more than 28 days.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy, as seen by the inspectors, in place for the prevention, detection and response to abuse. The policy had been reviewed February 2014. Staff had signed to confirm they read and understood the policy and told the inspector they had received training on induction regarding elder abuse. All staff as seen in the records had up-to-date training regarding elder abuse. The policy was sufficiently detailed and named the designated officer and described types of abuse and offered guidance to staff. Staff spoken with by the inspectors confirmed they were knowledgeable of elder abuse and told the inspectors how they would respond should they receive an allegation or witness an incident. Since the previous inspection there had been one allegation of abuse notified to the Authority. The centre conducted an internal investigation and the Authority was satisfied with outcome. Learning was identified as a result of the allegation and practices have since changed for example allocations of staff were changed so that staff members worked in teams.

Residents spoken to and those who completed the Authority's questionnaires confirmed they felt safe in the centre. Residents also told inspectors that staff were available and answered their bells timely. Ten questionnaires were completed by residents; all ten residents confirmed they felt safe.

There was a policy on the use of restraints in the centre and the person in charge told the inspector they were working towards a restraint free environment. The inspectors reviewed the restraint log and restraint audit and were satisfied the use of restraint was well managed, monitored and reviewed. Where bed rails were used a risk assessment supported the necessity and in some instances the residents themselves wished to have bed rails in place at night time.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that most of the actions from the previous inspection were met. The new laundry room ensured that appropriate control measures were in place relating to infection prevention and control. Oxygen cylinders and wheelchairs were safely stored in newly commissioned designated storage areas.

Works on the front external grounds were not yet complete, the rubble and unfinished lawn was a potential risk to residents and visitors should they wander to that area. The provider stated works were planned for the identified area.

The inspectors reviewed the safety statement and risk management policy; the risk management policy was reviewed August 2014. The inspectors saw that the safety statement included, but was not limited to, policies on fire safety, moving and handling, residents going missing and medication management.

A health and safety committee met regularly, the inspectors reviewed the minutes of the last meeting dated August 2014. The meeting addressed the potential risks as a result of opening the newly refurbished corridors. Actions were identified to ensure that residents were kept safe. The inspectors also reviewed numerous risk assessments which anticipated potential risks while the refurbishment of part of the nursing home was taking place. Through staff interview, review of documentation presented, inspectors concluded that the practices were reflective of the systems in place and in compliance with regulation 26 (1) (d).

The centre had a full time maintenance person who carried out weekly and monthly safety checks to ensure risk was minimised. The inspectors saw that these inspections were up to date and where deficits had been identified actions had been outlined. The inspectors observed that the testing of the water temperature was not itemised on the weekly checklist. The provider explained the water was thermostatically controlled by a computer, however to ensure complete accuracy the provider agreed the water temperature would be added to the checklist and regularly tested.

In respect of fire safety the inspectors were satisfied the testing and servicing of equipment was up to date after reviewing relevant certification and documentation provided. Staff were knowledgeable and told inspectors what to do in the event of a fire. Staff had up to date fire training. Twenty eight staff received fire training from an external company in August 2014. Each resident had a personal evacuation plan which included equipment such as oxygen tanks where necessary. The samples of evacuation plans reviewed by the inspector were recently reviewed by members of the nursing team. Fire doors and exits were unobstructed on the day of inspection and a daily check on the means of escape was completed by the maintenance person. Prior to inspection, the Authority, received written confirmation from a competent person that all requirements of the statutory fire authority were met. Emergency plans were also in place, the provider had made arrangements with a local club to avail of their premises in the event of a full evacuation. The inspector saw written confirmation of this in addition to confirmation of their insurance cover should this event arise.

Improvements were identified in infection control. Inspectors saw systems in place to ensure the segregation of clean and soiled laundry, in addition to colour coded mops however some improvements were required. Inspectors saw a commode, placed in a

communal bathroom that had not been thoroughly cleaned. This same communal bathroom also had evidence of shared toiletries and therefore increased the risk of infection. There may also be a potential risk of ingestion. Post inspection the person in charge completed a risk assessment and forwarded to the Authority regarding communal bathrooms to mitigate the aforementioned risks.

Judgment:

Non Compliant - Minor

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors were satisfied that each resident was protected by the centre's policies and procedures for medication management. Some improvements were required in relation to the medication administration records and prescription sheets.

The inspector saw evidence that three monthly reviews were carried out. The pharmacist was involved in medication safety in the centre and conducted regular audits. The inspector saw an audit report with identified actions which the centre had commenced completing. Audits were completed for medication errors and reviewed by the person in charge.

The administration sheet for the most part was compliant. However, the time on the administration sheet did not match the time on the prescription sheet for the morning medication. The prescription sheet stated 8.00 am while the administration sheet stated 8.30 am. The person in charge confirmed she would contact the relevant persons and rectify this. In addition medication for one resident who required their medication to be crushed did not have each medication prescribed as crushed. All policies relating to medication management did not signify the date of implementation.

Judgment:

Non Compliant - Minor

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was aware of the legal requirement to notify the Chief Inspector regarding accidents and incidents. To date and to the knowledge of the inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.</p>
<p>Judgment: Compliant</p>

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that resident's health care needs were met to a good standard and the arrangements to meet resident's assessed need were clearly set out in a care plan.</p> <p>Residents had timely access to general practitioners (GP) with additional access available to other services including speech and language therapy and dieticians. Chiropody was also seen to be available. The inspectors reviewed resident's records and found that residents had been referred to these services. The outcomes of the referrals were recorded as seen in a nutrition care plan that was completed for a resident. The inspector also saw appointment logs for services such as chiropody.</p> <p>The inspectors viewed a sample of resident's files and saw that each resident had an initial assessment at the admission stage. The activity of daily living assessments looked at areas including dental care, pressure sores and falls amongst others. Where problematic areas were identified care plans were developed to address the concerns. The care plans provided clear guidance to staff. The inspectors noted that resident's care plans were reviewed regularly and where appropriate residents were involved in their review or where this was not possible relatives were part of the process.</p>
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The inspector reviewed the files of residents who were at high risk of falls and who had fallen recently. There was evidence that risk assessments and falls care plans were in place. Neurological observations were completed for unwitnessed falls in addition to witnessed falls where there were concerns that residents had hit their head. The inspectors also saw that the resident's next of kin were also contacted post fall. A resident's general practitioner was also contacted post fall and where necessary a timely review was completed.

Residents who were identified as being at risk of losing weight were referred to a dietician and subsequently had a nutrition care plan developed. Weights were checked monthly or more frequently depending on their nutritional assessment score which was calculated using the Malnutrition Universal Screening Tool (MUST).

The inspectors were told by staff that residents had opportunities to partake in activities. The centre had a full time activities person who provided services such as painting, music and bingo. The inspectors saw the activities person link with residents throughout the day of inspection. The person in charge stated that she was looking at developing the activities for residents at weekends. The centre also had visits from a pet therapist and a new hairdressing salon was available as part of the refurbishment. Residents who completed the questionnaires stated they enjoyed the music sessions at the centre in addition to attending the bingo and watching movies.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As part of this inspection inspectors viewed the premises relating to the application to increase occupancy number from 37 to 62. The premises, on the day of inspection had been set up for 62 residents with 46 single rooms and 8 twin rooms all on ground level. Thirty nine of the single rooms and the eight twin rooms were equipped with shower; toilet and hand-wash basin en suites and seven single rooms were equipped with toilet and hand-basin en suites. On the day of inspection the inspectors saw that one twin bedroom in the newly refurbished part of the premises posed a problem for potential

residents to easily navigate around. This finding was discussed with the provider and person in charge. Subsequent to the inspection, the provider submitted a revised application to vary and decreased the resident occupancy numbers from 62 to 61 resulting in this twin bedroom now being a single occupancy bedroom.

As part of the process to increase occupancy numbers, the provider built an extension to the existing premises in 2013 which subsequently was registered. Following the registration of the new build the provider vacated the existing premises which were for the most part decommissioned and residents moved over to the newly registered extension. The existing premises was refurbished with the purpose of some rooms changing. A staff room, visitor's room, visitor's toilet, a laundry room in addition to extra storage were developed.

The inspectors found the premises had sufficient storage. There were twelve areas used for storage, throughout the centre, including two which were dedicated to the storage of hoists. The centre also had a hairdressing salon in addition to a treatment room, two large dining rooms, an activities room and two sitting rooms. An oratory, a guest bedroom equipped with en suites and sufficient area dedicated to male and female staff changing room facilities were also available in the centre.

The premises was suitably decorated, was bright with natural light coming through. Bedrooms were all equipped with a locker, a double wardrobe, a chair, a television and a bed for each resident. Residents in twin rooms shared a television. The inspectors noted that the location of the privacy curtain rails required moving in order to offer full privacy to residents and to ensure that the curtains did not negatively encroach on one resident's side of the bedroom. The provider stated he was aware of this and was in the process of rectifying the deficit. Bedrooms in the centre, that were occupied, were personalised and residents had photographs and pictures placed on the walls. Residents spoken with said they enjoyed their bedrooms.

There was space for residents to enjoy the external grounds. In the centre of the nursing home there was a large garden with raised beds which residents could enjoy along with seating and tables. On the day of inspection residents were sitting in the enclosed garden having their morning snack. The external parameter of the centre was incomplete at the time of inspection. Areas of rubble where, the lawn would be placed, were present. There was tape to distract residents from entering these areas and the provider stated that these parameter areas would have a lawn in the coming weeks. There was sufficient parking in front and along the side of the centre. The inspectors noted that some resident's bedrooms were overlooking the car park and therefore posed a risk to their privacy and dignity. The person in charge told the inspectors that she had spoken to all residents whom this impacted asking them if they wished to have protective material placed on their windows. All residents confirmed they enjoyed the view out and were content with the curtains. The person in charge stated that she would revisit this with residents on a regular basis to ensure they remained satisfied. The inspectors saw these conversations documented in the daily notes of residents and inspectors also spoke to a number of residents whom lived in these rooms and they too confirmed they were content and happy to enjoy the view. The policy on privacy and dignity had been reviewed to reflect the potential negative impact that the bedrooms overlooking the car park may have on residents.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties. A training room was also provided in the building.

Close circuit television cameras were provided externally at all entrances ensuring additional safety and security for residents.

Judgment:

Non Compliant - Minor

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors saw the centre had a complaints policy that was reviewed February 2014. The complaints procedure was in compliance with the Regulations and included an appeals process and the need to communicate the outcome to the complainant. The complaints procedure was on display at the centre and there was a complaints and feedback box also placed at the main door.

The inspectors reviewed the complaints log and saw that the last complaint was received was dated May 2014. The inspector found that the centre followed their own procedures. The inspectors noted that there had been no verbal complaints logged, management stated they had received no verbal complaints. There was a complaints audit system in place which was last completed in July 2014, this was completed by the administration team. Inspectors were informed that there were no active complaints under investigation at the time of inspection.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a policy in place which supported the nutritional needs of residents and offered clear guidance to staff. The policy on nutritional intake had been reviewed and amended august 2014.

There was a nutrition and hydration folder in place which included the dietetic nutritional assessment for residents including a summary of their recommendations. The inspectors saw the information for residents in nutrition and hydration folder correlated with the sample care plans reviewed by the inspector.

On admission each resident was assessed with the aid of the MUST tool within 48 hours of admission and subsequently updated monthly, this was seen by the inspectors in a sample of care plans. The initial assessment also referred to the importance of oral and dental health which was reviewed every three months. Resident's religion and cultural preferences were also assessed.

Guidelines were in place to assist staff in making a referral to a dietician, speech and language therapist or an occupational therapist. The guidance was clear and prescriptive. Guidelines were also in place to guide staff in the monitoring of residents weights.

Residents told inspectors they enjoyed the meals and were given a choice prior to mealtimes. Residents also told inspectors if they were not enjoying their meal the chef would prepare an alternative. A menu was displayed in the dining room as too the source of the food produce including meat. Residents had jugs of water in their bedrooms and were offered hot and cold beverages along with snacks throughout the day. The menu ran on a 21 day cycle and was completed in line with seasonal produce. The inspectors saw that staff and residents also recently attended training on nutrition and hydration in the elderly. Residents also had the opportunity to raise issues with food and the dining experience at mealtimes. On review of the questionnaires, post inspection, completed by residents the majority were positive towards the food and dining experience. It was noted by one resident at times they felt the dining experience caused confusion for staff with regards the serving of the meals. This required a review.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were treated with privacy and dignity and they were consulted with regarding the running of the designated centre.

Inspectors observed staff knocking on resident's bedroom doors prior to entering and were heard speaking to residents respectfully and in a courteous manner. There was an opening visitor's policy, on the day of inspection the inspectors saw visitors come and go at the centre. The inspectors spoke with relatives who confirmed they felt welcomed when they visited the centre and restrictions were not placed on their time with their relative/friend.

Residents meetings took place and the inspectors reviewed the minutes for these. Residents were informed of the proposed or actual changes in the centre and were kept informed. Residents were also asked to name the corridors, ultimately residents wished to name the corridors after flowers native to Ireland. The inspector saw that at the most recent meeting, 5th September 2014, an advocate attended to support residents if required in addition to a local pharmacist who provided information to residents on the flu vaccine.

There was a policy on ensuring resident's privacy and dignity which had been amended March 2014. This policy referred to residents possible wishes to have additional coverings on their windows as discussed in outcome 12 Premises. Residents who lived in the centre told inspectors they had a choice regarding the bedrooms they chose.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. There was a full time laundry person employed at the centre. There were sufficient washing machines and clothes dryers to cater for the number of residents at the centre. Clothes were safely segregated by two doors and two areas in the laundry room. There was adequate space to store resident's clean laundry prior to being dispersed to their bedroom.

Residents had sufficient space in their room to store their personal belongings and were also provided with lockers fitted with locks should they wish to store their belongings. Residents also had locks on their bedroom doors.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection there was 32 residents in the centre, five were low dependency, seven were medium dependency, six were high dependency and 14 were maximum dependency. The inspectors were satisfied that there were sufficient staff on the day of inspection to meet the required needs of the current residents. During the day the person in charge in addition to two nurses were available and were supported by a team of carers. The two staff nurses worked from 08.00hours to 20.00hours. Two carers and one nurse worked night duty and provide care to the 32 residents. Staff spoken with confirmed there was adequate staff on duty to meet the needs of the residents. Residents confirmed to inspectors that staff responded quickly to their call bell and their needs were met.

The provider told the inspector that two nurses had recently been recruited and were due to commence in September. The provider confirmed they had a bank of carers who were available once registration for additional numbers is confirmed by the Authority. The inspectors reviewed the information the provider submitted with the proposed staffing outlined to meet the needs of full occupancy of 62 residents. Inspectors were satisfied that the projected staffing levels were adequate. The person in charge and

provider stated that it would also be dependent on the needs of new residents.

Staff told the inspectors they were well supported in their roles and received an annual appraisal. Staff also confirmed training they recently attended including manual handling training and fire safety training both of which took place in August 2014. The inspectors reviewed the training records and were satisfied that staff had up to date mandatory training. The inspectors saw that further manual training was planned for September.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Dunboyne Nursing Home
Centre ID:	OSV-0000185
Date of inspection:	09/09/2014
Date of response:	01/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Improvements were required in the communal bathrooms to ensure:

- a) Assistive equipment was thoroughly cleaned post use and
- b) Toiletries were not shared to minimise the risk of infection

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- a) Additional in house training was arranged for all domestic and care staff and the equipment cleaning schedule will be reviewed.
- b) All toiletries are currently provided to our residents free of charge and although we encourage private use, occasionally shampoo bottles are left behind in shower and bathrooms. We will review this practice and put steps in place to ensure that shampoo bottles are returned with residents to their rooms which may include labelling the bottles.

Proposed Timescale:

- a) Training started on the 10th September 2014 and will be finished by the 1st November 2014 ensuring all domestic and Care staff have been up-dated. The cleaning schedule will be amended by the 2nd October 2014.
- b) The review will commence on the 2nd October with required changes in practice being implemented by the 1st November 2014.

Proposed Timescale: 01/11/2014

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required regarding the administration records and prescription sheets:

- 1) The time on a prescription record did not correlate with the time on the administration record
- 2) All medications that should be crushed were not individually prescribed for crushing.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

- 1) The time on the administration chart has been amended to ensure that it synchronizes with the prescription.
- 2) The prescription charts have been amended in partnership with the GP, the pharmacist and us to ensure that all crushed medications are individually prescribed as well as collectively which is the current practice.

Proposed Timescale:

- 1) 17th September 2014
- 2) 30th September 2014

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The following areas were non compliances with regulation 17 (2)

Schedule 6 (m) - The external grounds required additional work completed to ensure it was safe and suitable for residents.

Schedule 6 (a) - The poles for the privacy curtains required readjustment so that residents in twin rooms experienced complete privacy and to ensure their allocated space was not encroached on.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- 1) The large lawn area to the front of the building has not been landscaped since the building works to the home were completed and is a little uneven in parts. This work is scheduled to be started on the 15th October 2014. Once this is done the area will be a large lawned garden and will be user friendly for our residents and their families and friends. In the mean time we will review our current risk assessment of the area to ensure that we are doing everything possible to protect residents and visitors.
- 2) The twin rooms in question will be reviewed for the full and easy access to personal storage and shared facilities such as the wall mounted television. Any work arising from this review will be carried out prior to the rooms being made available for occupancy.

Proposed Timescale:

- 1) The work is due to commence on the front lawn on the 15th October 2014 and the risk assessment will be review on the 2nd October 2014.
- 2) The review of the twin rooms will be complete by the 20th October 2014 with all required works being carried out by the 30th November 2014.

Proposed Timescale: 30/11/2014