### Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ardsley Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000193</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rocky Road, Farran, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 733 1163</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ardsleynursinghome@gmail.com">ardsleynursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ardsley Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Elizabeth Dunne</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Elizabeth Dunne</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Col Conway</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Cathleen Callanan;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>14</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
</tr>
</tbody>
</table>
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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 November 2013 05:20  To: 08 November 2013 10:00

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

<table>
<thead>
<tr>
<th>Outcome 06: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This inspection was primarily undertaken to follow up on the required actions from a monitoring inspection undertaken by the Health Information and Quality Authority (the Authority) on 22 and 23 April 2013. Areas that were identified at the time of the previous inspection that required improvement included issues around premises and equipment, risk management and care practices, and are addressed in the body of this report.

The inspection report from 22 and 23 April 2013 inspection can be viewed on the Authority’s website, www.hiqa.ie, using centre identification number 0193.

During this inspection, inspectors met with some of the residents and staff and reviewed the premises, observed practices and reviewed documentation such as residents’ nursing care plans, residents’ medical records, accident and incident log and policies and procedures.

During this follow up inspection there was evidence that some of the required actions from the previous inspection in relation to the premises had been completed. However, some actions remained outstanding and the Action Plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 06: 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.

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
There was a written policy and procedures for the prevention, detection and response to abuse and there was evidence that staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting any allegation.

The inspectors were satisfied that appropriate action would be taken and suitable procedures were in place in the event of an allegation of abuse.

Outcome 07: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Since the previous inspection in April 2013 some action had been taken by the provider/person in charge in relation to management of potential risks of injury to residents. The risk of injury to residents from potential hazards in the kitchen had been reduced as a keypad lock had been installed on the kitchen door. The potential risk of injury to residents’ in bedroom 11 from the en suite door had been eliminated as the sliding door had been removed. A magnetic door release device had also been installed on the fire
door at the top of the stairs and inspectors observed that a door wedge was no longer used to keep the door open.

The provider/person in charge identified to the Authority in her response to the action plan from the previous inspection that by 31 May 2013 a written risk management policy as well as a written health and safety policy would be in place. However, at the time of this inspection risk management and health and safety policies as required by Articles 30 and 31 of the Regulations were not in place. It was noted by inspectors that a newly updated health and safety statement was in place that identified potential hazards and the necessary controls.

The provider/person in charge identified to the Authority in her response to the action plan from the previous inspection that bed rail assessments had been completed for the residents that required bed rail restraint. Following a review of residents’ nursing records inspectors found that for the five residents that had bed rails used, none of them had an assessments completed to identify if there were any risks associated with using the bed rails. There were also no written nursing care plans in place outlining the safe use of bed rails for each of the five residents and this had been a required action from the Authority following the previous inspection.

Signature records were maintained to indicate what times of the day residents were checked in their beds when bed rails were in use. However, inspectors noted that some of the times signed for did not correspond with the actual time of the day. This practice posed a potential risk of injury to residents.

### Outcome 09: 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

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

An inspector reviewed the records that were maintained of incidents and accidents occurring in the centre and the documentation that was in place outlined the description of the incident, the location and the follow-up management. While quarterly notifications had been submitted to the Authority it was noted that some incidents that required notification to the Authority within three working days of a resident sustaining a serious injury, such as a fracture, had not been submitted.
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Staff were observed providing care in a respectable and sensitive manner and residents’ privacy and dignity was respected by staff. Staff were overheard promoting residents’ independence as they encouraged residents to do as much for themselves as possible and residents were offered choice in what they wanted to do.

The provider/person in charge identified to the Authority in her response to the action plan from the previous inspection that by 31 August 2013 all nursing care plans would be updated. Inspectors were informed that since the previous inspection each nurse had been delegated the responsibility of documenting nursing clinical assessments and reviewing nursing care plans for assigned residents. However, inspectors found evidence that there was not a high standard of nursing practice in regard to documentation of comprehensive assessments. While there were documented assessments in place for each resident in regard to their personal activities of daily living, such as personal hygiene, it was not obvious on some of the forms what was current information and on what basis the respective resident’s nursing care plans were updated. This posed a potential risk to residents as it was not clear whether changes in a resident’s status were identified in a timely manner and whether levels of assistance and actual care was adjusted accordingly. For example, in the case of an identified resident there were not documented comprehensive nursing reassessments or reviews of nursing care plans in place following two episodes of the resident falling, whereby they had sustained injuries.

In a review of a sample of residents’ medical notes, in some cases there were not written entries to indicate that residents had been medically reviewed in the centre by their general practitioner (GP) approximately every three months. For example, in the case of one resident the written entries in the resident’s medical notes indicated that the resident was first reviewed in the centre by their GP approximately two months after their admission. There was no documented evidence that the same resident was reviewed by their GP following two episodes of falling and there appeared a time period...
of three weeks between when a resident commenced antibiotics and when they were reviewed by their GP.

The provider/person in charge identified to the Authority in her response to the action plan from the previous inspection that by 30 September 2013 an enhanced activities programme for all residents would be sought out and training in therapeutic activities for people with dementia would be completed by both the activities coordinator and the person in charge. The provider/person in charge informed inspectors that while some new group activities had been added to the timetable, the training had not been undertaken and each resident had not been assessed for their individual preferences and capacities for relevant meaningful activities.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors observed that the centre was warm, visibly clean and it was maintained in good decorative order. Since the previous inspection in April 2013 an outside area within close proximity of the main door had been developed and it provided a fenced deck. Staff informed inspectors that this external area had been well used by residents during the warmer months and photographs showed residents using the facility.

The provider/person in charge identified to the Authority in her response to the action plan from the previous inspection that by 31 July 2013 six mattresses would be replaced as would other furniture and screening would be put around the entire bed spaces in all twin bedrooms. Inspectors were informed that one bed mattress had been replaced as the others did not require replacing, two bedside lockers had been refurbished and a damaged bedside locker was yet to be replaced in bedroom number five. Adequate curtain screening in the identified five bedrooms had not been implemented at the time of inspection and the design and layout of some of the twin rooms still had the potential to compromise residents’ privacy and dignity as sufficient space was not provided around each of the beds.

Staff facilities were yet to be developed but the provider/person in charge informed
inspectors that consultation with staff had taken place.

### 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.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Person-centred care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgement:</strong></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

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

#### Findings:
Inspectors arrived at the centre at 5.20am and met with staff on night duty. Inspectors were informed of the usual morning routine in regard to residents being facilitated to have their breakfasts in bed and it was confirmed that seven of the current 14 residents had their breakfasts served before 7am. Inspectors observed that no resident was purposely woken to have breakfast and those that took breakfast early were overheard being awake and indicating that they wanted something to drink and eat. It was very obvious to inspectors that the staff on duty knew the residents well and what their early morning routines were.

Staff were observed talking to and assisting residents with their breakfasts in a sensitive and friendly manner and some residents were seen having their breakfast later in the morning in the dining and lounge areas. A relaxed and unhurried atmosphere was observed.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ardsley Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000193</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/11/2013</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/12/2013</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:
There were not written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors as required by Article 30 of the Regulations.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
Written operational polices and procedures relating to health and safety including food safety, residents, staff and visitors are currently being drafted.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 31/12/2013  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was not a written risk management policy that contained all of the information as per Article 31 of the Regulations.

**Action Required:**  
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Please state the actions you have taken or are planning to take:**  
A comprehensive written risk management policy is being drafted at present.

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**Proposed Timescale:** 31/12/2013  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The necessary precautions were not in place to control the potential risk to residents of accidental injuries as up-to-date written bed rail risk assessments and care plans were not in place for each resident that had bed rails used.

**Action Required:**  
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**  
Risk assessments and care plans are currently being assessed in relation to bed rails.

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**Proposed Timescale:** 31/12/2013  
**Theme:** Safe Care and Support

**Outcome 09: Notification of Incidents**  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Incidents where a resident sustained serious injuries had not been notified to the Authority.
**Action Required:**
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

**Please state the actions you have taken or are planning to take:**
All future serious injuries will be reported as per regulatory requirements.

**Proposed Timescale:** 31/12/2013

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**Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not a high standard of evidence based nursing practice in regard to documentation of up-to-date and comprehensive nursing assessments for every resident.

**Action Required:**
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

**Please state the actions you have taken or are planning to take:**
Staff have been briefed regarding the need for a high standard of evidence based nursing practices, in particular the importance of up-to-date and comprehensive nursing assessments.

**Proposed Timescale:** 31/12/2013

**Theme:** Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents were provided with timely medical care based on individual resident’s changing needs or circumstances and at least on a three monthly basis.

**Action Required:**
Under Regulation 6 (3) (c) you are required to: Provide appropriate medical care by a medical practitioner of the residents choice or acceptable to the residents.

**Please state the actions you have taken or are planning to take:**
All General Practitioners contacted and briefed on the importance of conforming to regulation 6(3)(c).
### Proposed Timescale: 31/12/2013

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Every resident was not provided with opportunities to participate in activities appropriate to his or her interests and capacities.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
Activities coordinator has now finished training and all residents are currently having their individual needs and preferences assessed.

### Proposed Timescale: 31/12/2013

**Theme:** Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents nursing care plans were kept under formal review as required by the resident’s changing needs or circumstances.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

**Please state the actions you have taken or are planning to take:**
Staff briefed on importance of ensuring that residents’ changing needs are reviewed in a timely manner and no less than at three monthly intervals.

### Proposed Timescale: 31/12/2013

**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:
There was not adequate curtain screening around the bed spaces in all of the twin bedrooms.
<table>
<thead>
<tr>
<th>Action Required:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private</td>
<td>Provide adequate private accommodation for residents.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>Works due to commence in twin bedrooms which will address this regulation.</td>
</tr>
<tr>
<td>Proposed Timescale:</td>
<td>28/02/2014</td>
</tr>
<tr>
<td>Theme:</td>
<td>Effective Care and Support</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all of the bedrooms provided suitable bedroom accommodation due to the design and layout.

**Action Required:**
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

**Please state the actions you have taken or are planning to take:**
Works due to commence in twin bedrooms which will address this regulation.

**Proposed Timescale:** 28/02/2014

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not suitable staff facilities.

**Action Required:**
Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

**Please state the actions you have taken or are planning to take:**
Consultation with maintenance team currently being undertaken to address staff changing facilities.

**Proposed Timescale:** 31/03/2014