



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

Issued by the Chief Inspector

Name of designated centre:	Duleek Nursing Home
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downstown, Co Meath, Meath
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0037961

About the designated centre

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

Duleek Nursing Home 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:	51
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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
Wednesday 18 January 2023	10:00hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents living in the nursing home and they all confirmed that they felt safe and secure living in the centre. The 51 residents were all living on the ground floor and they had access to the external enclosed gardens. Some residents' spoken with informed the inspector that they went out side for a walk independently but were careful to watch that no other resident was following them, to not compromise the safety of other residents.

Residents had access to an adequate amount of storage space in their bedrooms. Some residents showed the inspector their bedroom, the storage space provided and the lockable cupboard they had access to by their bed. They all said they had enough storage space provided for their personal belongings.

Residents right to privacy was maintained. There were privacy locks on each bedroom, en-suite, communal bathroom and toilet door. They informed the inspector that they had access to a programme of activities and choose whether to attend or not. Residents' had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

Activity plans for the centre were on display for everyone to see in a word format. On the day of the inspection, activities were in place. Some residents who said they did not attend group activities had access to their preferred personally chosen activities, such as listening to music in their own bedroom. Another resident was pursuing a request to have sport channels installed on their television to enable them to maintain their interest in sport.

Residents who spoke with the inspector said the staff were kind and caring, although at times appeared very busy. They said it was a nice place to live and one where they were treated with respect and dignity. None of those spoken with had any complaints, but said they would speak to the nurse if they did and all those spoken with said they would recommend it as a place to live.

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 unannounced 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. The inspector found that improvements had been made and the compliance plans identified on the last inspection had been addressed and the overall level of compliance had improved.

The governance of this centre had improved. The provider of Duleek Nursing Home was Arnotree Limited. The provider representative was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. The person in charge demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The person in charge was known to staff and residents. The management team had oversight of the quality of care being delivered to residents. This was reflected in the increased level of compliance on this inspection. The inspector reviewed the systems in place to manage the ongoing risk to the quality of care and the safety of the residents and found that the provider was now proactive in identifying and managing risks in the centre. Further improvements, were required particularly in relation to the analysis of findings and the implementation of actions required. An annual review for 2022 was in process and the person in charge was requested to submit a copy of the completed annual review to the chief inspector on its completion.

Residents were provided with a good standard of nursing and healthcare. The centre appeared clean and pleasant on the day of the inspection, and there was evidence of good oversight of all areas of practice.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents.

There were no gaps in the mandatory training completed by staff and the records of this training were available for review. Communication with staff occurred regularly on a formal and informal basis. All staff who spoke with the inspector confirmed that they felt supported, and that they could raise issues readily with the person in charge. There was a good system of supervision in each of the departments.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post registration management qualification in healthcare services and works full-time in the centre.

Judgment: Compliant

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.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed. It contained most of the required information. The directory of residents did not include the address of the next of kin for a number of residents.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not fully assured that the service was adequately monitored:

- the standard of nursing documentation required further improvement to provide an overall picture of a resident's health and wellbeing such that any clinician could quickly identify indicators of deterioration and implement preventative measures.
- the audit process in particular the analysis of findings, action plans, identification of responsible person and time frames required further improvement to ensure practices improved as a result of repeated audits.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The chief inspector had been informed of all incidents which occurred in the centre within the required timeframe.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector saw that all policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to staff and were being implemented in the centre.

Judgment: Compliant

Quality and safety

Overall, this was a good centre and the registered provider ensured that residents'

quality and safety was promoted and maximised. The registered provider had made improvements in the centre in relation to residents' individual assessments and care plans, access to health care and residents' rights.

Staff working in the centre were committed to providing quality care to residents. Throughout the inspection the inspector observed that staff treated residents with respect and kindness. Staff were observed to know their residents' likes and dislikes and appeared to respect residents' choices.

Residents were assessed before their admission and had a comprehensive assessment completed within 48 hours of admission in line with the regulations. Staff used a variety of accredited tools to complete residents' clinical assessments at the time of admission. Although the standard of nursing documentation had improved since the last inspection, there were some gaps in the sample of nursing documents reviewed. The inspector reviewed a sample of care plans and found that they too had improved, they were person-centred, although a small number contained conflicting information, which did not provide clear guidance to staff on the care that should be delivered to the resident.

There was good access to health care services including; dietitian, tissue viability, speech and language, dental and chiropody services. Referrals were made and residents were seen in a timely manner. There was a general practitioner (GP) that visited the residents in the centre. Staff demonstrated good knowledge of the residents and followed through on advice from professionals. Where recommendations were made by multi-disciplinary team members, such as textured diets or supplements, these were recorded in the resident's care plan and the required care was being provided by staff.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Activity plans for the centre were on displayed for everyone to see in a word format. On the day of the inspection activities, were in place.

The general environment was in a good state of repair. For example, communal areas, toilets, bathrooms, and resident bedrooms viewed appeared clean and tidy.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Their communication needs were identified on admission and care was being provided in accordance to their communication care plan.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary. There was evidence of resident and family involvement in advanced end-of-life plans.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy available for review. It met the legislative requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that some of the comprehensive assessments reviewed were incomplete. There were areas that were left blank, for example, for two residents the mobility, eating routine and spirituality section was incomplete.

There were two different risk assessments in use for determining the risk of developing pressure ulcers, both were providing conflicting levels of risk of the resident developing a pressure ulcer.

Judgment: Substantially compliant

Regulation 6: Health care

There was a GP for the residents in the centre. Referrals made for residents to other health care professionals were made in a timely manner and such treatment plans as advised were clearly documented.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse, including staff training. This was evidenced by a review of the training records for all employees. The inspector noted that all staff working in the centre had completed training in relation to the detection and prevention of and responses to abuse.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Duleek Nursing Home OSV-0008238

Inspection ID: MON-0037961

Date of inspection: 18/01/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A daily review of the resident’s directory to ensure the information required is updated as per Schedule 3 Ref 21. There is now a weekly audit to address the actions and ensure compliance. This will be verified by the group clinical governance and compliance team when in the centre. 	
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>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Additional training given to staff to ensure a standardized plan and comprehensive assessments are completed in full. MDT notes are included in the care plans and all reviews will identify changes in the resident’s condition to ensure plans are implemented. • An audit schedule and frequency of the audits are in situ. An audit process has commenced detailing the action plans to be completed within timeframes, analyzing, taking responsibility the results and addressing the findings. This will be verified by the group clinical governance and compliance team when in the centre. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none">• Ongoing training with staff to ensure best practice for the resident and ensuring a standard of care is adhered to for the holistic wellbeing of the resident. A comprehensive care plan and assessments as required ensuring care plans are meeting the needs of the residents.• The introduction of an admission checklist audit will assist the nurse and avoid duplication. This will be verified by the group clinical governance and compliance team when in the centre.	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	22/02/2023
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	15/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Substantially Compliant	Yellow	22/02/2023

	immediately before or on the person's admission to a designated centre.			
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