



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 November 2024
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0044707

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to residents who require long stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week and there is separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home like environment, is well-maintained and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 22 November 2024	10:00hrs to 16:30hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

From speaking with residents and observing the interactions between residents and staff, it was evident that residents were enjoying a good quality of life that was based on their own choices. This afforded residents a range of opportunities and new experiences, in order to fulfil their aspirations.

The feedback from residents was that they were happy living in this designated centre. It was evident that, what was important to residents in their lives was listened to and acted upon by the staff team, and supported through personal care planning, residents meetings, activities, and respectful care and support.

Residents told the inspector that staff were kind and supportive. The inspector spoke with five residents during the inspection, and residents told the inspector about what it was like to live in the centre. The residents appeared very comfortable in the centre, and the person in charge and staff team knew the residents well.

This unannounced inspection was carried out over one day. The inspector was welcomed to the centre on arrival by a member of staff and then met with the person in charge and clinical nurse manager. There were 15 residents accommodated in the centre on the day of the inspection with 14 vacancies.

D'alton Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a purpose built nursing home that can accommodate a maximum of 29 residents in a mixture of single and twin bedrooms. The centre is located on the outskirts of Claremorris town, County Mayo.

The inspector did a walk around of the centre with the person in charge and clinical nurse manager. This gave the inspector the opportunity to observe the care and support provided to residents that morning and observe staff interactions with residents and the care practices delivered. There was a hub of activity that morning as residents were busy casting their votes for the upcoming election. Residents had information regarding the various candidates and independently decided their voting choice. The inspector spent time observing and listening to interactions between staff and residents during the day and reviewed a range of documentation.

It was evident that staff knew all the residents well and were familiar with their individual preferences in relation to their own preferred morning routines. Staff supported residents wishes to stay in bed for a little while longer or to get up and attend the dining room or communal area. Residents were consulted on their preferences on the day and staff were respectful and kind in their approach.

Bedrooms were personalised with residents own belongings such as pictures and soft furnishings which provided an individualised and homely environment for each resident. However although all bedrooms met the minimum size requirements of the

regulations a number of the single rooms were small and their layout did not support residents to sit out beside their bed without impacting on the access to other furniture in the bedroom such as personal wardrobes and hand washbasins. Residents told the inspector that they liked their bedrooms and felt comfortable in them. Overhead hoists were in place in all rooms to enable safe moving and handling.

There are various communal spaces in this centre, including sitting rooms, a dining room and an oratory. The centre was warm and bright and residents were observed to utilise the communal areas. Residents also had unrestricted access to two enclosed courtyards which were generally well maintained.

The inspector observed that most parts of the residents' lived environment was adequately maintained, however, flooring in the corridors, some bedrooms and one communal sitting room was in need of repair. There were suitable ancillary services throughout the building, including appropriate hand washing facilities.

The centre was warm and clean on the day of the inspection. Staff were on duty on a daily basis to carry out housekeeping duties and deep cleaning of areas took place frequently. Equipment used by residents was observed to be visibly clean and the housekeeping staff spoken with was knowledgeable on the cleaning procedures required.

A programme of activities was available to residents, which was provided by an allocated health care assistant. Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. Notice boards showing the activity schedule for each day were displayed and included bingo, mass, exercises, music and movies. The inspector observed residents participating in the social activities scheduled which included ball games, mass and card games. There were pictures on display of various day trips attended which included trips to knock shrine and local parks. Residents and staff were in the process of gathering kris kindle gifts for residents for Christmas Day.

The inspector observed part of the lunch time meal. Residents had a choice of meal options all of which were freshly prepared in the centre's kitchen. A number of residents required specialist diets and these were catered for. Staff were available to support and assist residents with their meals and this was observed to be provided in a kind and unhurried manner. Residents said that they enjoyed their meals and had choice. Residents who spoke with the inspector stated that they liked the food provided and were happy with the choices available.

The next two sections of the report describe the governance and management arrangements, and how these arrangements positively impacted on the quality of care and support residents received in the centre.

## Capacity and capability

Overall, the inspector found that this centre was well-managed, with residents' needs and preferences central to the daily routines and the organisation of the centre. This helped to ensure that care and services were appropriate for the residents and that residents were supported to live their best lives. Significant improvements had been made in relation to fire safety within the centre, however some further improvements in relation to premises were required.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. This inspection was also to inform an application made by the provider to have a restrictive condition removed from their registration whereby the centre was closed to admissions until there was a person in charge in the designated centre.

The Health Service Executive (H.S.E) is the registered provider for D'alton Community Nursing Unit. The senior management team consists of a general manager, a manager of the older persons service and a newly appointed person in charge. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, maintenance, staff training and finance.

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The provider had appointed a person in charge and a clinical nurse manager since the last inspection. The person in charge in the centre is an experienced nurse and has the required management experience for the role. The person in charge is supported by a clinical nurse manager who also deputises for the person in charge during their absence.

There were sufficient staff on duty on the day of the inspection to meet the residents' needs. A review of the rosters showed that staffing levels were maintained and had stabilised since the last inspection. Although the provider was relying on agency staff to cover nursing, health care and housekeeping vacancies in the centre, the inspector found that staff knew the residents well and were familiar with their care needs. The same agency staff were included on the roster and worked regularly in this centre which helped to maintain continuity of care. Staff were clear about their roles and responsibilities and demonstrated responsibility and competence in their work. The person in charge and clinical nurse manager had protected time to carry out the managerial responsibilities of their roles as there were two registered nurses on duty during the day and one registered nurse at night. This structure was found to ensure there was a constant managerial presence and clinical oversight to support and supervise staff in their work and monitor the quality of care and services provided for the residents.

There were appropriate systems in place to oversee the service and the quality of care, including audits and key performance indicators. Inspectors viewed a schedule

of clinical and environmental audits and found that any actions required to increase compliance were recorded and addressed. An annual review of the quality and safety of care provided in 2023, had been completed by the provider, however, it did not reflect resident feedback on their views of the service. This was a lost opportunity as the improvements identified for 2023 may not be in line with residents views.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to remove a restrictive condition attached to their the registration. In addition to the application the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. The required registration fee had been paid.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, and the person in charge attended the centre daily. The person in charge was knowledgeable on their regulatory responsibilities, and had ensured these were implemented in the provision of care and support for residents. The person in charge knew the residents and their support requirements well, and was supported in their role by a clinical nurse manager.

The person in charge had worked in a managerial role for a number of years, and had completed a management course. The person in charge provided good leadership, and staff members told the inspector they could seek the support of the person in charge as needed.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill mix of staff available, having regard to the assessed needs of the residents and the size and layout of the designated centre. The inspector reviewed a sample of staff rosters and found staffing levels were as required, and consistent staff resources had been provided. This meant that continuity of care and support was provided for residents.



The centre had a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents that contained the information as specified in schedule 3 of the regulations was available for review and contained all the up to date information as required.

Judgment: Compliant

### Regulation 23: Governance and management

The annual review did not meet the requirements of the regulations as set out below;

- the review did not provide sufficient details of the quality and safety of care delivered to residents to ensure such care was in accordance with the relevant standards.
- there were no plans to address areas for improvement.
- there was no evidence that the review had been prepared in consultation with residents and their families.

Judgment: Substantially compliant

## Quality and safety

Overall, residents living in this centre were well supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. There were opportunities available for social engagement and staff were observed to be respectful and kind towards residents and visitors. The inspector observed that residents were provided with a high standard of nursing and health care in line with their needs and preferences. Residents told the inspector that they were happy living in the centre and felt safe.

The centre is a single story purpose built facility providing accommodation for 29 residents in single and double rooms. This centre is centrally located in the town of Claremorris, County Mayo and is easily accessible by local transport. The town is in walking distances with access to many local shops and amenities. The majority of

residents living in this centre were from the local community and were happy to have friends and family close by. Overall most bedrooms are well proportioned with ease of access for residents. Each bedroom had a built in ceiling hoist to assist residents with their mobility and personal care needs.

The centre was clean, well maintained and storage practices had improved since the last inspection which meant that residents communal spaces were no longer inappropriately used to store equipment and supplies. The premises was well maintained to a good standard, with the exception of flooring in some areas in the centre. The communal rooms were spacious and comfortable for residents to enjoy. There was sufficient equipment available such as comfort chairs, pressure relieving mattresses and cushions available for residents with high dependency needs. This equipment was serviced regularly and electrical attachments were routinely checked to ensure they were safe and appropriate.

The environment was homely and well decorated and there was a calm and friendly atmosphere in the centre. There were adequate shower and toilet facilities to meet the needs of residents and the amount was appropriate to the size and layout of the centre. They were spacious, well maintained and visibly clean. The centre had wheelchair accessible toilets located at intervals around the centre and close to communal rooms. The inspector observed that all residents had access to call bell facilities in their bedrooms and they were placed within close reach of the residents so that they could call staff when needed.

Residents' assessments were undertaken and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Although care plans in use were very comprehensive and person centred, the current care planning system in place limited the recording of daily care needs and additional folders were required to capture this information for each resident. This meant that care planning information and care performed was recorded in two separate folders for each resident.

A review of a sample of medication prescriptions and drug charts found that improvements had been made in relation to the oversight of medication management and the inspector found that and they were in line with national guidance and the provider's medication management policies and procedures.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents and these arrangements were in line with National Guidance. Visitors were seen coming and going throughout the inspection.

Residents' rights were upheld in this centre for the most part. Residents had access to local television, radio and newspapers. The provider had ensured that there were sufficient resources in place to offer meaningful activities to all residents within the centre. There was a dedicated member of care staff allocated to providing activities and they were supported by other health care assistants in providing activities throughout the day.

There were improvements found regarding the oversight of fire precautions in the centre. Measures were in place to ensure residents were protected from the risk of

fire and the provider had completed the actions outlined in their compliance plan following the last inspection. The inspector reviewed documentation regarding a fire emergency that had occurred during the night and was assured that this had been managed well and effectively by staff on duty. The fire safety measures that were in place were effective in the positive response by staff to this fire emergency and the safety of all residents was preserved. Additional safety procedures regarding electrical charging equipment had been implemented.

Records reviewed by the inspector in the fire register included signed daily and weekly fire safety checks and detailed simulated fire drills had been completed in the designated centre. These drills included the largest compartment with night time staffing levels and simulated day time fire drills completed in September, October and November. Residents personal emergency evacuation plans (P.E.E.P's) were in place and were recently updated. They reflected each residents dependency and mobility needs accurately and clearly outlined what equipment was required to safely evacuate a resident in the event of a fire emergency.

### Regulation 17: Premises

The provider had not ensured that the premises was in compliance with Schedule 6 of the regulations. This was evidenced by;

- flooring in the smaller sitting room had not been repaired following fire damage five months ago.
- flooring in corridors and bedrooms was visibly marked and indented and in need of repair.
- flooring in the house keepers room was in significant disrepair and peeling off.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Records reviewed by the inspector in the fire register included daily and weekly fire safety checks which were consistently carried out by maintenance or nursing staff on duty. The inspector found that all fire exits were clear and unobstructed on the day of inspection and a sample of fire doors checked were closing fully and had appropriate fire seals in place.

A series of simulated fire drills had been completed in the designated centre. These drills simulated both day and night time scenario's which included the largest compartment with night time staffing levels.

Residents personal emergency evacuation plans (P.E.E.P's) were in place and were

recently updated. PEEPs were available for all 15 residents, both in their bedrooms and at the fire panel to guide staff in the event of an emergency. They reflected each residents dependency and mobility needs accurately and clearly outlined what equipment was required to safely evacuate each resident in the event of a fire emergency.

Testing of the fire alarm and emergency lighting systems completed in October 2024 certified that there were no faults present and that both systems were in full working order.

Staff were up to date with fire safety training and were knowledgeable about the procedures to be followed in the event of a fire emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and administration of medications met with regulatory requirements.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff.

A sample of medication charts reviewed by the inspector had been signed by the prescriber.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant

# Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0044707

Date of inspection: 22/11/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider and PIC will ensure that The Annual Review of 2024 – will contain sufficient details to assure the quality and safety of care delivered is in accordance with relevant standards.</p> <ul style="list-style-type: none"> <li>- It will have Evidence in the format of a survey residents and family consultation.</li> <li>- It will outline Areas being addressed for improvements.</li> </ul> <p>The register provider and PIC will ensure that this information will be part of all annual review reports going forward.</p> <p>This will be completed 31/01/2025 and then be compliant with regulation 23(d) &amp; 23(e)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has made plans to replace</p> <ul style="list-style-type: none"> <li>- Small sitting room flooring</li> <li>- Back corridor flooring</li> <li>- House keeper flooring</li> </ul> <p>This is part of the improvement plan for 2025 and aims to be completed by 30/04/2025 and therefore be compliant with regulation 17(2).</p>	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2025
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(e)	The registered	Substantially	Yellow	31/01/2025

	provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Compliant		
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