

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dargle Valley Nursing Home
Centre ID:	OSV-0000031
Centre address:	Cookstown Road, Enniskerry, Wicklow.
Telephone number:	01 286 1896
Email address:	darglevalleynh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bluebell Care Limited
Provider Nominee:	Deirdre MacDonnell
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 April 2017 09:00 To: 19 April 2017 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and

scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 27 residents were accommodated in the centre, and just over 50% of residents had a dementia diagnosis. There was no dementia specific unit and all residents shared the same environment.

A review of the staff practice and records in the centre showed residents health care needs were being met, and where their needs changed referrals to allied healthcare professionals were seen to be made in a timely way. Where residents had care needs associated with their dementia this was detailed in care plans, staff were seen to know the residents well, and provided person centred care.

Residents and relatives who spoke with inspectors said they were happy with the service they were receiving and positive about the support they received from staff. Staff were meeting the health care needs of residents on the day of inspection, and had received the relevant training to ensure they were competent in their role including training in dementia care. Recruitment systems were in place that included getting references from former employers, and a full employment history.

The premises supported residents to move freely around the centre and provided a variety of communal area's for people to choose to spend their time with company or on their own. While the overall décor provided a bright and well lit environment, the person in charge was aware of improvement that could be made in relation to signage and use of colour to aid orientation. There were a range of activities offered in the centre, some in groups and some on an individual basis. Work was ongoing to ensure all residents, including those with dementia, were supported to be involved of activities of their choice.

The policies and procedures in the centre focused on residents rights and choice, and this was seen to be put in to practice by the staff team.

Improvements were required in some care planning documentation, the garda vetting process, storage of hoists and suitable methods of containing fire in the centre.

These are discussed further in the report and in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that identified their needs and interests. However some improvement was required in relation to recording the information to provide assurance that residents needs were being consistently met.

There was a clear process in place for assessing the needs of resident's prior to admission. When residents arrived at the centre a comprehensive assessment was carried out by nursing staff, and then care plans were developed to set out how individual needs were to be met. There were care plans in place for all identified needs. They were seen to be person centred and focused on the individual's preferences. They were reviewed regularly, at least four monthly, or more frequently as required. Some care plans provided very clear detail of the care to be provided. However a small number of examples were seen where changes had been made to care plans but not reflected in other records. Also some examples were seen where insufficient detail was recorded to see if care was provided in line with the plan. There is a risk residents might not receive the most up to date care where records are not correct. For example managing responsive behaviour, pressure area care and nutrition needs.

Where residents had dementia care needs, these were detailed clearly. Areas such as nutrition, cognitive ability, and communication needs were clearly recorded. Staff were heard speaking with residents about topics they were interested in and could relate to, and residents appeared to be well engaged in the conversations.

The person in charge was monitoring all areas of practice in the centre. With the assistant director of nursing they supervised all staff and were using the computer system to provide them with a clear overview of records being completed as required. They also spoke to residents and family members regularly to ensure they were satisfied with the service they were receiving.

A range of nursing assessment tools were being used to support staff in monitoring residents needs. Records showed that where there was a change in the resident's needs, this was identified quickly and appropriate support was identified. For example

where residents lost weight a referral was made to the dietician, and three day intake monitoring was commenced. Also calls to the general practitioner (GP) or the out of hours doctor were made where required.

Residents had the choice of GP, and a range of allied professionals were available to assess resident's needs. For example dietician, speech and language therapy, and physiotherapist. Records showed where medical recommendations were made, they were put in to practice. For example pressure area care treatment plans.

At the time of the inspection no residents were receiving end of life care. There was a policy in place and nursing staff described the care and support that would be provided to residents at this time. This included respecting the decisions of residents in relation to the care and support they would want to receive, and their view of hospital admissions. Where residents were not able to express their views, meetings were held with families to identify what the previously expressed wishes of the resident were. Any decisions involved the resident, family and general GP.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were appropriate measures in place to ensure residents were safeguarded and protected from suffering harm and residents that may display responsive behaviours were supported in a positive manner.

The centre had a policy on the prevention, detection and response to elder abuse. The policy defined the various types of abuse, provided examples of how to detect signs of abuse and outlined barriers that may prevent the disclosure of abuse, such as fear, lack of capacity, lack of clarity and communication difficulties. The policy also outlined the procedure for a staff member to report a suspected incident of abuse. The majority of staff had received up to date training in safeguarding against elder abuse. Staff that were due refresher training had already been identified and training had been scheduled. Throughout the day of the inspections residents were noted to be comfortable and a number of residents informed the inspectors that they felt safe in the centre.

The inspectors noted that staff often took time to ensure residents with dementia were re-assured and felt safe throughout the day. The inspectors found that any alleged or

suspected instance of abuse had been notified to HIQA and managed appropriately in the centre. Staff spoken with were clear on the signs of abuse and their responsibility if they witnessed abuse or had it reported to them.

There was a policy in place covering the management of challenging behaviour. Staff were seen to be following the guidance and were proactively supporting residents and respecting their choices on how spend their time. They were familiar with what might trigger responsive behaviour for individual residents, and worked effectively to support them to remain calm and manage anxiety. Where responsive behaviour was a known possibility for residents there were care plans in place, however these would benefit further detail to set out clear triggers, effective approaches and steps for keeping safe where required. The action for this is set out under outcome 11.

There was a policy on the use of restraint in the centre. The policy defined what restraint was and that consent must be required before restraint is used. It also stated that all residents must have a full risk assessment before it is used. Where a restriction had been identified as the most appropriate approach, for example bed rails, inspectors saw risk assessments had been carried out. They included considering if it was the least restrictive possible option. It was noted that the layout of the building supported those residents who liked to move around freely and supervision from a distance ensured residents could remain as independent as possible, and enjoy company or time on their own in quieter areas of the centre as was their choice.

The centre was acting as a pension agent for a number of residents in the centre. The centre had robust and detailed systems in place for managing and monitoring resident's finances. Residents' money was held in a clients' bank account. The system easily allowed for monitoring of transactions for each resident. An external accountant reviewed and audited the accounts for the centre. Small amounts of personal cash were held on site for a small number of residents. These were securely held and all deposits or withdrawal of personal cash was signed by two staff. Systems in place were appropriate to safeguard residents' finances.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

There had been some residents meetings held in the centre, and minutes were available. Inspectors were informed that residents made their own decision about whether they attended or not, and a record was seen of signatures of those residents who did choose to attend. They covered topics such as the new call bell system, changes to the premises, and the plans for holidays and special events. There were contact details available on the notice board about advocacy services, and residents could be supported to access them if they required.

The provider had carried out surveys of family members about the quality of the service provided to their relatives, so they could advocate on their behalf or residents who may not be able to express their views due to their dementia. Feedback was generally positive. Inspectors saw evidence that feedback had been addressed by the provider. For example replacement flooring (previously carpet) had addressed concerns about odour in the centre.

Residents confirmed that their religious and civil rights were supported. Residents were able to watch Mass streamed to the television from a local church and the rosary was read. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The person in charge told inspectors that residents were supported to exercise their political rights in past elections and that the polling officer visited the centre to enable people to vote.

Through the inspection residents were seen to be making choices about how and where they spent their time. Some residents said they liked to stay in their rooms, and enjoyed visits from friends and family. Others said they enjoyed being in the communal area and joining in with all of the activities. People could also make choices about what they ate, and where. Inspectors observed staff providing late meals for residents who missed lunch or chose to take it later.

There was a programme of activities that residents could choose to take part in. There was an allocated activity coordinator who spent time with individuals and also did group activities. Group activities included skittles, ball games, arts and crafts, meditation and exercise classes. Music and movies were also popular with the residents. It was noted that this area had improved since previous inspections. Residents spoken with said they generally enjoyed the activities and chose which ones to join. During the inspection residents were looking forward to the exercise class.

A formal observation was carried out by one inspector in the lounge area in the afternoon. Residents were engaged in a range of activities, reading, playing cards, doing crafts. The staff member was seen to move around speaking with different residents during the period. For some residents there was limited interaction observed during this period. The activity coordinator and staff team confirmed they planned to do more work to provide activities specifically designed to support residents with dementia who may not enjoy spending time with groups or may not find positive engagement themselves.

Inspectors observed that at all times staff knocked on bedroom, toilet and bathroom

doors and waited for permission to enter. Conversations were heard to be about the resident's interests, and knowledge about their background and previous experiences. All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. All of the residents and relatives spoken with said the staff team were good. Residents were seen to be wearing glasses and hearing aids, to meet their needs, and records showed they were reviewed regularly to identify if their needs had changed.

There was not a specific private visitor's room, but residents could meet with people in private in their rooms, or communal areas of the home. The main dining room and lounge was seen to be used by lots of people visiting the home.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints of all residents or relatives of residents in the centre were listened to recorded and acted upon.

There was a policy in place to manage complaints or concerns received in the centre. The policy outlined that all complaint, both formal and verbal, were to be recorded. The person in charge was named as the nominated person to manage complaints in the centre. A named representative of the provider was nominated to oversee management of the complaints and as a contact if an appeal was made to the outcome of a complaint. The policy also made reference to the office of the ombudsman as an independent appeals contact.

The centre had an infographic copy of the complaints procedure on display near the front entrance. The infographic format of the displayed complaints procedure provided an easy to understand process. The procedure outlined the steps to be taken if a resident or relative wished to make a complaint. The procedure was also broken into three separate stages, management of verbal complaints, management of formal/unresolved verbal complaints and formal investigation of complaints. The information in the procedure mirrored that within the policy.

The inspectors reviewed the records of complaints with the person in charge. Records of formal complaints were maintained electronically. The inspectors reviewed the records of two formal complaints and found that they were detailed, listed the action taken, the

satisfaction of the complainant and if the complaint was open or closed.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of the residents. Staff had received training appropriate to their roles and responsibilities. However it was identified that there were staff working prior to having received their garda vetting disclosure.

The staffing roster outlined that there was always one nurse on duty. On some days a second nurse was also on duty. The person in charge was supernumerary and not included in the staffing compliment working on the floor.

The senior team confirmed that there were sometimes two nurses on the floor assisting residents during the day and it was done when possible, however they had assessed that having one nurse on the floor was suitable for the number and assessed needs of the residents. There was one nurse on the floor on the day of inspection and it was noted that the nurse was not rushed and that residents' needs were being met. The inspectors reviewed nursing notes from the days where only one nurse was on duty to assist residents, and there was no evidence to suggest residents were suffering adverse affects from this.

Throughout the day of the inspection staff seemed to carry out their duties in a relaxed and timely manner. Staff were observed to assist residents when requested and sit to spend time with residents in the day room. Interactions between staff and residents were positive and friendly. All residents the inspectors spoke with said that the staff were very helpful and that they felt that their needs were being met.

Staff supervision was taking place and staff were receiving annual appraisals from the person in charge. The person in charge explained that almost all staff had received an appraisal for 2016.

The inspectors reviewed the training records of staff. They found that the majority of staff had received up to date mandatory training in fire safety, manual handling and safeguarding against elder abuse. For any staff that were out of date in their mandatory training this had already been identified and training dates had been set. Additional

training had been provided to a large number of staff in dementia care and in dealing with responsive behaviours, 28 staff had received this training in the past two years.

The inspectors reviewed nurses' registration documents and found that all were registered with the Nursing and Midwifery Board of Ireland. The inspectors also reviewed five recruitment files of staff. All five files were found to have the required documents as listed in schedule 2 of the regulations with the exception of Garda Vetting for two staff.

While inspectors reviewed if all staff were suitably vetted it was identified that two staff members were working in the centre without having received a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The person in charge informed the inspectors that both staff had submitted the application but it had not returned. The inspectors were assured that both staff members would be removed from the roster until their vetting disclosure was received. The provider took immediate action to address this matter when it was brought to their attention.

No volunteers were working in the centre at the time of the inspection.

Judgment:
Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual needs. However, arrangements for storage of equipment needed to be improved.

There was no specific unit or area for residents who had a diagnosis of dementia. Due to its design residents were able to move freely round the single story premises and spend time in their own rooms, in the communal areas or outside. Access to the well maintained garden was via a door that was locked on the day of inspection, but inspectors were advised when the weather is good the doors are kept open and residents can freely access the outside areas, or residents could ask for the door to be opened at any time. Handrails were available along all corridors. While grab rails in toilets and bathrooms were not of a contrasting colour, to aid residents with reduced vision to see them, they were installed.

The larger lounge area had been set out to provide different areas for residents to sit, and the small lounge provided a quiet place for residents to sit and was set out like a lounge area people would have at home. The dining room was close to the kitchen so residents could see and smell meals being cooked.

Most of the rooms in the centre were single rooms that provided a bed, wardrobe, chair and bedside cabinet. Since the previous inspection the two twin rooms had been extended and now offered space for furniture and personal items. There was also screening and more space in the room to support resident's privacy and dignity, and call bells were in easy reach of the bed. All rooms were bright and well presented. Rooms were en suite, provided a sink, shower and toilet. Hot water was available and monitored for appropriate temperatures.

The flooring throughout the centre had been replaced, and other improvement works were ongoing such as painting and decoration. Décor was plain and avoided heavy patterning. Inspectors spoke with the person in charge about signage, which was available but could be improved to support residents with dementia and to consider further use of colours to support orientation.

Equipment was available in the centre to support resident's mobility such as hoists. However it was noted that when hoists were not in use they were stored in bedrooms. Storing them in bedrooms meant that the bed and chair was not accessible to the resident.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk 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:

This outcome was not inspected during this inspection, however it was noted that some fire doors in the centre required review to ensure they would be effective in the event of a fire. Inspectors requested that the provider submit information on this matter within a week of the inspection. Action was taken by the provider within that timescale. They confirmed the area for improvement was set out by a fire safety engineer, and the maintenance person was provided with clear instructions to remedy the issue.

Judgment:

Non Compliant - Moderate

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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:

Helen Lindsey
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:	Dargle Valley Nursing Home
Centre ID:	OSV-0000031
Date of inspection:	19/04/2017
Date of response:	01/06/2017

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans required improvement to ensure they provided sufficient guidance to staff on how to meet resident's needs.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

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

Responsive Behaviour care plans are now updated to include triggers, effective approaches and the steps to be taken to keep the resident safe. All interventions are now included.

Mobility care plans now include the repositioning of immobile residents when in bed. This is currently recorded on the touch screen at the chat station and also added to the care plan.

All dementia care plans are in date and reviewed at a minimum, every 4 months.

Proposed Timescale: Completed

Proposed Timescale: 01/06/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Two staff members were working in the centre without having received a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Both staff taken off the roster until their vetting disclosure was received. Both staff now have a completed vetting disclosure on their file and returned to the working roster.

Proposed Timescale: Completed

Proposed Timescale: 01/06/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

There was not enough suitable storage space to store hoists in the centre when they were not in use.

3. 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:

The nursing home was built in 1987 and has limited storage facilities available. We will store the hoists in the rooms of the residents who use them, when they are not in the room. We will ensure that they are not in the way and are removed if required. We are unable to build on the outside due to the emergency egress route. There is also limited space inside and we have looked at converting the nursing office for storage and to move the office to the chat station area. This would take the space away from the residents who like to sit here for their breakfast and for a quiet area during the day.

Proposed Timescale: 01/06/2017

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:

Fire doors in the designated centre required review to ensure they would be effective in the event of a fire.

4. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

The carpenter has met with the fire safety engineer and has all the measurements required. Both have reviewed the doors.

The doors have been measured and the carpenter has confirmed that he will complete the work in full by the end of June 2017. We have requested this work to be completed as soon as possible.

Proposed Timescale: 30th June 2017

Proposed Timescale: 30/06/2017