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:	Duleek Care Centre
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downestown, Co Meath, Meath
Type of inspection:	Announced
Date of inspection:	10 April 2024
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0037293

About the designated centre

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

Duleek Care Centre is located in a rural setting just outside the village of Duleek which is in the east of County Meath. Duleek is just 7.5kms from Drogheda and 17kms from Navan. The aim of the nursing home is to deliver high standards of quality care to a maximum of 121 residents. The centre offers an extensive range of short stay, long stay and focused care options. Each of the 121 bedrooms are single ensuite bedrooms and residents have access to a number of communal rooms spread over two floors. Residents have access to a number of landscaped garden areas which are safe and secure for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103

How we inspect

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
Wednesday 10 April 2024	09:00hrs to 17:15hrs	Sheila McKevitt	Lead
Wednesday 10 April 2024	09:00hrs to 17:15hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Residents' feedback about life in the centre was overwhelmingly positive about all aspects of the care they received.

Inspectors viewed bedrooms with permission and found that they were warm, bright and homely spaces. They were personalised with ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. Many residents told inspectors that they were satisfied with their accommodation, including the support they received from staff to keep it clean.

The design and layout of the centre promoted a good quality of life for the residents. Numerous visitors and residents reported that they enjoyed walking in the corridors and the garden. One resident reported "I love the garden, it is nice and private".

There were information boards available for residents' information, this included photographs and names of management and staff working in the centre to ensure that residents and family members knew who was available if they required any additional support. There was also information available on the complaints procedure, advocacy services and activities available.

Since the last inspection, the dementia specific unit was re-located to the first floor. This increased the area with 24 single en-suite bedrooms. Inspectors were told due to the larger area, it allowed residents more space to walk within the corridors. This area had a sensory room which was recently opened the month prior to the inspection and which was referred to as "The Chillville Room". Inspectors were told that a donation had been received from a family which allowed for sensory equipment to be purchased and installed in this room and mounted to the walls along the corridors. These objects provided relaxation, distraction and enjoyment for the residents.

Residents had access to the courtyards and inspectors saw written evidence that staff working in the dementia unit offered each resident a walk in the garden at three different times each day.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. The daily menu was displayed on tables in each dining room. Residents were informed of the meal options the day prior and their requested choice was recorded. Inspectors were told that alternative options would be available if a resident did not like the menu. There was a hot option available at breakfast, lunch and tea with a choice of sandwiches at supper time. Snacks were also available to residents in between meals. Inspectors observed residents' dining experience in various dining rooms at lunch time and saw that the meals provided were well-presented. Assistance was provided by staff for residents who required

additional support and these interactions were observed to be kind and respectful. There was some mixed feedback received on the food, overall feedback received from residents in the dining rooms on their dining experience was positive. However, it was noted that the meal time service for residents who had lunch in their bedrooms was delayed, this is further discussed within this report.

Residents who spoke with inspectors were very positive about the support received from the staff working within the centre saying that they were "like family", "respectful","brilliant" and "you wouldn't want for anything". One family member reported that they felt relief knowing that their loved one was not alone but that their privacy was also respected. Another family member reported that the staff "listen to any issue". Residents reported to feel safe within the centre and said that staff responded to their requests for assistance promptly. From inspectors' observations, it was clear that staff were familiar with residents and their visitors, they were greeted by name and residents were seen to enjoy the company of staff.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an announced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013.

Overall, the management of this centre was good. Some areas of improvement were noted in regulations inspected against on the last inspection, however a further strengthening of oversight practices was required to ensure areas of practice including nursing documentation, service of food, records and medication management were brought into full compliance.

The provider of Duleek Care Centre was Arnotree Limited. The person in charge demonstrated a willingness to address further areas for improvement identified on this inspection. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The systems in place to ensure that the service provided was appropriate, consistent and effectively monitored had improved. However, gaps remained and the established system in place was not consistently effective in ensuring a robust oversight of all practices. Inspectors found that audits completed in the areas of practice such as, the service of food, nursing documentation, records and medication management had not identified the issues highlighted in this report and

for this reason a review of the audits conducted, the tools used and/or the frequency these audits was required.

Inspectors found that the supervision in the dementia unit had improved and this correlated with a noted reduction in the number notifications of allegations of abuse being submitted to the Office of the Chief Inspector.

Staff had access to mandatory and non-mandatory training which facilitated them to meet the needs of residents.

All the documents were accessible to inspectors. Staff files reviewed did not contain all the required documents.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, assessment and care planning and on restrictive practices. All staff had completed infection prevention and control training and hand hygiene.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 21: Records

All the documents outlined in Schedule 2 were not available in each staff file reviewed. For example, two of the five staff files reviewed only contained one reference.

Judgment: Substantially compliant

Regulation 23: Governance and management

Not withstanding the fact that audits were being conducted, inspectors found that all audits were not consistent at identifying areas for improvement- this meant that the quality assurance systems in place were not sufficiently robust and stronger oversight was needed in those areas.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

Quality and safety

The residents received a good standard of care. However, some improvements were required in relation to nursing records, the storage of medications and the service of food.

Inspectors reviewed a sample of resident records such as nursing notes, care plans and validated assessment tools. These were observed to be person centred. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls and pressure ulceration. Records showed that assessments and care plans were regularly updated in line with regulatory timeframes, such as within 48 hours of admission and at internals of at least every four months. However, inspectors found that the information collected at pre-admission and during assessments did not always reflect relevant information. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents had access to appropriate medical and health care. Referrals were seen to take place to professionals such as a General Practitioner (GP), palliative care, psychiatry, speech and language, dietitians and tissue viability nursing. Records evidenced that timely access was seen with relevant care plans updated to ensure that residents received the recommended treatment.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider had dementia and challenging behaviour training available and a policy in place to guide staff on the management of residents with responsive behaviours including psychotropic medication. Inspectors observed person-centred and discreet staff interventions during the inspection. Staff spoken with were knowledgeable regarding residents' behaviours and were able to describe triggers. While inspectors were told of de-escalation techniques used such as offering a cup of tea or to go on a walk, the documentation of care plans and behavioural assessments did not always evidence the least restriction option to managing residents' responsive behaviours. This created a risk that unfamiliar staff would not be sufficiently guided on how to respond in the least restrictive manner.

All bedrooms were single with en-suite facilities. Inspectors observed residents had adequate space to store and maintain their clothes, with a lockable unit available for storage of other personal possessions. There was a laundry on-site. There recently had been some complaints received on the laundry service, however management had implemented an action plan to address these concerns. This plan included a review of the identification labels put on to the clothing to ensure they remained on the items after washing to enable them to be returned to the correct person.

Residents were assessed for the risk of malnutrition and care plans were developed to guide staff regarding each resident's needs. Residents were seen to be offered and have access to adequate quantities of food and drink with set meal times and additional refreshments available throughout the day. Choice was offered at mealtimes including for any special dietary requirements. Notwithstanding this, some areas for improvement were identified under Regulation 18: Food and Nutrition.

The resident information guide included a summary of services and facilities available, visiting arrangements and contact details of independent advocacy services available to residents.

Regulation 12: Personal possessions

The person in charge had ensured that residents had access to and retained control over their personal property. This was evidenced by:

- Inspectors observed that residents were supported to bring their own belongings such as furniture and decorative items into the centre.
- Residents told inspectors that they were afforded the opportunity to lock their bedroom door to protect their property.

Judgment: Compliant

Regulation 18: Food and nutrition

The following areas for action were identified on inspection:

- Some meals were not properly and safely served. For example, the residents who dined in their bedrooms on the first floor had not been served their lunch an hour after it had entered the bain-marie in the dining room. Inspectors were told that staff assisted residents who had their meals in the dining room first, then residents who ate independently in their bedrooms would be served. Following this, residents who required support in their bedrooms would then be served and assisted. Inspectors received some feedback from residents that sometimes meals were cold and therefore not enjoyable.
- Inspectors observed that the meal preference list for one resident was not in line with their care plan. For example, their care plan referred to not liking meat with preferences for chicken or fish. However, the option ticked on the day of the inspection was lamb. Inspectors brought this to the attention of management and an alternative option was provided to the resident.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide for the designated centre was available dated November 2023. This guide contained all of the required information in line with regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, staff did not have clinical wash hand sinks accessible to them, access to clinical wash hand sinks is fundamental in ensuring good infection control practice.

In response to the previous compliance plan the provider had committed to installing one clinical wash hand sink for every 10 residents by the end August 2024, however to date none had been installed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign-posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Not withstanding the noted improvements in medication management the inspectors found that the temperature in two of the medication rooms was recorded higher then the recommended 25 degrees centigrade. This may impact the efficacy of medications being stored in these rooms, some of which had clear indications not be stored above 25 degree Celsius.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

One resident had not been comprehensively assessed prior to their admission to the centre. This resulted in gaps in meeting their communication needs in line with the registered provider's policy on the management of communication needs.

Three individual residents' personal emergency evacuation plans (PEEPs) reviewed did not provide enough detail to guide staff on evacuation needs for residents in the event of an evacuation such as a fire. For example, two assessments had not been updated to reflect changes, one resident's mobility status was not accurate and one resident's room change had not been documented. Management updated these assessed changes on the day of the inspection. However, there was no reference made to the assistance needs of each resident relating to the number of staff

required and to the residents' assessed understanding and ability to follow instructions in the event of an evacuation.

Judgment: Substantially compliant

Regulation 6: Health care

From a review of nursing documentation and discussions with residents and visitors, there was evidence demonstrated that residents had timely access to medical and allied health services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records reviewed did not evidence that residents displaying responsive behaviours from time to time were managed in the least restrictive manner. For example:

- One resident's care plan detailed that to help manage the resident's anxiety, they would benefit from the use of PRN (taken as needed) medicines. This document did not refer to trialling alternative methods first that were less restrictive.
- Inspectors observed three occasions where PRN medicines were given without a behavioural assessment recorded to evidence all actions and interventions taken prior to the use.

Judgment: Not compliant

Regulation 8: Protection

The inspectors found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Staff had An Garda Siochana (police) vetting prior to starting work in the centre.

The provider was not acting as a pension agent for residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Duleek Care Centre OSV-0008238

Inspection ID: MON-0037293

Date of inspection: 10/04/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance the RPR will have the following in place and implemented and actioned as required: • To ensure compliance with all schedule 2 documentation a full review has taken place and all gaps addressed. This review will take place monthly of all new employee files. This will be overseen and supported by the HR and Compliance teams. • A audit review will be rolled out to cover all records as per schedule 2, 3 and 4.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance the RPR will have the following in place and implemented and actioned as required: • The quality assurance systems in place will be further strenghtened to ensure it is sufficiently robust and strong oversight is in place to review all audit findings and ensure learnings. A monthly review now takes place with the homes enternal mamagemnt team and the RPR Governance and Compliance team. Findings, learnings and feed back communicated to all staff as required. • The issue identified on the day was not with the audit findings as every audit reviewed had a quality improvement plan in place and all non complainces had been actioned. The inspectors acknoweldged the clear communication and feedback to staff for each audit completed. To adress the concern raised the audits on ViClarity will be amended to include room temperataure of the medication stoarge rooms. A Call bell aidit that is currently paparer based will be incorpewrated into the ViClarity Audit sysytem.	

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• Additional hot boxes have been ordered to ensure that the residents on the first floor receive a hot and timely meal. The staff allocation reviewed to ensure all residents that require assistance with their meals receive their meals at their desired temperature.
• Our meal preference lists have all been reviewed and reflect back to each resident's care plan. These reviews take place a minimum of 3 monthly with the residents to ensure all preferences are recorded and staff made aware. Staff education re meal preference has commenced to ensure all staff area aware of their residents' likes and dislikes.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• A Clinical sink installation plan for the group of nursing homes is underway. 7 sinks will be installed for Duleek in accessible areas by end of Augsut. The remaining 6 will be installed in the first quarter of 2025.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:
• Additional air conditioning units will be installed in the 2 medications room identified

during inspection. This will ensure the room temperature is below 25 degrees at all times.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:
• The PIC and their team are required to ensure each resident has a detailed preadmission assessment. Spot audits will be completed by the Governance Compliance team to ensure all assessments completed and care plans reflect needs as identified.
• Residents PEEPS are to be reviewed 3 monthly or at a change in condition by the clinical team lead by the PIC. The RPR will now complete spot audits to ensure compliance.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:
• All care plans for residents with behaviors that challenge have been reviewed and now reflect the alternatives to be trialed for each resident.
• All nursing staff have been instructed to ensure the ABC chart is completed after each episode of recorded behavior incident. Thus ensuring learnings. The PIC will review before signing off on incident forms.

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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/05/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the	Substantially Compliant	Yellow	31/05/2024

	resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/06/2024

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/05/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	31/05/2024