

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dalkey Lodge Nursing Home
Centre ID:	ORG-0000771
Centre address:	Ardbrugh Road, Dalkey, Co. Dublin.
Telephone number:	01 285 1486
Email address:	dalkeylodge@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dalkey Lodge Nursing Home Ltd
Provider Nominee:	John Martin
Person in charge:	Therese (Ace) Brigoli
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

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 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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 November 2013 09:30 To: 13 November 2013 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
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 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
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 monitoring inspection was carried out in response to an application by Dalkey Lodge Nursing Home Limited to register as the designated provider of Dalkey Lodge Nursing Home under the Health Act 2007. The centre is currently registered with Riddermark Limited as the registered provider. As part of the monitoring inspection the inspector met with residents, relatives and staff members. An interview was held with the newly appointed person in charge and the person nominated on behalf of the applicant provider both of whom demonstrated a very good understanding their roles and responsibilities. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall the inspector found that there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector found that there was a strong system of governance in the centre and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to mandatory training and the physical environment.

The healthcare needs of residents were supported by a high standard of nursing care and there was good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

There were systems in place to identify and manage risk and appropriate fire safety systems. Residents in the centre felt safe and staff members respected the privacy and dignity of residents. Appropriate staff numbers and skill mix were maintained to meet the needs of residents.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and had been amended to reflect recent changes to the management structure. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service. The inspector found that the

services and facilities described reflected the service provided to residents.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The monthly fee payable by the resident was clearly stated as was any charge for any additional service not included in the monthly fee.

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 arrangements for the post of person in charge met the requirements of the Regulations.

Therese Brigoli commenced in her role as person in charge in May 2013. A fit person interview was held with the person in charge during this inspection where she demonstrated professionalism and a commitment to continually improving outcomes for residents. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a very good

understanding of her role and responsibilities as outlined in the Regulations. Since commencing in her new role she had taken time to get to know the residents and was knowledgeable about their care needs. Staff and residents in the centre spoke highly of the new person in charge and stated that she was supportive of them.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as care of the older person, nutrition and risk management. She had completed a number of post graduate courses in areas such as management, disability studies and dementia.

The person in charge was supported in her role by the assistant director of nursing (ADON) and the clinical nurse manager (CNM) who deputised in her absence. Both the ADON and the CNM participated fully in the inspection process and demonstrated strong clinical knowledge. Both knew the residents very well and demonstrated a thorough understanding of their roles and responsibilities under the Regulations.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records however the residents' guide had not been drawn up in line with the requirements of the Regulations.

The inspector read the Residents' Guide and found that while it provided a lot of useful information to residents some areas were not adequately addressed. For example, the terms and conditions with regard to the accommodation provided and the complaints procedure were not clearly set out.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical

records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents and residents' personal property.

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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such 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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents and to respond to any allegations of abuse. However, some improvement was required to ensure that all staff members had attended training in this area in line with the requirements of the centres policy.

A good quality policy relating to the protection of vulnerable people was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge

demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made. The policy required that staff members attend training with regard to responding to allegations of abuse every two years. However, while staff members spoken to by the inspector were knowledgeable in this area, the inspector identified six staff members who had not attended this training within the appropriate timeframes. The inspector was informed that dates were scheduled for this training in the near future.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were kind and supportive. The inspector reviewed the systems in place for safeguarding residents' money and valuables and found evidence of good practice. A robust system of documentation was in place to monitor and record all transactions, all of which were accompanied by at least two signatures.

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:

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

Findings:

The inspector found that procedures were in place to promote the health and safety of residents, staff and visitors. Some improvement was required with regard to fire safety training.

There was a centre-specific risk management policy which addressed all the risks specified in the Regulations as well as the procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register was regularly reviewed and updated as new hazards were identified. The person in charge showed the inspector a risk assessment which she had recently completed on the stairwell. Further to this risk assessment she had taken steps to restrict access to the stairwell and was monitoring the effectiveness of this intervention. There were minutes in place to show that issues regarding health and safety were discussed at the clinical governance meetings and at staff meetings which were held monthly.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that a number of staff did not have up-to-date training in this area. Staff members were required to attend this training annually. The person in

charge stated that she had organised a date for this training in the near future. Records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, crash mats, and sensor alarms were provided as appropriate. The inspector reviewed the records of a resident who had a recent fall. The inspector saw that the resident had a detailed care plan in place which was being implemented. A post fall assessment was carried out after each fall and appropriate consideration was given to areas such as medication, sensor alarms and supervision. The care plan was appropriately updated after each fall. The person in charge was monitoring falls closely and had carried out a detailed audit of these incidents to examine where and when residents were falling. With the aid of this information she increased staffing and supervision at targeted times and the falls records showed a decrease in the incidents further to this intervention.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. A sluice room was located on each floor and the inspector found that they were maintained in a clean and hygienic condition and a bedpan washer was provided. The provider had a documented system in place to check the temperature of the hot water and was in the process of developing this system to include checks on radiator surfaces.

Procedures were in place to protect residents who smoke. An internal smoking room was provided which had been risk assessed. Individual risk assessments were carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation. The plan provided detailed information with regard to evacuation procedures, alternative accommodation and transport and had been recently updated.

The training records showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions

for assisting residents to mobilise were readily accessible to the appropriate staff.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

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:

The inspector found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. The nursing staff were required to attend medication management training annually and the training records showed that this took place. There was a robust system of medication audit in place. Regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

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

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

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had put a system in place to gather and review information on a regular basis relating to areas of risk such as nutritional status, falls and the use of psychotropic medications. This clinical data was used to identify possible trends and alert the person in charge to any significant changes in the condition of the residents, for example such as unexpected weight loss. This information was also reported to the provider on a monthly basis. Learning outcomes and targeted interventions for residents were reviewed at six weekly clinical governance meetings and communicated to the staff through daily hand over and regular staff meetings.

There was a schedule of audits in place for 2013. As discussed under Outcome 7 and 8, there was an effective falls and medication management audit system in place. The inspector reviewed other audits which had been carried out in areas such as health and safety, residents' documentation and kitchen hygiene. The inspector saw that in general high levels of compliance were recorded. However, where issues were identified action was taken to bring about improvement. For example, issues identified with regard to care planning were promptly addressed and followed up as part of the audit cycle.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare. Meaningful engagement was facilitated based on assessment of residents' needs and interests.

The previous inspection found that improvement was required in the management of restraint. The inspector found that this matter had been addressed. Comprehensive restraint assessments were in use which clearly demonstrated the consideration of alternatives and multi-disciplinary consultation prior to a decision to use restraint. The inspector found that there was a low use of restraint overall. Only a small number of residents were using bedrails.

The inspector reviewed the management of other clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and found they were well managed and guided by robust policies. Residents had good quality care plans in place which were based on evidence-based assessments which were carried out at the appropriate intervals. Residents had good access to the general practitioner (GP) and a range of allied health professionals.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. A full time activities coordinator was employed and a wide range of external providers were also utilised to cater for residents' interests in areas such as art, music and pet therapy. Residents and relatives expressed a high degree of satisfaction with the range of activities on offer. A number of residents stated that the staff had time to sit and chat and they appreciated this very much.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The premises, although not purpose built, was well maintained and a good standard of hygiene was noted. Some ongoing improvements were required with regard to the provision of a secure outdoor space and the adaptation of the building for residents with dementia.

The centre was surrounded by landscaped gardens which were well maintained. A small area had been provided for residents to access independently. However, the inspector found that while improvements had been made to the perimeter since the previous inspection, this area was not fully secure for residents with a dementia. The provider undertook to address this matter.

The inspector noted that there was a lack of appropriate signage, particularly with regard to residents with dementia. There were a number of residents who liked to wander within the centre however, there was a lack signage and evidence-based touch and sensory based materials to help distract and orientate these residents. The seating arrangements in the main sitting rooms also required review. The inspector observed that seating was, for the most part, arranged along the walls of these rooms and therefore did not reflect a homely setting and promote social interaction. The person in charge discussed a number of ways in which was planning to address these issues.

A number of improvements had been made to the internal environment. The provider had begun a programme of painting and decorating the bedrooms. The inspector viewed a number of these rooms and found that they had been finished to a good standard. Bedrooms were clean and well maintained and provided with functioning call bells within easy reach of residents. There was one twin room and all remaining rooms were single rooms. Twenty one out of the 28 bedrooms had full en suite bathroom facilities comprising toilet, wash-hand basin and shower. A sufficient number of communal assisted bathrooms were provided for residents and a choice of bath or shower was available. A sufficient number of assisted toilets were located close to the communal rooms and bedrooms which were not provided with en suite facilities. Grab rails and hand rails were provided in all communal areas.

There was adequate communal space for residents which included an, open-plan seating and dining area and another large sitting room.

Maintenance records were in place to show that equipment such as hoists, beds and specialised mattresses were routinely serviced. The provider had recently installed two new boilers in order to upgrade the heating and hot water systems. A passenger lift was provided to facilitate access to both floors. Records were in place to show that it was regularly maintained and serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. An appropriately equipped sluice rooms, containing bed pan washer, sluice sink and wash-hand basin was provided on each floor.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in the area of complaints management.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log was read and inspectors found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. Residents and relatives said that they felt comfortable making a complaint and were very aware of how to go about making a complaint.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence that end-of-life care was well managed.

There was a comprehensive policy on end-of-life care which was detailed and centre specific. A number of staff members had been provided with specialised training in palliative management and staff members were sensitive to the needs of residents and families at this time. The inspector reviewed a number of resident's files and found that end-of-life care plans had been developed for those residents who required them. The inspector found that there had been good consultation with residents and next of kin with regard to the development of these care plans family meetings were held as appropriate. Residents preferences and spiritual and social needs were identified. The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The nursing staff stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. The inspector found that this was a social and unhurried experience.

There was evidence of ongoing monitoring of residents nutritional and hydration needs. Regular weight monitoring and nutritional assessments were carried out for all residents and there was good access to the GP, dietician and speech and language therapist (SALT) for those residents who required this. Care plans for nutrition were developed for residents and were updated in accordance with the advice of professionals such as the SALT. Staff were observed adhering to these care plans on the date of inspection.

Dietary monitoring records and fluid balance charts were implemented for those residents at risk of poor intake. Drinks and snacks were readily available and residents and their visitors were free to access these. The inspector saw residents being offered a variety of drinks throughout the day and a water cooler was observed being installed on the day of inspection in order to further improve residents' access to fluids. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. There was good communication with the kitchen with regard to residents' dietary requirements and preferences. Residents who required assistance with their meals were aided in a discrete and respectful manner and residents who required modified consistency meals, such as pureed, were offered choice and their meals were presented in an appetising way.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that staff respected residents' privacy and dignity and residents were consulted with regard to the operation of the centre.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' religious needs were respected and supported. The person in charge described how she consulted with a local priest in order to facilitate mass to take place in the centre on a more regular basis. A number of residents commented positively on this. Residents of all religious denominations were supported to practice their beliefs and representatives from different religious faiths were welcomed and encouraged to visit the centre.

Monthly residents' committee meetings were held. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to the decoration of the altar for mass and the inspector saw that this had been acted upon.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that all residents were registered to vote, where they wished to do so and she facilitated residents to vote in-house or to go out to vote in the recent referendum.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Residents had access to news papers and television was provided in each bedroom.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised of wardrobe and bedside locker as a minimum. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and industrial sized machines were provided. There was sufficient space to facilitate infection control practices and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

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 found that practice in relation the level of staffing and skill mix was satisfactory. However, some improvement was required with regard to the recruitment documentation for staff and volunteers.

There was a written operational staff recruitment policy in place. A sample of staff files was reviewed. The inspector noted that required documentation with regard to physical and mental fitness and references from the previous employer was not available on all staff files in line with the requirements of Schedule 2 of the Regulations. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff were found to be in place and up to date. There was only one volunteer providing valued services at the centre at the time of inspection however the required documentation had not been maintained.

Nursing cover was provided 24 hours each day. The person in charge stated that she based her staffing numbers on the assessed dependencies of the residents. Two nursing

staff and six health care assistants were routinely scheduled to provide care for 28 residents during the morning shift. This reduced to one nurse and one health care assistant during the night shift. Residents stated that there was sufficient staff on duty to meet their needs.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. Staff appraisals were carried out on a regular basis and used to identify training needs. The records showed that a range of training had been recently provided for staff in infection control, nutrition and cardio pulmonary resuscitation (CPR) training. The person in charge also had plans in place for a number of the staff to attend training in dementia.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Dalkey Lodge Nursing Home
Centre ID:	ORG-0000771
Date of inspection:	13/11/2013
Date of response:	04/12/2013

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 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The Residents' Guide did not meet the requirements of the Regulations.

Action Required:

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

The complaints policy has now been updated within the Residents' Guide. Although the contract of care is not included in the Residents' Guide, it is issued in the

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

residents' pre-admission pack.

A link to view Dalkey Lodge's HIQA inspection reports is included within the Guide. A hard copy of the report is also now included in the pre-admission pack.

Proposed Timescale: 18/11/2013

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

All staff members had not attended training in the protection of vulnerable persons in line with the centres policy.

Action Required:

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

All our staff receive training in Recognising and Responding to Elder Abuse within the Residential care setting. We have run this course on three occasions already this year. At the time of inspection there were 6 staff (3 new staff) who required training. The training was scheduled for 28/11/13 which we made the inspector aware of.

Proposed Timescale: 28/11/2013

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:

A number of staff had not attended up to date training in fire safety.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

All our staff receive mandatory Fire Safety Training annually. We have run in-house training for this on two occasions this year. At the time of inspection we had scheduled further training for 22/11/13 to train new staff, and to update existing staff.

We have put in place a system of a comprehensive grid for all staff members to monitor and track mandatory training.

Proposed Timescale: 22/11/2013

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:

Some improvements were required with regard to adapting the environment for residents with dementia.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We will review our existing signage with a view to improving it.

We have re-arranged the sitting room chairs to further enhance social interaction.

We have planned to create a dementia friendly environment that will promote sensory stimulation for our residents diagnosed with dementia.

Proposed Timescale: 30/01/2014

Theme: Effective Care and Support

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

Further improvement was required with regard to the provision of a secure outdoor area.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Improvements have been made since the last inspection and quotations have been received to make further improvements.

Proposed Timescale: 31/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

All required recruitment information was not maintained on staff files.

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:

We have a robust Recruitment system within Dalkey Lodge Nursing Home. The medical certificate which was not available at the time of inspection has been put on file. With regards to the new staff member's file which was among those selected for inspection, we have taken on board the inspectors comments regarding the reference and have attended to same.

Proposed Timescale: 18/11/2013

Theme: Workforce

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

The appropriate documentation was not maintained for volunteers.

Action Required:

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

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

Garda Vetting has been completed for our longstanding volunteer who recites poetry in the sitting room to our residents on a weekly basis.

Proposed Timescale: 19/11/2013