



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

## Issued by the Chief Inspector

Name of designated centre:	Douglas Nursing and Retirement Home
Name of provider:	Golden Nursing Homes Limited
Address of centre:	Moneygourney, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	13 March 2024
Centre ID:	OSV-0000223
Fieldwork ID:	MON-0043004

## About the designated centre

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

Douglas Nursing and Retirement Home is a designated centre located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 58 residents. It is a single storey building set out in six wings. Bedroom accommodation comprises 50 single bedrooms with en-suite facilities of shower, toilet and hand-wash basin, and eight single rooms with wash-hand basins. Additional bath, shower and toilet facilities are available throughout the centre. Communal areas comprise the main day room, conservatory lounge, garden activities room, conservatory smoking room, green quiet room, library and large dining room. Residents have access to three well-maintained gardens with walkways, garden furniture and shrubbery. Douglas Nursing and Retirement Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	56
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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 13 March 2024	09:00hrs to 17:00hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life in the designated centre. All of the residents spoken with on the day of inspection were content and complimentary of the service provided. The inspector met with both residents and visitors throughout the day of inspection and spoke to seven residents in more detail. The feedback received from residents and visitors was complimentary. One resident described living in the centre as being "treated like family". Visitors were also complimentary of the care and support their loved ones received.

The inspector met with the person in charge on arrival to the centre. An opening meeting took place and this was followed by a walk around of the centre. The person participating in management arrived to support the inspection during the walk around.

Douglas Nursing and Retirement Home is a purpose built single storey building located on the outskirts of Douglas in Cork city. It is registered to accommodate 58 residents in single rooms, 50 of which have en suite shower, hand wash basin and toilet facilities and eight rooms with hand wash basins that were in close proximity to toilet, shower and bathroom facilities. The inspector saw that all rooms were spacious with double wardrobes and storage spaces for residents clothing and belongings. Bedrooms were very personalised in line with residents' preferences and decorated with family photographs, paintings, personal memorabilia and in some rooms, soft furnishings. It was clear that residents had choice in how their rooms were decorated and how their individualised styles were incorporated into the rooms. Bedrooms of residents contained necessary equipment for the residents such as air mattresses and individual slings for residents.

The centre was homely in appearance. It was well decorated and clean throughout. The reception area was bright with suitable seating areas with well-maintained antique furniture. The complaints policy of the centre was on display in this area. Hallways were bright and well decorated with artwork. Television displays were on the corridors where residents could see the food menu for the day and also the activity schedule. There was ample communal areas for residents to use. A designated smoking area was available for residents that smoked. The library room had seating areas and many books for the residents to browse. There were seating areas in the hallways for residents to use overlooking the gardens. The outdoor spaces were easily accessible to the residents. The outdoor areas were well maintained with mature plants and beds and clear pathways. On the day of inspection the outdoor areas were being power washed in anticipation of milder weather arriving.

Work on adjusting fire doors was being undertaken on the day of inspection. There was a plan in place to undertake this work in the least disruptive manner to the residents. The inspector observed that carpets throughout the centre were stained

and walls in some bedrooms required repainting. These premises actions are discussed under regulation 17. There was an overall plan for improvement of the centre shown to the inspector showing that following the completion of the work with fire doors in the centre, carpets and flooring were to be replaced and rooms were to be painted.

The inspector observed the lunchtime meal. It was a social dining experience with the majority of the residents eating in the dining room. Some residents chose to eat in their rooms and they were offered their dining choice by staff in the morning. It was seen to be a social occasion for residents and the residents spoken with were very happy with the food. The inspector observed that staff engaged with residents in a respectful and kind manner. The residents were assisted in a patient manner and residents spoke very positively about staff with the inspector.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by the centre's activity coordinator, external musicians and facilitators. Residents were seen reading newspapers in the morning and watching television with some residents watching mass. Residents had a bingo session along with watching horse racing which created great excitement in the centre. Other residents held a rosary in a separate sitting room.

Visitors were seen arriving at the centre throughout the day. They were able to use different areas of the centre to visit their loved ones. Visitors used bedrooms, day rooms and corridor seating areas which overlooked the well maintained gardens. All visitors that spoke with the inspector were very complimentary of the service provided.

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.

## Capacity and capability

Douglas Nursing Home was a well-managed centre where residents received good quality care and services. The management team were proactive in responding to issues as they arose and were freely available to staff, residents and visitors should they have queries. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care.

This was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Golden Nursing Homes Limited is the registered provider for Douglas Nursing and

Retirement Home and the centre is registered to accommodate 58 residents. The inspector found that there were clear lines of accountability and responsibility with each member of the team having their role and responsibilities defined.

The person in charge was supported in their role by an assistant director of nursing (ADON), two clinical nurse managers (CNM), a team of nurses, care staff, housekeeping, administration staff and an activity coordinator. The person in charge was full time in the role and had the relevant experience.

Staff were appropriately supervised and supported in their roles by the management team. Staff had the required skills and competencies to perform their roles. The training schedule for staff had improved and was more appropriately managed with staff receiving training when starting in the centre and having updated training when required.

Records in the centre were well maintained and stored securely. The records were made available to the inspector when required. The statement of purpose was reviewed in a timely manner and the annual review for the year had been completed. There was a good system of audit in the centre, along with an annual review of the service, which identified improvements that could be made in the centre.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents, and was aware of her responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up

to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place in the centre were appropriate for the centre. The registered provider had ensured the centred is sufficiently resourced. A schedule for auditing was in place and an annual review was completed for 2023 which identified actions in the centre for 2024.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre's complaints procedure was on display for the residents. Complaints were recorded and actions were taken to resolve these complaints. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.



Judgment: Compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the premises for residents and in infection control which is discussed under the relevant regulations.

Residents had good access and choice in the general practitioner that visited them in the centre. Residents were also provided with access to varied other health care professionals, in line with their assessed need. It could be seen from residents' care plans that referrals were made frequently to the other services required by the residents. Residents' care plans contained up to date and relevant information regarding the residents and were reviewed in a timely manner.

The centre was generally well maintained with suitable, homely decoration. Residents' bedrooms were very personalised and there were plants and ornaments in many rooms and could be seen to be in the style each resident requested. However some aspects of the premises required action as outlined under Regulation 17.

Visit took place throughout the day and could be seen to be openly encouraged. There were many locations throughout the centre which were used for these visits. Visitors and residents used these areas throughout the day of inspection.

The centre was generally clean on the day of inspection. However, action was required in relation to infection control measures is discussed under regulation 27.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspector. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspectors.

Residents' views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

## Regulation 11: Visits

Visitors were seen coming in and out of the centre throughout the day. Visitors spoken too were very happy with the care and support their loved ones was receiving.

Judgment: Compliant

## Regulation 17: Premises

Action was required in relation to the premises to ensure the premises was appropriately maintained:

- some areas of carpet throughout the centre were stained
- flooring in the dining area was damaged
- areas in some residents' bedrooms had painting that was flaking off and damaged

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents who spoke with the inspector with were complimentary regarding the quality, quantity and variety of food. Food was attractively presented, and residents requiring assistance were assisted appropriately. Drinks and snacks were provided to residents throughout the day of inspection.

Judgment: Compliant

## Regulation 27: Infection control

Action was required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff,

- in relation to storeroom that was overstocked with items on the floor, which could not assure that this area could be cleaned in an effective manner.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre. Fire safety drills were also undertaken to take in account the level of staff available during the night in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed found that they were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.

Judgment: Compliant

### Regulation 6: Health care

Residents in the centre had good access to health and nursing care professionals. Residents were facilitated to have a general practitioner of their own choice. Referrals were seen to such services as speech and language therapist, tissue viability nurse, dietitian, physiotherapy and geriatrician.

Judgment: Compliant

### Regulation 8: Protection

Minimum amounts of residents' valuables and money were managed by the centre and this was undertaken in a transparent manner. The centre did not act as a pension agent for any of the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

There was an activities coordinator in the centre providing a wide range of activities for the residents. Residents had meetings and surveys which enabled them to have their voices heard in the running of the centre.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Douglas Nursing and Retirement Home OSV-0000223

Inspection ID: MON-0043004

Date of inspection: 13/03/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We are in the process of upgrading DNH as you saw from the day of inspection. We are upgrading all fire works and this work had to be done before we started any other works.</p> <ul style="list-style-type: none"><li>- All the carpets are being redone throughout the home. This will be completed by May 24th.</li><li>- Flooring is being completed by the builders that one currently on site. This will also be done by May 24th.</li><li>- The final piece of the process is repainting areas that need to be done, which cannot be completed until all other works are finished by May 31st all works will be completed.</li></ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: As can be seen from attached photos, this was completed on April 8th. Shelving was erected and all items were off the floor.</p>	





## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2024
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	08/04/2024