

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Altadore Nursing Home
<b>Centre ID:</b>	OSV-0000004
<b>Centre address:</b>	Upper Glenageary Road, Glenageary, Co. Dublin.
<b>Telephone number:</b>	01 280 7551
<b>Email address:</b>	admin@altadorenursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	JKP Nursing Home Limited
<b>Provider Nominee:</b>	James O'Reilly
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 June 2015 10:30 To: 16 June 2015 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 08: Health and Safety and Risk Management
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This announced inspection took place in response to an application to vary the conditions of registration for Altdore Nursing Home. The application was made by the provider subsequent to the completion of a large extension to the premises and facilities of the centre. The provider applied to vary the conditions of registration in relation to the maximum number of persons to be accommodated at any one time in the centre. The application requested an increase from 37 to 66 persons to be accommodated at any one time.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All required documents were submitted by the provider and were found to be satisfactory.

The inspector met with the nominated person on behalf of the provider and the person in charge for a discussion on the governance of the new centre. An inspection of the building was also carried out and documentation such as staffing rosters, policies and procedures reviewed.

The design and layout of the new building which adjoins the original centre was found to fully meet the needs of the current resident profile. It was noted to be furnished and decorated to a very high standard and provided a comfortable spacious and inviting living environment.

A full registration inspection was conducted in Altdore Nursing Home on 1 July 2014 covering all regulations within an 18 Outcome framework.

The determination of fitness of the provider and person in charge was previously and

successfully undertaken by the Authority with the provider nominee and the person in charge.

Considerable preparations were made by the provider nominee and person in charge for this variation application and this report outlines the findings of the inspection. Due to the preparedness of provider nominee, person in charge and their staff in the centre no improvements were required and an action plan is not included in this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose had been revised to reflect the changes to the design and layout of the new building, the maximum number of residents the centre intends to accommodate and the staffing to be provided.

The provider nominee outlined the plans for incrementally increasing resident numbers over a period of time and undertook to ensure that the statement of purpose would reflect these changes as they occurred and to provide the Authority with up to date versions as required.

The document meets the requirements of the Regulations and Schedule 1 in all other respects. Copies were available.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider works full time in the centre and supports the person in charge.

Evidence of plans to strengthen the management structure in line with increased capacity in the new building was found. These plans included the establishment of an Assistant Director of Nursing position to support the person in charge. This management post will be full time and supernumary to the nursing team for direct care provision. A senior nurse within the organisation has been identified and appointed to the position and will commence in post on 1 July 2015.

An internal recruitment process for the post of Health Care Supervisor had been completed and the successful candidate is also due to commence on 1 July 2015.

As with other changes these will be included on the revised statements of purpose going forward.

A proposed schedule of admissions was prepared by the provider and person in charge. This indicates the provider's intention to manage admissions in a safe and appropriate manner. The provider does not envisage admitting more than one person between July and September 2015 as the refurbishment of the original centre building is not yet completed. The remaining admissions will not commence until September 2015. It is expected that resident numbers would increase to 45 by the end of October with remaining vacancies being filled as demand dictates but the provider proposes to admit no more than one resident per week at any time.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. All fire records were checked and appropriate servicing was in place. In addition written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with has been provided.

Other aspects of risk management checked on this inspection included;

- fire evacuation procedures were practised by staff and spot checks were conducted by

the person in charge to assess staff knowledge and understanding, records of these checks were completed in the fire records book. However it was noted that the policies and procedures in place to respond to emergencies required to be updated to reflect the new building layout to ensure a timely and efficient response by staff.

Improvements to ensure the internal and external premises and grounds of the centre were safe and secure, were found with key pad locks installed on all exterior doors and a register of visitors was maintained on a daily basis.

The centre was found to be visibly clean and clutter free and there were documented procedures in place for staff to follow to maintain a high standard of hygiene.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The design and layout of the centre was found to be appropriate to meet the needs of the current resident profile. The new building was found to be finished to a high standard.

Basement floor of New Building;

This floor contains utility facilities to support the smooth running of the centre and includes;

Laundry; the laundry was a large room with sufficient automated washing and drying machinery of industrial size and with high temperatures for washing soiled laundry

There was suitable racking storing ironing and sorting facilities, stainless steel sink with double drainer and separate wash hand basin.

Soiled laundry is brought to the laundry via a chute and there is sufficient space to separate soiled and clean laundry.

Staff changing facilities were appropriate with separate change areas for male and female staff and also separate change facilities for the catering staff team.

A large room next to the laundry had been designated as a training and education area for staff to provide in house education and training updates. A clinical treatment room facility was also available if required by visiting clinicians.

Other utilities included; dry and cold food store rooms; incontinence wear store; TV

plant and separate large electrical, ventilation and water plant room. Large Cleaning room with space to store cleaning trolleys, buffers hoovers and sangeinic bins. Cleaning chemicals dispensing system sluice sink and wash hand basin. The room contained mechanical extraction ventilation.

The basement contained several storage rooms, most although not all with their designated function identified such as; cleaning products; incontinence wear; maintenance; and an office store which may be used as a linen room eventually.

#### Ground Floor of New Building;

The main entrance lobby was a bright spacious and tastefully furnished area with a comfortable seating area for visitors and residents to enjoy.

The Reception desk and nurses station was located to the left of the large glass entry doors.

The office of the person in charge was situated to the rear of the reception area.

The main kitchen and residents dining room was to the rear of the seating area. A small staff tea station to facilitate staff on their breaks with tea coffee making facilities and fridge was located to the left hand side of the dining room.

A serving hatch facilitated meals being brought to the table direct from the kitchen.

The dining room was a large bright and spacious area capable of comfortably accommodating up to 54 people at any one time.

The dining tables were suitable to seat four people and could be joined to accommodate larger groups if required.

Most chairs were fitted with 'skids' which looked like sliders with small coaster wheels to make them easy for residents to move.

On the left hand side of the front lobby were two wheelchair accessible w.c's.; laundry chute and sluice room; six single bedrooms, all with full shower ensuite.

To the right there was a passenger lift to all floors and separate service lift to the basement floor. This corridor also contained the link access to the original centre which was closed off to facilitate a full refurbishment at the time of this inspection. There was a large spacious bright activity room with patio door access to the secure garden area. The room contained comfortable seating at an appropriate height and tilt to enable ease and safety during the transition from sitting to standing. The seating had been chosen with advice from an occupational therapist.

Other furnishings include;

Cupboards; tall boys; TV; music systems; 3 alarm mats for specific residents; keyboard; table with choice of juice drinks, water , milk.

Rummage boxes were also being organised.

#### First Floor of New Building;

The lift to the first floor opens up onto a small lobby. This is furnished with a small coffee table and several soft but height appropriate armchairs overlooking a sheltered but sunny patio area. The patio is accessed via patio doors. The patio has non slip flagstoned paving and the inspector was told the provider is still waiting on delivery of weather proofed garden furniture.

The first floor consists of 11 single and 3 twin bedrooms. A well appointed tastefully decorated sitting room; Separate large assisted shower room; cleaning store; linen store; laundry chute and sluice room.

#### Second Floor of New Building;



This floor consists of 4 single and 2 twin bedrooms. Large tastefully decorated and furnished sitting room overlooking terraced rooftop. Separate large assisted shower room; cleaning store; linen store; laundry chute.

All bedrooms both twin and single were decorated and equipped to a similar high standard. Each contained a profiling bed locker wardrobes book stand armchair wall mounted TV portable call bell system. Adjustable wall lights and overhead lights with dual switch. All furnishings and fittings were of high quality, colour co-ordinated and contributed to providing a warm relaxed and tasteful environment. Residents were encouraged to personalise their rooms with pictures, photographs or furniture from their own homes. All bedroom met the standards in terms of size and many exceeded the size required by the standards in particular the twin rooms, with some being a very generous 27 square metres. All windows were fitted with restrictors for safety purposes. Each ensuite contained w.c. whb dished wheelchair accessible shower area, moulded plastic shower chair/commode with built in foot rest. The ensuites were fully tiled with safe altro flooring, automatic lighting system on entry, ventilation and call bell. Under floor heating systems were installed in the new building and the centre was comfortably warm on the day of inspection.

There were three sluice rooms, one on each of ground, first and second floors. each contained stainless steel sluice sink and drainer. Each also had a pulp macerator to enable safe disposal of used disposable urinals and bedpans.

The existing building was fully reviewed on the registration inspection in 2014 and found to meet the requirements of the regulations and standards with the exception of two bedrooms which were noted to be slightly smaller than the recommended floor space. As this building was closed for refurbishment the inspector did not have an opportunity to view it on this occasion. In total when the refurbishment of the original building is completed the centre will contain; 46 single and 10 twin bedrooms with sufficient communal rooms and areas of diversion for residents.

All of the issues arising from the registration inspection in relation to lack of storage; sluicing arrangements; cleaning equipment storage and staff changing facilities have been more than adequately addressed by the provider with the new facilities. The external area is now secure to enable residents enjoy the outdoor landscaped garden and safe walk ways.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Agency staff were not used and cover was provided from within the existing staff compliment.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on residents' condition. Also relevant updates on policies and procedures; reminders on new location of hoists, call bell codes, sluicing systems and phone number extensions to enable a smooth transition into the new building layout.

The inspector observed mutually warm and respectful interactions between staff and residents. In conversation with some residents they expressed satisfaction for the cheerful and helpful manner in which staff delivered care. Residents could identify both the person in charge and the provider nominee by name.

All residents were warmly and appropriately dressed and were provided with discreet assistance during lunch.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in wound care, end of life care, malnutrition screening and venepuncture was also provided.

Current direct care staffing levels are;

Person in charge x 1 whole time equivalent (wte)

Day shift; 12 hour period 07:30 -20:00

Registered Nurses;2

Day shift; 6 hour period 07:30 –14:00 & 14:00-20:00

Health care Assistants;7 x 07:30 –14:00 & 4 x 14:00-20:00

Activity co-ordinator x 1 10:00 – 17:00 Monday to Friday

Night Shift from 20:00 -07:30

Registered Nurses x 1 & Health care Assistants x 2

Proposed staffing to incrementally increase in line with increased admissions when occupancy reaches 56/58 includes ;

Registered Nurses to increase x 1 wte on night shift.

Health care Assistants to increase x 2 on both morning and evening day shifts and x 1 on night shift.

Assistant Director of Nursing x 1 wte is due to be appointed in July 2015. This person will provide clinical direction and supervision to staff but may also work alongside staff in

direct care provision. As resident numbers increase the inspector has been informed there will be protected management time of 2-3 supernumerary shifts per week to support governance.

**Judgment:**  
Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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Regulation Directorate  
Health Information and Quality Authority