Darraglynn Nursing Home
Inspection report, 28 January 2014

Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Darraglynn Nursing Home
Centre ID:	ORG-0000220
Centre address:	Carrigaline Road, Douglas, Cork.
Telephone number:	021 436 4722
Email address:	darraglynn1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Darraglynn Nursing Home Limited
Provider Nominee:	Margaret O'Sullivan
Person in charge:	Abin Joseph
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	0

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 judgements 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 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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
28 January 2014 08:45	28 January 2014 18:30

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of this monitoring inspection the inspector met with residents, relatives and staff. The inspector observed practices and reviewed documentation such as policies and procedure, staff files, medical records and care plans.

Residents appeared to be generally well cared for and based on discussion with a number of residents they were happy with the care provided. Based on the findings of this inspection a number of improvements were required, including:

- the contract of care
- the risk management policy
- review of accidents and incidents
- medication management
- care plans
- safe and suitable premises
- staff files.

The action plan at the end of this report identifies where improvements are needed to meet 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.

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.

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

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

Findings:
The inspector reviewed a sample of contracts of care and not all residents had an agreed contract within one month of admission. The contract of care was in the process of being reviewed by the provider, however this had not been completed on the day of inspection. The contract did not outline the amount payable weekly or the fees payable for additional services.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge is a registered nurse and the inspector saw evidence that he was registered with the relevant nursing professional body. There was evidence that the person in charge had actively engaged in ongoing profession development. The person in charge was absent from the centre on the day on inspection and this is further discussed in Outcome 5.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge was absent for a period in excess of 28 days and the relevant notification had been submitted to the Authority within the required time frame. Suitable arrangements had been put in place for the management of the centre in his absence.

Outcome 06: 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.

Theme:
Safe Care and Support

Judgement:
Compliant

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

Findings:
There was an up-to-date policy on the prevention, detection and response to abuse. All members of staff had received up-to-date training on the prevention and detection of abuse. Staff members spoken with by inspectors were knowledgeable of what to do in the event of suspicions or allegations of abuse.

There were appropriate procedures in place for the management of residents' finances. Based on discussions with staff and records reviewed there have been no incidents, allegations or suspicions of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and would have no difficulty in talking to staff if they had any concerns.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There was an up-to-date health and safety statement. There was an emergency plan that addressed emergencies such as fire safety, flood, utility failure and the safe placement of residents in the event of a prolonged evacuation.

There was a health and safety committee that included the provider, person in charge and the safety representative. Meetings of the health and safety committee were held periodically to discuss issues around the health and safety of residents, staff and visitors. There was a risk management policy that addressed issues such as violence and aggression, and absconsion. However, it did not adequately address assault, self-harm, accidental injury to residents and staff or the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspector reviewed the accident and incident log containing records of accidents and incidents and actions taken in response to individual incidents. However, records were not available to demonstrate learning and feedback to staff in order to prevent recurrence.

Suitable arrangements were in place to prevent accidents, such as hand rails on corridors, grab rails in toilets and safe floor covering. There were procedures in place for the prevention and control of infection, such as a colour coded cleaning system and hand gel dispensers located throughout the premises, however some improvements were required. For example, there was an infection control policy, however it was not sufficiently comprehensive to address issues such as the prevention and management of an outbreak of norovirus or influenza. As discussed in Outcome 12, there was no separate sluice room or laundry room, which posed a risk for infection and cross contamination.

A review of the fire safety register indicated that the fire alarm was serviced quarterly and fire safety equipment and emergency lighting was serviced annually. Electromagnetic door holders had been installed following the last inspection and door wedges were no longer in use to hold doors open. All staff had received up-to-date training in fire safety, fire drills were held at regular intervals and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There was an up-to-date medication management policy, however, improvements were required as it did not adequately address the procedure for pre re nata (PRN) medication prescribing, administration and review. Improvements were also required in medication administration practices as nurses were administering medications to one resident without a signed prescription, which was in contravention of professional guidance and the centre's own policy. The inspector was informed that a prescription had been submitted to the pharmacy by the general practitioner (GP), but as discussed in Outcome 11, the GP had not reviewed the resident following admission or signed the prescription. Not all prescriptions contained a photograph of the resident.

Medications requiring special control measures and medications requiring refrigeration were managed appropriately. There was a procedure in place for the return of unused and out-of-date medicines, however records viewed by the inspector were not signed by the pharmacist verifying the return.

Based on a sample of records viewed by the inspector residents' prescriptions were reviewed regularly by both the pharmacist and GP. There was a system for reviewing medication management practices involving regular audits by a pharmacist and also by nursing staff. The results of the audits indicated significant compliance.

Outcome 11: Health and Social Care Needs
Each residents 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 residents 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

Judgement:
Non Compliant - Minor

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

Findings:
Overall, residents appeared to be well cared for and their health needs were met, however some improvements were required. For example, while residents generally had good access to GP services, including out-of-hours, one resident had been admitted for three weeks but medical records viewed by the inspector indicated that the resident had not been reviewed by his/her own GP since admission. As discussed in Outcome 8, this resident's prescription had not been signed by the GP.

There was evidence of referral and review by allied health/specialist services such as physiotherapy, speech and language, dental and chiropody. Residents received a nursing assessment on admission and at regular intervals thereafter. Care plans were developed based on these assessments, and there was evidence of consultation with the resident/relative, however not all issues identified were addressed. For example, care plans were not always in place to address falls for all residents know to be at high risk of falling and there was not always a care plan in place to address the cognitive impairment of residents know to have a dementia diagnosis.

The only form of restraint in use were bed rails and there was evidence of a risk assessment for the use of restraint and safety checks while restraint was in place.

There were opportunities for residents to participate in a programme of activities that included music, exercises and Sonas. Residents had access to radio, newspapers and television.

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

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
The centre was bright, clean and appeared to be in a good state of repair. The centre comprised 16 single bedrooms and one twin bedroom. The bedrooms were personalised with residents personal belongings. Eleven of the single bedrooms and the twin-bedded room were en suite with shower, toilet and wash hand basin.

As identified on previous inspection a number of improvements were required to the design and layout of the premises. These included:
• there was no dedicated sluice room
• there was no dedicated room for storing cleaning equipment
• the laundry room did not provide adequate facilities for the separation of clean and dirty linen
• the communal shower was not conveniently located for two residents without en suite facilities
• there were inadequate changing facilities for staff.

There was evidence of a programme of preventive maintenance for equipment such as beds, hoists and wheelchairs. The premises and external grounds of the centre were well maintained and in a good state of repair. There was a patio and external gardens, however it was not suitable for all residents due to absence of a secure boundary and a low wall surrounding the patio. The provider was asked to risk assess residents in relation to the level of access to the external grounds.

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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

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

Findings:
The inspector reviewed the planned and actual staff roster and was satisfied that there was adequate staff and skill mix, based on the dependency of residents and the size and layout of the centre. Staff had access to training to support them in the provision of evidence-based care. In addition to attendance at training on manual handling, fire safety and abuse staff were facilitated to attend training on nutrition, end of life/palliative care, wound management, first aid and medication management.

A sample of staff files reviewed by the inspector indicated that not all documents specified in Schedule 2 of the Regulations had been obtained. Not all files contained three written references including one from their most recent employer, proof of identity including a recent photograph, a full employment history with a satisfactory history of any gaps in employment or evidence that the person is medically fit for employment.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	Darraglynn Nursing Home
Centre ID:	ORG-0000220
Date of inspection:	28/01/2014
Date of response:	16/02/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had an agreed contract of care within one month of admission.

Action Required:
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:
New contract of care is now signed off by our legal team. All residents/ next of kin in the home will be given a copy of the new contract.

Proposed Timescale: 21/02/2014

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

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care did not outline the amount payable weekly or the fees payable for additional services.

Action Required:
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:
The contract of care provides all details necessary with regards to fees and services.

Proposed Timescale: 16/02/2014

Outcome 07: 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:
There was a risk management policy that addressed issues such as violence and aggression, and absconsion, however it did not adequately address assault, self-harm, accidental injury to residents and staff or the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
Risk management policy will be addressed.

Proposed Timescale: 28/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not adequately address the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action Required:
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
An action plan on prevention and learning outcome will be addressed.

Proposed Timescale: 28/04/2014

Outcome 08: Medication 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 medication management practices, as:
• medications were being administered by nurses without a signed prescription
• there was not a photo for all residents on prescriptions
• the medication management policy did not adequately address the procedure for pre re nata (PRN) medication prescribing, administration and review
• there was not an adequate system to verify the return of unused or out-of-date medicines.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All stipulations required are completed.

Proposed Timescale: 16/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident had been admitted for three weeks but medical records viewed by the inspector indicated that the resident had not been reviewed by his/her own GP since admission.

Action Required:
Under Regulation 6 (3) (c) you are required to: Provide appropriate medical care by a medical practitioner of the residents choice or acceptable to the residents.

Please state the actions you have taken or are planning to take:
All stipulations required are completed.

Proposed Timescale: 16/02/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all issues identified on assessment were addressed in care plans.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All care plans – in process.

Proposed Timescale: 28/02/2014

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:
A number of improvements were required to the design and layout of the premises. These included:
• there was no dedicated sluice room
• there was no dedicated room for storing cleaning equipment
• the laundry room did not provide adequate facilities for the separation of clean and dirty linen
• the communal shower was not conveniently located for two residents without en suite facilities
• there were inadequate changing facilities for staff

Action Required:
Under Regulation 19 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
As per previous inspections planning permission has been granted to build new laundry and sluice room.

Proposed Timescale: End of 2014, early 2015.

Outcome 18: Suitable Staffing
Theme: Workforce **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** No all documents specified in Schedule 2 of the regulations were obtained in respect of each person employed in the centre. **Action Required:** Under Regulation 18 (2) (a) and (b) you are required to: 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 have been obtained in respect of each person. **Please state the actions you have taken or are planning to take:** All stipulations required are completed.
Proposed Timescale: 16/02/2014