**Health Information and Quality Authority**
**Regulation Directorate**

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

| | |
|---|---|
| **Centre name:** | Ardeen Nursing Home |
| **Centre ID:** | OSV-0000406 |
| **Centre address:** | Abbey Road,<br>Thurles,<br>Tipperary. |
| **Telephone number:** | 0504 22094 |
| **Email address:** | maryfogarty1@yahoo.co.uk |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | Ballincaorigh Limited |
| **Provider Nominee:** | Mary Walsh |
| **Lead inspector:** | Mairead Harrington |
| **Support inspector(s):** | Maria Scally |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 36 |
| **Number of vacancies on the date of inspection:** | 4 |

## 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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

| From: | To: |
|---|---|
| 16 August 2016 10:15 | 16 August 2016 18:30 |
| 17 August 2016 09:00 | 17 August 2016 16:00 |

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

| Outcome | Our Judgment |
|---|---|
| Outcome 01: Statement of Purpose | Substantially Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Non Compliant - Moderate |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Substantially Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Moderate |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

**Summary of findings from this inspection**

This was an announced inspection, carried out over two days, for the purpose of informing a decision to renew the registration of this designated centre. Documentation required as part of the registration renewal process was submitted in a timely and ordered manner. During the inspection the inspectors met and spoke with residents and visitors, as well as staff from all areas of service in the centre including administration, nursing, catering and household. On both days of inspection

a representative of the provider entity, Ballincaorigh Limited, and the person in charge were in attendance on site.

The last inspection at this centre on 16 June 2014 had focused on the themes of food and nutrition and end of life care; a copy of that report is at www.hiqa.ie. Where areas for improvement had been identified the provider and person in charge were responsive and had implemented an effective action plan.

Documentation reviewed by inspectors included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols. Staffing levels were appropriate to meet the needs of the resident profile and the design and layout of the centre. Both the person in charge and the provider representative were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff. Residents and relatives spoken with in the course of the inspection confirmed that they experienced a very good level of care at the centre and this feedback was supported in questionnaires reviewed as part of the inspection process. The inspectors also observed good practice during the course of the inspection and there was evidence that a high standard of care was delivered in a person-centred manner. Overall this inspection established that the centre was in substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Some areas for improvement were identified in relation to privacy and dignity, risk management and documentation and these are further outlined in the body of the 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:**
An inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, it required review in relation to the description of rooms in the centre including their size and primary function. This action was addressed at the time of inspection. A copy of the statement of purpose was readily available for reference. The person in charge confirmed that the statement of purpose was kept under regular review.

**Judgment:**
Substantially 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:**
The centre was a well established nursing home that was privately owned and operated

by Ballincaorigh Ltd. since 2001. A director of the company acted as representative for the provider entity. A well established system of governance was in place. There was a clearly defined management structure with care directed through the person in charge who was employed on a full-time basis. There were effective communication systems between the provider and person in charge and the provider representative was in regular attendance on site. There was also evidence that resources were dedicated on a consistent basis to the continuous professional development of staff ensuring a high standard of evidence based care.

A quality management system was in place that included a programme of monthly audits and data from these was reviewed and used to monitor the quality of care in areas such as medication management, nutrition, falls and environmental risk. Both the provider representative and the person in charge articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of the care on a regular basis. Staff confirmed that the person in charge undertook regular supervisory audits and inspections in relation to practices around infection control and health and safety, for example. Substantial work had been undertaken in relation to reviewing the delivery of care at the centre and in keeping with statutory requirements a report on the annual review of the quality and safety of care had been completed that referenced consultation with residents and relatives, a copy of which was available for reference by the inspectors.

**Judgment:**
Compliant

***Outcome 03: Information for residents***
***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Information was made available to residents which outlined the services and facilities of the centre and also provided information and contact details of useful organisations such as advocacy services. Each resident had a written contract, signed and dated, which outlined fees and services to be provided in relation to care and welfare. A sample of those reviewed contained the information required by the regulations such as the services to be provided, arrangements for the receipt of financial support where applicable and a list of other services available and any related cost.

**Judgment:**
Compliant

***Outcome 04: Suitable Person in Charge***
***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There had been no change to this appointment since the previous inspection. The person in charge was a long standing member of staff, employed on a full-time basis, with extensive experience in clinical care and qualified in keeping with the requirements of the post. Throughout the course of the inspection the person in charge demonstrated a professional approach that included a commitment to a culture of improvement along with a well developed understanding of the statutory responsibilities associated with the role. The person in charge held appropriate authority, accountability and responsibility for the provision of service.

**Judgment:**
Compliant

***Outcome 05: Documentation to be kept at a designated centre***
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were in keeping with requirements.

Resident records checked were complete and contained information as detailed in

Schedule 3, including care plans, assessments, medical notes and nursing records.

Other records to be maintained by a centre as specified by Schedule 4 were in place including for example, a log of complaints, records of notifications and a directory of visitors. Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. However, the recording of fire drills required review to ensure that relevant information on times and staff attendance was included to better support effective learning and review.

Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, as identified at Outcome 7 and 9, the policies on safeguarding and the definition and recording of medication errors required review.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain the relevant information as required by the regulations including biographical information and contact details for relatives and the resident's general practitioner.

**Judgment:**
Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge and the provider representative were aware of their statutory obligation to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place to cover any such absence by the person in charge and inspectors were satisfied that the deputising member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

**Judgment:**
Compliant

***Outcome 07: Safeguarding and Safety***
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A review of the training matrix indicated that a regular programme of training on safeguarding and safety was in place and all staff had received up-to-date training. Staff members spoken with were aware of safeguarding issues and how to record and report any such concerns. Where allegations had been made they were recorded and notified in keeping with requirements. Residents spoken with by the inspectors reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. However, the policy and procedures in place for the prevention, detection and response to abuse did not reference current nation policy and required review accordingly. This policy also required review to ensure appropriate directions to staff where allegations might be made against members of management such as the person in charge. Action in this regard is recorded against Outcome 5 on Documentation.

Management confirmed that, where possible, residents managed their own finances either independently or with the support of their family. In two instances the provider acted as pension agent and the necessary documentation around the related processes was in place. A policy and procedure was in place for safeguarding residents' finances that set out requirements for the maintenance of records or receipts and signatures to confirm supervision of transactions. The centre managed such transactions in a small number of cases and a sample of these records reviewed was in keeping with procedure.

A current policy and procedure was in place on managing responsive behaviours and a schedule of training in this area was also provided. Through observation, a review of care plans and discussion with management and staff, inspectors were satisfied that there was a good understanding of individual residents' needs and that staff were able to utilise effective strategies to alleviate anxieties. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected

regular monitoring of their use. Management articulated a commitment to a restraint free environment and audits on the use of restraint were in place that indicated a continued reduction in their use.

**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:**
Policies and procedures relating to health and safety were site-specific and up-to-date. There was risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. An emergency plan was in place that identified alternative accommodation for residents in the event of an evacuation.

A fire safety register was maintained that demonstrated daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire evacuation procedures were on display. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Fire doors were magnetised throughout the centre. Fire drills were conducted regularly for both day and night staff and action around documenting this process is set against Outcome 5 on Documentation.

Measures in place to prevent accidents throughout the premises included grab-rails and call-bells. Emergency exits were clearly marked and unobstructed. An accident/incident log was maintained that recorded the circumstances of events and any related interventions or actions, these were reviewed on a quarterly basis by the person in charge to identify trends in relation to recurring events such as falls for example.

A risk register was maintained that identified resident specific risks and controls. A risk register was also maintained in relation to environmental hazards; however, this required review to assess risks and develop controls in relation to glass mirrors for example, some of which were chipped and presented a potential hazard. Additional risk assessments were required in relation to items such as latex glove storage, unrestricted windows and unmarked slopes and steps adjacent to emergency exits on the first floor.

The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. An inspector spoke with members of household staff who understood infection control principles and were appropriately trained in infection control. Cleaning and laundry staff were able to describe and demonstrate appropriate infection control practice in their day to day regime of cleaning. The person in charge held staff infection control meetings on a six monthly basis. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

**Judgment:**
Substantially Compliant

***Outcome 09: Medication Management***
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A centre-specific medicines management policy was in place that had been reviewed in October 2015. This policy provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. However, the policy did not provide adequate guidance on the definition and recording of medication errors. At the time of the inspection medication errors were also being recorded in the pharmacy order book and action in this regard is set against Outcome 5 on Documentation.

All medicines, including controlled drugs, were stored securely and appropriately. Where medicines were refrigerated temperatures were being recorded and monitored. Dates of opening were recorded on medicines such as eye-drops. The person in charge confirmed that the pharmacist attended the centre regularly and reviewed processes around audit. A comprehensive audit had been completed in May 2016. Training in medication management had last taken place on 12 August.

An inspector observed a medication round during the inspection and found that the administration of medication was in keeping with guidelines and reflected the time and frequency as directed by the prescription. Nursing staff were observed to administer medicines safely and in a person-centred manner. Administration sheets indicated that where a resident refused a medicine there was a recorded entry for reference. Where

prescription records were transcribed by nursing staff these had been appropriately signed and counter-signed by a nurse, before being signed by the prescriber. Where residents required their medicines to be crushed prior to administration this was appropriately authorised by the prescriber. Medication prescription sheets were current and contained the necessary biographical information of the resident including a photograph for reference. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet.

**Judgment:**
Compliant

***Outcome 10: Notification of Incidents***
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
An inspector reviewed the incident log which was maintained in keeping with requirements and recorded the relevant information around the circumstances, impact and outcomes of incidents at the centre. Incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the regulations.

**Judgment:**
Compliant

***Outcome 11: Health and Social Care Needs***
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspection established that there were suitable arrangements in place to meet the health and nursing needs of residents. Admission procedures included a pre-admission assessment followed by a comprehensive assessment by the person in charge on admission. Care plans were developed in line with the admission assessments. A sample of care plans were examined on inspection and found to be reviewed regularly in keeping with regulatory requirements or as resident needs changed. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity, for example. Of the cases reviewed appropriate plans of care were in place around all activities of daily living and specific plans were in place for individual issues identified such as nutrition and wound management. An inspector spoke with members of staff and management in relation to their understanding of the care required from the care plan of a resident presenting with complex needs in relation to nutrition and the management of a recent fracture. The inspector found that staff had a well developed knowledge of the resident's profile and an effective understanding of the relevant plan of care in place to manage each assessed need.

There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place. These included regular attendance and review by the general practitioner (GP), advance care plans informed through consultation with residents and their families and the allocation of nominated key workers to specific residents. All residents who returned a high risk score following assessment with a standardised nutritional assessment tool were monitored by a regime that included daily records of intake and regular monitoring of weight records. Hard copy communication systems for each resident with special dietary or nutritional needs were in place. Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services. Where such referrals had taken place the care plans reviewed had been up-dated appropriately to reflect any revised instruction around care, medication or diet accordingly. Based on observations, feedback and a review of records and systems, the inspectors were satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents as assessed.

**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):**
No actions were required from the previous inspection.

**Findings:**
The centre was located on its own grounds set back from the main road on the outskirts of Thurles town. Ample parking facilities were available to the front and side of the premises. The grounds were well maintained and laid with paths to support access by residents. There was a large garden area with a fountain at the rear; residents could look out over this area from a sunroom at the back of the building. Residents also had direct access to a mature garden area that was secure and provided seating. The centre was homely, comfortable, well furnished and nicely decorated throughout with appropriate heating and lighting as required. Residents could use communal sitting areas on each floor with a space also provided on the ground floor for residents to receive visitors in private should they so wish. The dining area was bright and opened into the sunroom; tables were laid out for small groups and the centre provided more than one sitting at mealtimes if necessary. Staff facilities for changing and storage were located on the first floor. Residents also had access to a small oratory where services took place regularly.

The centre provided accommodation for up to 40 residents with 36 in occupancy at the time of inspection. Accommodation comprised 13 single rooms, 11 double rooms and one six bedded room, all laid out over two floors. Access between floors was facilitated by a chair lift which was appropriately serviced. Upstairs accommodation included four twin bedrooms with five residents in occupancy at the time of inspection. An appropriately controlled fire escape was accessible from the first floor. An adequate number of toilets were available for use with each floor having access to shared bath and/or shower facilities. Wash-hand basin and toilet ensuite facilities were in five rooms and all other rooms were equipped with a wash-hand basin. Bathrooms and circulation areas were appropriately equipped with grab-rails. However, call bells were not fitted in several of the ensuite facilities.

All bedrooms provided sufficient space for the delivery of care; storage facilities included a bedside locker, chair and wardrobe. Residents had the facility to store valuables in either a lockable pedestal or a safe in a wardrobe, though one room did not have a lockable storage facility in place at the time of inspection. Appropriate assistive equipment was provided and maintenance certification was available for reference. When not in use equipment was appropriately stored. The design and layout of the premises was in keeping with the statement of purpose and admissions to accommodation on the first floor were dependent on the assessed mobility levels of residents. One large ward could accommodate up to six residents and, at the time of the inspection, there were five residents with varying dependency needs in residence. In this room there was adequate usable space between the beds to allow the delivery of daily care and the use of a hoist if necessary; each resident also had a chair and adequate storage facilities for personal belongings including a secure unit. A toilet facility was accessible adjacent to the ward. Measures were in place to reduce the impact of this multi-occupancy room on the individual privacy and dignity of these residents, such as the use of screens. However, this benefit was limited and where up to

six residents were sharing there was necessarily an impact in relation to privacy and dignity in the conduct of personal care; for example in circumstances where the use of a commode was required or when residents were receiving visitors. Action in this regard is recorded at Outcome 16 on residents' rights and dignity.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

**Judgment:**
Substantially Compliant

***Outcome 13: Complaints procedures***
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a complaint policy in place that had been reviewed in April 2015 and the complaint procedure was displayed clearly in the centre. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaint officer and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. The procedure outlined the management of both verbal and written complaints and the related timeframes for action. Contact information for both the independent advocate and the office of the Ombudsman was provided.

An inspector reviewed the complaint records on file and noted that records were maintained about each complaint with details of any investigation into the complaint and whether or not the complaint was satisfactorily resolved. Residents spoken with were aware of how to make a complaint should they so wish, though residents reported that communication with staff and management was good with opportunities to raise issues at residents' meetings also. Requests or issues were often resolved on an ongoing basis without the need to escalate matters via the complaint process. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements and effectively implemented.

**Judgment:**
Compliant

***Outcome 14: End of Life Care***
***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This centre had been the subject of a thematic inspection around end of life care in June 2014 when it had been found to be compliant. The findings of this inspection were consistent with this outcome. Relevant policies were in place around end of life care that had been reviewed in October 2015 and which provided comprehensive guidance to staff. A record of staff having read and familiarised themselves with the policies was also maintained. Relevant training had been made available to staff around facilitating decision making for residents and developing person-centred care directives.

A sample of care plans reviewed contained relevant information around end of life care planning and documentation indicated residents, and their families as appropriate, were consulted about their wishes in the event of becoming unwell. There was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Family and friends were facilitated to be with their loved one with refreshments and a private resting space available if required. Records indicated that efforts were made to ensure residents were not transferred to acute services unnecessarily and effective support was available from both GP services and a palliative care team.

The centre respected diverse religious beliefs and the policy in place provided guidance to staff accordingly. The centre had a small oratory and the person in charge explained that residents could be reposed privately in this space if they so wished. Memorial services were also held for deceased residents.

**Judgment:**
Compliant

***Outcome 15: Food and Nutrition***
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**
Person-centred care and support

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

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

**Findings:**
This centre had last been the subject of a thematic inspection around food and nutrition in June 2014 and actions on foot of that inspection had been appropriately addressed. These included effective recording of daily fluid and dietary intake, the delivery of training on managing diabetes and also the provision of choice for residents on a texture modified diet.

Appropriate policies were in place in relation to nutritional monitoring and protected mealtimes dated October 2015. The nutritional needs of residents were assessed on admission and reviewed regularly or as circumstances required. Resident weights were regularly recorded and nutritional status was assessed using a standardised nutritional assessment tool. Access to allied healthcare professionals such as a dietician or speech and language therapist was facilitated and referrals where necessary due to recorded weight loss for example, were timely and in keeping with the needs of residents.

Policies provided effective guidance on the recording of information. Dietary requirements were documented and readily available for reference in the kitchen. An inspector spoke with a member of kitchen staff who had relevant experience and training in food management and safety. The staff member described communication systems to ensure residents received meals according to their needs and preferences. The kitchen was well equipped and its facilities were appropriate to the requirements of the layout and occupancy of the centre. A copy of the most recent environmental report was available.

Residents could exercise choice around when and where they took their meals, either in their rooms or in the dining area. Residents requiring full assistance could take their meals either in their room or in one of the communal areas. The dining area seated a maximum of 16 residents and the person in charge explained that two meal sittings were available if required. A lunch menu for the day was on display which offered a starter, choice of main course and dessert. Inspectors observed mealtime service and noted that the meals provided were freshly prepared, nutritious and appetising in presentation. Inspectors observed that snacks and refreshments were available and offered regularly throughout the day. Staffing levels were appropriate with care staff available to provide assistance at mealtimes as required. Residents spoken with were complimentary of the food and pleased with both the variety and quality.

**Judgment:**
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre and returns for both resident and relative satisfaction surveys were available for reference. Questionnaires on the quality of care completed by both residents and relatives were also reviewed during the inspection and provided substantially positive returns on the service, staff and management of the centre.

Contact information for independent advocacy services was clearly displayed throughout the centre with all staff having a duty to advocate for residents in the first instance. The person in charge confirmed that a nominated advocate regularly attended the centre and also routinely consulted with residents on an individual basis. The centre employed a dedicated activity coordinator who was responsible for delivering a scheduled programme such as music, bingo and keep-fit exercises. Care plans included profiles of residents' interests and a record was maintained of activity participation for individual residents. On the first day of inspection residents were seen to enjoy a live music and dance session in the garden. Access to meaningful and relevant activities was provided and the centre implemented a nature programme that included keeping hens, raised gardening beds and a pet house dog, all of which were popular with residents. Residents said they felt well cared for and supported in their choices. Residents were seen to enjoy a level of independence appropriate to their assessed abilities.

The inspectors found the atmosphere at the centre was friendly and homely; both residents and relatives spoken with commented positively on the attitude and standard of care provided by staff and staff routinely observed courtesies in their exchanges with residents. Where residents required assistance at mealtimes this was seen to be provided by staff in an appropriately sensitive manner with due consideration to the residents' privacy and dignity. Staff spoken with also understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Staff interactions with residents indicated a good knowledge and understanding of residents' backgrounds and interests. Residents were supported in civic duties such as voting and the centre provided appropriate access to religious services and pastoral care as required.

The statement of purpose described the ethos of the centre as one of "maximising personal control, enabling choice and respect for dignity". Throughout the inspection the interactions and attitude of staff and management demonstrated a commitment to this ethos of person-centred care. Inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. A number of visitor spaces were available, both communal and private, and residents could also receive visitors in their rooms. However, as outlined at Outcome 12, the use of a multi-occupancy ward for up to six residents did not support the receipt of personal care in a manner that protected privacy and dignity. In this ward, although privacy screens were in use, the dignified delivery of personal care in private was compromised, for example

in circumstances that required the use of a commode, or how residents could receive visitors.

**Judgment:**
Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions***
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a policy on residents' personal property and possessions dated April 2016. An inventory of individual resident belongings was maintained and available for reference. Appropriately equipped laundry facilities were in place and staff were able to demonstrate effective systems of laundry management and labelling to ensure that residents retained control over their personal items of clothing.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. At time of inspection the system of supervision was directed

through the person in charge with appropriate deputising arrangements for suitably qualified staff to provide cover. Management systems were in place to ensure that information was communicated effectively through handover processes and regular staff meetings. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures as directed by the person in charge, including regular infection control and management meetings.

An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff, and their levels of staffing, also ensured appropriate supervision at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. An up-to-date programme was in place for all mandatory training such as manual handling and fire. The programme also supported staff in their provision of contemporary evidence-based care including, for example, dementia care, nutrition and end of life care.

The centre had appropriate policies on recruitment, training and vetting. Inspectors reviewed a sample of staff personnel files and were satisfied that the maintenance of this documentation was in keeping with the requirements of Schedule 2 of the regulations. Documentation as required by the regulations was in place for volunteers at the centre. Up-to-date an Bord Altranais registration was also in place for all members of nursing staff.

**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:***

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

**Provider's response to inspection report**[1]

| | |
|---|---|
| **Centre name:** | Ardeen Nursing Home |
| **Centre ID:** | OSV-0000406 |
| **Date of inspection:** | 16/08/2016 |
| **Date of response:** | 21/10/2016 |

## Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

| **Outcome 05: Documentation to be kept at a designated centre** |
|---|
| **Theme:**<br>Governance, Leadership and Management<br><br>**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**<br>As per Schedule 5 policies and procedures required review as follows:<br><br>- the safeguarding policy did not reference current national policy and did not set out appropriate directions to staff where<br>allegations might be made against members of management such as the person in charge, |

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

- the definition and recording of medication errors required review.

**1. Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
Attended Principles of Safeguarding Older People in our Residential Services on 21st Sept.2016
Safeguarding Policy will be reviewed and updated referencing current National Policy also setting out allegations that might be made against members of Management.

**Proposed Timescale:** 28/10/2016

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The recording of medication errors required as per Schedule 3(4)(i)was inconsistent and required review.

**2. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The definition and recording of medication errors has been reviewed and updated.

**Proposed Timescale:** 26/09/2016

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As per Schedule 4 (10) - records around fire drills required review to ensure relevant information on times and attendance was included to better support effective learning and review.

**3. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
As per Schedule 4 (10) – a record of fire prevention/evacuation, use of ski sheets,(demonstration), classes of fire, use of exits, demonstration of portable extinguishers and legislation was completed and recorded in the Fire Safety and General Register on the day of inspection. 46 staff had attended training on the 10th March 2016 and certificates were available for inspectors to view.

However, a further two training sessions (fire practice/drill/evacuation) have been completed to date, 17 staff members have attended and a record of events has been documented ie Date, Time, Zone, Event, Completion Time and Attendance.
Further training is scheduled for the remaining staff in the coming weeks.

Training will be ongoing to support effective learning and review.

Proposed Timescale: Completion for all staff 14th October and ongoing

**Proposed Timescale:** 14/10/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk register required review to assess risks and develop controls in relation to items such as glass mirrors, latex glove storage, unrestricted windows and unmarked slopes and steps adjacent to emergency exits on the first floor.

**4. Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk register has been reviewed and updated to include the following:
Glass mirrors have been risk assessed, hazards identified and controls in place.
Latex glove storage has been re-located to more secure area which only allows access to staff.
Unrestricted windows – restrictors have been put in place following risk assessment.
Slopes and steps adjacent to emergency exits have hazard strips applied.
Risk management Policy to be reviewed and updated accordingly.

Proposed Timescale: Glass mirrors – Action Completed
Latex Gloves Storage, window restrictors, slopes & steps.

Actions – Completed.
Risk Management Policy - reviewed and updated – Completed 14th October 2016

**Proposed Timescale:** 14/10/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Call bells were not fitted in several of the ensuite facilities as per Schedule 6 (3)(a).

**5. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Call bells are due to be fitted in all ensuite facilities on 27th/28th September 2016

**Proposed Timescale:** 30/09/2016

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One room did not have a lockable storage facility in place as per Schedule 6 (3)(h).

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Lockable storage facility has been installed in bedroom in question.

**Proposed Timescale:** 26/09/2016

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**
The use of a multi-occupancy room for up to six residents did not support the receipt of personal care in a manner that protected privacy and dignity.

**7. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Screening around all residents is currently being up-graded to support personal care in a manner that protects privacy and dignity.

As discussed on 17th October 2016, we are currently in the process of reconfiguration within the Nursing Home thus reducing our bed capacity in the multi- occupancy room (13) to accommodate four residents. We are currently refurbishing two existing rooms to convert them into single bedded rooms to accommodate two residents.

Measurements of each room:

Room 3 - 12.89(m2)
Room 20 – 12.5(m2)

The first phase of the transition will be completed by 11th November 2016.
The second phase will be completed by the 16th December 2016.

Costing and details on refurbishment attached.

Planning Permission has been granted for the development of shower/toilet facility adjacent to room 13.
Timeframe for development for this extension is expected to take 6-8 weeks. Work on this project is due to start 2nd May 2017 with completion date approx. 30th June 2017.

Proposed Timescale:
Screening: completed
Phase 1 – 11/11/2016
Phase 2 – 16/12/2016
Shower/Toilet Facility – 30/6/2017

**Proposed Timescale:** 30/06/2017