



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	08 September 2021
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0033801

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:	17
--	----

How we inspect

To prepare for this inspection the inspector or 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
Wednesday 8 September 2021	11:00hrs to 17:30hrs	Lorraine Wall	Lead
Wednesday 8 September 2021	11:00hrs to 17:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

On arrival to the centre inspectors observed the general atmosphere to be warm, relaxed and comfortable. Residents were sitting in the communal area of the centre and appeared to be actively engaged with each other and with staff. Inspectors spoke with six residents, all of whom reported that they enjoyed a good quality of life in the centre.

Residents spoken with told the inspectors that the staff in the centre were always kind and respectful to them and that they felt very safe. Residents appeared to know all the staff by name and were relaxed and comfortable in their company. Staff knew the residents well and were observed to interact with residents in a respectful and dignified manner. Care, such as assistance with mealtimes in the communal areas, was observed to be delivered politely and discretely.

The centre is a single-storey purpose built facility with access to two internal courtyards. Residents had full access to the outdoor areas that had been designed to facilitate outdoor visits in a pleasant and comfortable environment. There was a variety of communal areas for residents to use depending on their choice and preference, including a day room, a sitting room, a dining room and an oratory. Bedrooms were seen to be decorated in a person-centred way, using photographs and personal items. The premises was observed to be laid out to meet the needs of the residents and to facilitate resident's independence. The environment was relaxed and homely throughout the centre.

Residents were familiar with the management structure in the centre. Residents informed the inspectors that they were listened to and that they could talk with staff if they had any concerns. They described the resident's meetings they attended as a good opportunity to discuss issues of concern. One resident explained that they had brought an issue in relation to support equipment to a residents meeting and it was positively dealt with in a timely manner. Other residents explained that while they had no complaints, they felt they could approach the person in charge with any concerns or complaints they may have. Residents spoken with agreed that the management team were responsive to any concerns.

The comments from residents on the standard and choice of food was overwhelmingly positive. Residents described the menu as varied and of very high quality. Residents told the inspectors that they looked forward to mealtimes. They explained how they were provided with a choice of meals from the daily menus which were on display. Residents who required assistance were facilitated with meals in a sensitive manner. The atmosphere in the dining room was social.

Inspectors observed residents to be actively socially engaged throughout the day of the inspection. On the day of inspection there was live music taking place. Inspectors observed residents reading the daily newspapers and watching television. Residents told inspectors that they were given a choice in the activities they took

part in.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors also reviewed the action taken by the provider following the findings of the last inspection in January 2020. All actions from this inspection had been completed.

Overall, this inspection found a good level of compliance with the regulations reviewed.

The centre was found to have an effective organisational structure in place providing effective oversight and support to a team of nursing, care and support staff. The registered provider of the centre is the Health Service Executive. There was a clear management structure in place, with regular governance meetings taking place between senior levels of management.

The person in charge was supported by a team of senior nurses, one of whom provided management support and deputised for the person in charge, when absent. There was on-going recruitment for a clinical nurse manager to support and deputise for the person in charge. This inspection was facilitated by the person in charge.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A range of clinical and environmental audits had been completed. The audits informed the development of action plans which identified where improvements were required and records showed that the action plans from these audits were communicated to the relevant staff during staff meetings. As a result, staff were informed about improvements that were required in their areas of responsibility and ensured that these actions were implemented.

The staffing level was appropriate for the size and layout of the centre and the assessed needs of the residents. A review of the rosters found that there was a good skill-mix of staff nurses and care assistants on duty. The house-keeping and maintenance duties in the centre were out-sourced to an external company. There was a system in place to ensure clear and effective communication between the management staff and the out-sourced staff. A plan was in place to recruit additional cleaning and maintenance staff.

A review of staff training records found that all staff had completed mandatory training including fire safety, safeguarding older persons from abuse, cardiopulmonary resuscitation, and resident manual handling techniques. Inspectors found that staff demonstrated appropriate knowledge, commensurate to their role. Staff told the inspectors that they were appropriately supervised and supported by

the management team and there was evidence of effective staff supervision including formal induction records and staff appraisals.

A review of the complaints records found that resident's complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34. A review of the records showed that here was a comprehensive record kept, both for complaints resolved locally and complaints which were investigated through the formal process.

Regulation 15: Staffing

A review of the rosters found that staffing levels were adequate to meet the assessed needs of the residents.

Staffing levels were kept under review by the person in charge and a staffing plan was in place to ensure that staffing levels would remain appropriate as occupancy in the centre increased.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. For example, staff who spoke with the inspectors demonstrated appropriate knowledge of emergency procedures in relation to fire safety. Records showed that all staff had participated in fire safety training drills. In addition, staff were up-to-date with infection prevention and control training, with particular emphasis on the on-going COVID-19 pandemic. All staff had received training in hand hygiene and correct use and disposal of personal protective equipment (PPE).

A review of staff files found that staff had a documented induction on record.

Inspectors reviewed staff supervisions and appraisals which contained clear evidence that staff were appropriately supervised in their work by clinical nurse managers and the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of care for all

residents. There was a clearly defined management system in place.

The centre had effective management systems in place. A yearly audit schedule was in place. Clinical and environmental audits were completed, with actions identified and an appropriate quality improvement plan developed and communicated to staff. A comprehensive risk register in place to oversee the management of risk.

An annual review was completed for 2020 which was available to residents and staff on the day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which outlined the process of raising a complaint. Complaints had been promptly investigated and closed off with the complainant's level of satisfaction recorded. Complaints were effectively managed in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to the residents was found to be delivered to a high standard. Care delivered was found to be in line with the resident's assessed needs. The centre was well managed and the residents reported feeling safe and well cared for.

The designated centre, including the communal areas and residents' bedrooms were clean, tidy and free from clutter. Staff completed daily cleaning schedules which were monitored by the person in charge and all necessary infection prevention and control measures were implemented by staff.

Inspectors reviewed the systems in place to manage the risk of infection, with particular regard to the prevention of COVID-19. The systems in place were robust and in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. All residents had a COVID-19 care plan indicating their vaccination status and details of any swabbing completed. Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas. The centre had remained free from COVID-19 outbreaks throughout the pandemic.

Inspectors also reviewed the risk management systems. Risks specific to the centre, and clinical and environmental risk assessment were clearly documented, identifying control measures in place, escalation pathways, persons responsible identified and appropriate review dates. A falls prevention system also in place. A falls risk analysis was completed following any fall in the centre. Care interventions developed following this analysis and these interventions were incorporated into the residents care plan to reduce the risk of further falls.

Staff were observed to communicate with the residents in a kind and respectful manner and it was evident that staff knew residents very well. Residents were found to be happy and content on the day of the inspection.

Residents were observed to be well cared for and inspectors found that residents health care needs were appropriately assessed. Individual assessments and care plans for residents were observed to be person-centred and of high quality. A review of a sample of resident's nursing notes found that recommendations made by the allied health care professionals were incorporated into each resident's care plan.

Residents enjoyed a good quality of life in which their rights were upheld and their independence promoted. Residents spoken with were positive with regard to the care that they received. The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their preferred activities and routines.

Residents had the opportunity to meet together at the resident forum meeting where they could discuss any issues they might have in relation to any aspect of their care. Issues such as COVID-19 protocols, visiting restrictions and infection control information was also discussed at residents meetings. Records of meetings identify that issues raised by the residents were reviewed and addressed by the management of the centre. Residents had access to television in their bedrooms and there were facilities to participate in activities to support their spiritual and religious needs and preferences.

Regulation 26: Risk management

A review of the risk management system was completed, including the risk management policy, the risk register and the accident and incident register in the centre and found that risk was managed in line with the requirements under regulation 26.

Judgment: Compliant

Regulation 27: Infection control

There were appropriate infection prevention and control policies and procedures in place in the centre consistent with the standards for the prevention and control of health care associated infections published by the Authority. These standards were implemented by staff. For example, there was a system in place to screen staff and visitors to the centre for symptoms of COVID-19. There was appropriate access to hand gels and PPE throughout the centre.

The centre was visibly clean on the day of the inspection. Storage was well organised and supportive equipment such as wheelchairs, walking aides and mattresses were well clean and well maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to, or on admission, to ensure the service could meet the assessed needs of the residents. Care plans were reviewed at intervals not exceeding four months.

The care plans reviewed were person-centred and contained sufficient detail to guide care delivery, referencing areas including psychological well-being, pressure ulcer prevention, and communication. There was recorded evidence of consultation with residents or their representative in relation to care planning. Each resident had a "key to me" assessment completed which recorded all of the residents special memories and information on their past including their favourite pets and their children's names.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to their general practitioner (GP) and were further supported by a team of allied health care professionals including physiotherapy, occupational therapy, dietitian and chiropody.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were found to be upheld and respected. The centre had facilities for activities and recreation. Residents were supported to access activities in line with their preferences and abilities. Residents feedback in relation to the provision of activities was positive.

Resident's choice and privacy was respected. Staff were observed helping residents at mealtime in a sensitive manner which promoted their dignity. Residents appeared comfortable in the company of staff.

Resident's meetings were held in a timely manner and had a varied agenda. There was evidence of consultation with residents and concerns were addressed. Residents reported that they feel free to bring up concerns and their feedback on the service at these meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant