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## Dunlavin Nursing Home, OSV-0005381, 14 March 2018

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Dunlavin Nursing Home
<b>Centre ID:</b>	OSV-0005381
<b>Centre address:</b>	Dunlavin, Wicklow.
<b>Telephone number:</b>	045 406 628
<b>Email address:</b>	dunlavin@silverstream.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dunlavin Nursing Home Limited
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	60

## **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: 14 March 2018 10:00 To: 14 March 2018 14:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	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	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**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. The previous table outlines the self-assessment and the inspector's rating for each outcome.

Inspector met with residents 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. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for up to 60 residents in three units. At the time of the inspection two units were in use, and the third was about to start accepting residents. The centre provided long stay and respite care, convalescence, medical illness care, end of life care and memory focused care. On the day of the inspection around 16 had a diagnosis of dementia.

Residents who spoke with the inspector were very positive about the centre and the staff team. A review of care records showed residents needs were being assessed and reviewed on a regular basis, and changes were made to how care was delivered if residents needs had changed. Residents were positive about the support provided by staff, and inspectors observed good communication approaches to residents throughout the centre. Residents confirmed to inspectors they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

There were systems in place to support residents making choices about their daily lives, and the person in charge promoted the values of dignity in respect through the staff team. Residents' were able to provide feedback on the service they received either directly to staff or during residents meetings. If they had complaints to raise the policy was clear, and information about the process was available on the noticeboards throughout the centre.

The premises were purpose built, they supported residents privacy and dignity in that all bedrooms were single en-suite and there were a range of rooms for social gatherings. There was access to the central courtyard and gardens surrounding the centre through a number of doors in each unit. The garden provided a pleasant atmosphere with a range of seating and opportunities for games and gardening.

The actions required from the previous inspection had been met.

**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):**

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

**Findings:**

Residents' healthcare needs were being met and care provided followed evidence based practice.

There was a clear process in place for assessing residents' needs prior to admission to ensure they could be met in the centre. The admissions policy was clearly written and was being followed by staff in practice. On admission care plans were developed to identify how the residents care needs were to be met. When residents were admitted they were monitored closely for three days to give the nurses clear understanding of their routines and preferences. Care plans were reviewed at least every four months, and a range of nursing tools were used to assess if there had been changes in their skills and needs. Areas assessed included the risk of pressure areas, risk of falls, risk of malnutrition, and cognitive ability.

Care plans were seen to reflect residents' individual preferences and provided information on their social and health history. Families were asked to provide information if residents were not able to provide it. This information was then used to plan the social activities and engagement in the centre. Inspectors observed care being delivered as described in resident care plans.

There was access to general practitioners, and the out of hour's service was used if required. Each new resident was seen within 72 hours of admission. Records showed there was also access to a range of allied health professionals. Residents had been seen by the dietician or speech and language therapist if they had needs relating to nutrition, eating and drinking. A physiotherapist had carried out assessments if residents required support with mobility. There was also access to occupational therapy, dentist, and optician as required.

End of life care needs were discussed with residents and relatives on admission, and again when residents felt comfortable to talk about it with staff. Residents were asked about their wishes in relation to the type of care they wanted to receive, and their preferences about where they were cared for. Where residents had stated preferences

these were clearly recorded. If residents' had expressed a wish not to be resuscitated if they stopped breathing this had been reviewed and agreed with the GP before it was recorded in resident's notes. Staff in the centre were aware of the key areas of care at end of life, and were able to make arrangements for friends and family to be with the resident if that was their choice.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed all staff had received training in how to safeguard residents. The person in charge promoted dignity and respect of residents in the centre and this was seen to be put in to practice by the staff team.

At the time of the inspection there were no residents with responsive behaviour, but staff had received relevant training including how to support residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD). Inspectors observed communication and interaction with residents who had dementia that focused on reminiscence and speaking about subjects that were meaningful to individuals, for example life on a farm. This resulted in positive outcomes for the residents and they were supported to remain engaged in their surroundings. There was a policy in place covering the management of responsive behaviour and where necessary there were links with the local geriatrician and psychiatric services.

The provider was committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. There was a policy on restraint use in the centre that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. Where restrictions were in place there was a clear record of the decision making process including other less restrictive measures trialled. Decisions were also reviewed regularly to ensure they remained the least restrictive option available.

There were clear records for finances in the centre. Where the provider was a pension agent there was a separate account to the business account for residents' money. Small amounts of petty cash were held for residents' in the centre if they asked for that arrangement, and records showed clearly any deposits or withdrawals.

**Judgment:**  
Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

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

**Findings:**  
Residents were consulted with and participated in the organisation of the centre, took part in a range of activities and occupations and had their rights and choices respected.

The provider organised regular residents' meetings to provide information to the residents and their families and also to seek feedback about the quality of the service being provided. There was also access to advocacy services, with clear posters with contact details on display in each of the units.

Inspectors observed residents exercising personal choices in the centre, for example some people chose to spend time in their rooms, others were attending activities, and others were sat listening to the radio in quieter areas. There were choices provided at each snack and meal time. The kitchen had a list of residents' likes and dislikes, and examples were given of new dishes being added to the menu following feedback from residents. Residents could also use the thermostat in their bedrooms to set the temperature according to their own preference.

There was a wide range of opportunities in the centre for residents to engage in activities and meaningful occupation. The activities in the units were tailored to the interests of the residents. In the unit for people with dementia there were activities that focused on the senses, for example sonas, reminiscence sessions, doll therapy, and music. Residents were seen to be enjoying music and singing along at times with the staff. Other residents were looking at memory books that had been developed to reflect their life experiences, for example farming. There was also the opportunity to move freely around the unit and sit in a range of places with different views over the grounds. One area had bird feeders, and another area had recently been planted as an orchard. There were also rabbits outside one of the lounges that residents enjoyed watching. Other activities provided included exercise classes, dog therapy visits, chair yoga, quizzes and bingo. Staff explained trips out to the local community were arranged when the weather was good. There were also religious services for those residents who chose

to attend. Inspectors observed staff checking with residents if they wanted to attend Mass that was being read during the inspection and supporting them to the area if they wished to attend.

Work was on-going in the grounds outside. An area had been planted as an orchard, and there were raised beds to be planted in the spring with residents who enjoyed gardening. There was easy access to the internal courtyard, which was levels access from the centre, at all times that had seating and planting to provide a pleasant environment.

Each resident had a clear communication plan in place, and the staff were seen to know each residents needs well. For example residents' life experiences, their meaningful relationships, and when their visitors were likely to be in the centre. They used this information to support residents to feel calm and settled.

Relatives were seen in the centre throughout the inspection, and residents confirmed they were free to receive them at times that suited them. There were only restrictions where they were agreed. There were facilities to make a drink for visitors, and also to meet in private, although many visitors enjoyed meeting in the communal areas and engaging with the staff also. There were a range of children's toys to keep young visitors occupied and this was seen to be positive for the residents who said they enjoyed the range of people who visited the centre.

There were newspapers available in the centre, and staff were heard reading articles to residents who chose to listen. There were radios, records, TV, DVDs and films and books available for residents to access if they chose. Each resident had a TV in their bedrooms

**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:**

Complaints and feedback from residents and their relatives were taken seriously and acted upon in a timely way. The centre had a copy of the complaints procedure on display in the centre, it was clear and easy to understand.

There was a policy in place to manage complaints or concerns received in the centre. The person in charge or nurse in charge was the named person to manage complaints in the centre and the examples seen had followed the process set out in the policy. The

policy also made reference to the office of the ombudsman as an independent appeals contact.

Residents who spoke with inspectors were clear of their rights and knew the procedure to follow should they wish to complain. Where residents' were not able to communicate their concerns directly family were able to raise concerns, or there was access to advocacy services. Information was on display for the contact details of the advocacy service.

The inspectors reviewed the feedback, comments and complaints recorded in the centre. They were noted to include detail of the issue raised, listed the action taken, the satisfaction of the complainant and if the complaint was open or closed. Where improvements were identified as being required the person in charge had them recorded and followed them up to make sure they happened.

**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:**

There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing levels took account of the size and layout of the centre.

There was a full complement of staff, and new staff were being recruited in preparation for opening the third unit. The two units that were operating had a staff team made up of senior nurse, health care assistants, activity coordinator and household staff. The director and assistant director of nursing were supernumerary on the roster, and could offer support and advice to staff on the units as required. There were clear supervision arrangements including a detailed induction process, ongoing supervision of practice and annual appraisals. Staff were able to provide feedback on what training they felt would be helpful in their role, and this was considered in the training planning done by the director of nursing.

There were housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met. Staff spoken with were very clear of the policies and procedures related to their area of work, and also the importance of effective communication with residents. There were links with volunteers in the community to work with residents in different areas, including a gardening project.

A training programme was in place including fire safety, safeguarding of vulnerable adults, and manual handling. All staff had completed these courses. Additional courses were also available depending on the role of staff including infection control, dementia care, CPR, managing responsive behaviour and medication management. Staff spoken with confirmed that they felt the training offered to them supported them to meet the needs of residents, including those with dementia.

There were effective recruitment procedures in place in the centre. Staff files of four staff members were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland. The person in charge confirmed all staff had Garda vetting in place. All volunteers working in the centre had appropriate checks, including Garda vetting prior to commencing their role in the centre.

Staff were observed in both of the units carrying out their roles. Inspectors observed good communication skills and effective use of approaches to support residents who had dementia and were experiencing anxiety or were confused about where they were. Residents were supported to engage with each other through a range of group activities, and others were enjoying one to one support from staff to complete specific tasks. Residents confirmed the staff team were kind and responded quickly when they were asked for support.

**Judgment:**  
Compliant

### ***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

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

**Findings:**  
The centre was purpose built and met the needs of the residents in its layout, and design. The design was homely and residents said they found it comfortable.

Each resident had a single en-suite bedroom and they had been personalised to each individual's preference. Furniture was provided in each room, including a comfortable chair and lockable drawer. Residents were able to bring additional items with them if they chose to. There was a call bell located by the bed and in the en-suite if they needed to call for assistance. The window had been designed to provide good levels of sunlight and views outside even when the resident was in bed. There was overhead and bedside lighting for residents to use as they chose. All bedroom doors were a different colour to support residents to identify their rooms, there was also a clear number and if residents chose they could have their picture and name on the door also.

Each unit had a space for dining and a lounge area. They were decorated in a homely way and seating was arranged to provide different options, for example watching the television or looking out of the window. There was a range of seating available including comfy sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs. There were also other seating areas, some in open areas and others in the halls to aid those who needed to rest when walking distances but also to support socialisation opportunities. There was also a visitor's room and seating area in the reception area that people were seen to be using.

Corridors had been decorated with art and photographs from a local camera group, and signs were in place to support residents, including those with dementia, to find their way around. The corridors also allowed for residents to walk unimpeded in each of the units.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of corridors and grab rails in the showers and bathrooms. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the centre to meet the needs of the residents and sufficient storage to put them away when not in use.

The household team was seen to be working to ensure the centre well presented and clean throughout. There were also laundry arrangements in place and residents were satisfied with the care of their belongings.

There was a central courtyard that was planted with flowers, had a range of seating and was accessible through unlocked doors from each of the units. There were other secure gardens around the outside of the centre including an area of raised beds and a newly planted orchard. Residents were invited to be involved in those areas if they liked gardening.

The layout of the centre was seen to match the description in the statement of purpose.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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