



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

Issued by the Chief Inspector

Name of designated centre:	Dundalk Nursing Home
Name of provider:	Tempowell Limited
Address of centre:	Inner Relief Road, Marsh South, Haggardstown, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	16 November 2022
Centre ID:	OSV-0008237
Fieldwork ID:	MON-0037804

About the designated centre

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

Dundalk Nursing Home is nestled on the edge of the peaceful townland of Haggardstown.

It is registered to accommodate 130 residents all in single ensuite bedrooms and offers an extensive range of short term, long term and focused care options to residents. The ethos of Dundalk Nursing Home is to provide quality person centred care, where residents are offered choice in their in their way of life and are consulted and participate in decisions regarding their care.

The nursing home is set in landscaped gardens with exceptional views across fields of outstanding beauty. There are a number of enclosed outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 16 November 2022	08:45hrs to 15:45hrs	Sheila McKeivitt	Lead
Wednesday 16 November 2022	08:45hrs to 15:45hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Residents spoken with said they felt safe living in the centre and that life was good living there. They said they were happy to be out of their bedrooms meeting other residents in the communal areas after a period of isolation which had been imposed due to a COVID-19 outbreak in the centre. Inspectors were informed that all residents and staff who had tested positive for COVID-19 had all completed the required period of time in isolation. They said they were treated with respect and dignity. They had no complaints and if they did they would go to the person in charge and tell her. Relatives spoken with said the standard of communication between the nurses and families was good.

The inspectors walked around the centre and observed that some outstanding issues identified on the site visit in July 2022 had been addressed, others remained outstanding. The environment was welcoming and decorated in a homely manner. There was a comfortable and calm atmosphere in the centre. The interior decoration of the bedrooms was personalised and varied between rooms giving an individual appearance to each bedroom.

The standard of infection prevention and control observed was good. There were sufficient numbers of hand sanitisers dispersed throughout the centre and a random selection of those checked were functioning appropriately. Staff demonstrated good hand hygiene practices throughout the morning. The centre was clean, tidy and free from clutter. However, house keeping staff informed the inspectors that the floors were not being buffed as they did not have access to a floor buffer.

Residents said that the staff were kind, caring and always available to meet their needs, day and night. One resident said you could 'not fault' the staff, they 'could not be any nicer', another described them as 'very pleasant'.

Residents described the food as 'good' and 'lovely' and they said they were always given a choice at mealtimes. The inspectors observed that residents were offered extra portions if they wanted. The inspectors also observed that there was a good selection of choices on offer to the residents. A variety of drinks were available to residents throughout the day including; cups of soup, tea, coffee, water and soft drinks. Staff were observed assisting residents with their meal where assistance was required and also encouraging residents to maintain their independence.

Residents said they had been seen by their doctor and they were happy with the services they received. Some mentioned the great service provided by the chiropodist and hairdresser. Residents said their bedroom was cleaned daily and they were satisfied their bedroom was cleaned to a high standard. They said their clothes were laundered for them and returned clean.

There was a list of activities on display, this reflected residents' access to a schedule of activities seven days a week. Residents said they enjoyed the wide variety of

activities. One resident said she loved going out to the local shopping centre with family. Residents' feedback was given to the management team at the end of the inspection. Overall residents appeared extremely happy with the service provided to them.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection. It was the first risk inspection carried out in Dundalk Nursing Home since it opened on 24 August 2022. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements. Overall, inspectors found that this was a well-managed centre, however the oversight of some areas of practice required strengthening. These areas included nursing documentation, staff supervision and some issues identified under premises, fire and infection prevention and control.

Tempowell Limited is the registered provider of Dundalk Nursing Home. The senior management team included the provider representative, person in charge, and assistant director of nursing. This team was supported by a director of clinical governance and quality, a chief operating officer, a group facilities manager, human resource staff, and administrative supports. Further improvement actions were required to be taken to ensure the premises met the needs of 130 residents for example, the laundry and external balcony on the first floor together with issues identified in relation to fire, all of which remained outstanding since the site visit which took place in July 2022.

The inspectors found that adequate staffing resources were available to ensure the service provided was safe, appropriate, consistent and effectively monitored. There were enough staff on duty to meet the needs of residents. However, housekeeping staff were not resourced with all the required equipment to enable them to do their work to a high standard.

Staff had completed mandatory training prior to commencing work in the centre or on induction. However, the staff in the laundry required further training in safety and infection prevention and control and increased supervision to ensure their practices did not increase the risk of cross-contamination and negatively impact residents.

Records reviewed including policies and procedures, complaints, the directory of residents, insurance, contracts of care and staff files met the legislative 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

The person in charge did not ensure that the staff employed in the laundry had received the appropriate training. For example, they were not aware of where the gas supply could be turned off in the event of an emergency. The supervision of the laundry staff required strengthening.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: 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

Although management systems were in place to ensure the service delivered was

safe, effective and monitored, inspectors found that the following required greater oversight:

- the audit schedule for 2022 required review to ensure audits were completed as scheduled; for example the directory of residents was scheduled to be audited in October 2022, however it had not been audited.
- the audit tools used, analysis of findings, action plans, responsible person and time-frames were not available for review.
- housekeeping staff required equipment to enable them to maintain a high standard of cleanliness throughout the centre. For example, house-keeping staff did not have a buffer and hence they could not shine the floors. Staff in the laundry did not have access to a dust pan and brush, although this was provided to them on the day prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspector to view. These were in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint procedure was available and displayed in the centre. It included the designated complaints officer, the right of appeal and the nominated person to oversee the complaints process.

The complaints received to date were all closed. Records reviewed in respect of these complaints, showed that the complaints process had been followed. Complaints made had been investigated promptly, with the complainant being informed of the outcome of the complaint and written evidence of that they were satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors saw that policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to

staff and being implemented in the centre.

Judgment: Compliant

Quality and safety

Improvements to the quality and safety of care provided to residents were required to ensure residents received a high standard of quality care as stated in the registered provider's statement of purpose and to ensure the premises, together with infection prevention and control measures, facilitated staff to provide this standard of care at all times.

The inspectors found that residents were assessed on admission to the centre. A comprehensive assessment and other relevant clinical risk assessments were in place for residents who had been admitted to the centre. However, some residents' assessments were incomplete and some contained conflicting information about the resident. There were care plans in place for these residents which overall reflected each of the residents individual needs.

The premises was well laid out to enable orientation and independence, such as space for residents to walk around freely, with good lighting, safe floor coverings and handrails along both sides of the corridors. The layout and type of furniture was appropriate to meet the needs of the 21 residents present in the centre on the day. There was access to an enclosed outdoor area.

The inspectors observed that the majority of issues in relation to fire and premises identified on the site visit report had been addressed. The outstanding issues are reported on under regulation 17; Premises, 27; Infection control and 28; Fire precautions on this report.

There was a safeguarding policy in place, and all staff had received the required appropriate training in the protection of vulnerable residents prior to starting work in the centre. An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was not acting as a pension agent for residents.

Infection control practices overall were good. All cleaning equipment was safely stored within the two enlarged cleaners' room with appropriate separation between clean and dirty items. This room contained shelves with finishes that could be cleaned appropriately, a locked storage unit for chemicals, a wash-hand basin and a janitorial sink.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were receiving visits as and when required and they assured the inspectors their

right to visitors was being upheld.

Regulation 11: Visits

There were no restrictions on visitors. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors book which visitors were requested to sign prior to entering and on departing the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure premises were in accordance with Schedule 6 requirements having regard to the number of residents. The size of the laundry was not adequate to meet the needs of 130 residents that the designated centre was registered for. Inspectors noted that works to the laundry room to incorporate an adjoining store room which were ongoing at the time of the site visit had been completed. There were two staff working in the laundry, managing the laundry for 21 residents on the day of inspection. The floor space available in the laundry facility allowed for very little room for both staff to maneuver and negotiate the dirty and clean side of the laundry. Furthermore, the floor area was too small for all the required equipment and as a result the linen skips and a linen storage trolley were inappropriately stored on the adjoining corridor.

Required shelving referenced on the site visit report had not been installed. Staff had no flat area to fold residents clean clothing.

Inspectors were informed that the safety risk to residents on the roof terrace in relation to the height of the parapet wall had not been addressed to date . This area remained inaccessible to residents.

Chemical containers were stored on a pallet in the cleaners store room

Judgment: Not compliant

Regulation 27: Infection control

Beside the infrastructural deficits associated with the laundry facility, the provider had not ensured that procedures followed in the laundry minimised the risk of cross-

contamination.

For example:

- Staff were observed piling up dirty laundry onto the floor in front of both washing machines.
- Staff in the laundry were not wearing facial masks in line with policy although the centre had reported an outbreak of COVID-19

Staff did not have access to clinical wash hand sinks throughout the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The newly installed fire door on the clean side of the laundry had an incomplete intumescent strip on the door frame. The door closer had been removed from the fire door on entry to the laundry.

The fire door on the dirty side of the laundry was held open with cardboard, this was rectified at the time by staff.

Housekeeping staff were not aware of how to turn off the gas supply in the event of a gas leak.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed. Each resident had a comprehensive assessment in place, however some did not contain enough detail to reflect the needs of the resident. All had risk assessments in place however some residents had two falls risk assessment completed, both giving conflicting information regarding the resident's risk of falling.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within 48 hours of their admission. There was evidence that residents had access to all required allied health professionals

services and inspectors saw evidence that a variety of these practitioners were involved in caring for the 21 residents.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with training on safeguarding and could demonstrate the principles of the training in practice. An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was not a pension-agent for any of the 21 residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre and all interactions observed during the day were person-centred and courteous.

Residents' privacy and dignity was respected and they had access to information using a variety of media such as newspapers, television, internet and radio. Residents said they were satisfied with the opportunities for meaningful engagement and the facilities available to them on a daily basis.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dundalk Nursing Home OSV-0008237

Inspection ID: MON-0037804

Date of inspection: 16/11/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC has completed a detailed induction with the externally contracted Laundry staff to ensure they are fully aware of their role and responsibilities in the centre. This includes induction into the centre's emergency response plan, and the location of the gas shut off points. The PIC together with the external supervisor are supporting and reviewing the laundry staff practices on a regular basis. 	
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 registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • An Audit schedule has been agreed with the PIC and PPIM (DCGQR) to ensure it is achievable and meaningful. The PIC and PPIM meet weekly and the homes Audit schedule and reviews will be discussed and followed up then. • All equipment required by staff is now available in the centre. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Laundry premises have been designed to the latest construction standards and regulations. Pass - through washing machines installed to separate the clean and dirty side. • Shelving for chemicals installed. • Stainless steel folding table ordered, pending delivery • Area remains inaccessible, custom heavy furniture has been ordered. furniture will not be able to be moved close to the edge • Chemicals are now being stored onshelves 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC has completed IPC training with all laundry staff this training included all information re COVID and the importance of hand hygiene and mask wearing. • Baskets for sorting clothes have been delivered and are now in use. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The construction company has been engaged to carry out the repairs on the fire doors. • The door holder has been reinstalled. • Staff working in the laundry have been re instructed in fire precautions and fire safety. • Automatic gas slam shut valves and gas detection is installed in the laundry. • Staff have been instructed not to turn off the gas supply. 	

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 registered provider and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC and DCGQR have agreed the required assessments to be completed for each resident. To ensure compliance all new residents admitted will have audit completed after 48hrs. • The PIC and ADON have completed a full review of all current residents care plans and assessments to ensure they reflect the care required going forward. The Monthly audits will include random samples from the residents in the home to ensure ongoing compliance. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	03/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/01/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	03/01/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	03/01/2023

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	03/01/2023
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	03/01/2023
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	03/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	30/04/2023

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2023
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 immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	03/01/2023