# Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Athlunkard House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000729</td>
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<tr>
<td>Centre address:</td>
<td>Athlunkard, Westbury, Clare.</td>
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<tr>
<td>Telephone number:</td>
<td>061 345 150</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:info@athlunkardnh.com">info@athlunkardnh.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Athlunkard Nursing Home Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Patricia McCarthy</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
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<tr>
<td>Support inspector(s):</td>
<td>Aoife Fleming;</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>94</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
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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 notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 15 July 2015 09:30  To: 15 July 2015 16:30

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

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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This report sets out the findings of a follow up unannounced inspection that took place on one day. The inspection focused on the areas where improvements were required as highlighted in the action plan of the previous inspection report of 21 April 2015.

There were 11 actions to be addressed from the previous inspection. On this inspection the inspectors were satisfied that 4 actions had been fully addressed and good progress was being made in relation to all other actions.

The inspectors noted that the recruitment of additional senior management staff was well advanced and the provider was actively trying to recruit an additional clinical nurse manager (CNM) and other nursing staff, improvements were noted to medication management, restraint management and nursing documentation.

As part of the inspection the inspectors met with residents and staff members. The inspectors observed practices and reviewed documentation such as care plans, medication records, complaints and incident logs, policies and procedures.

The communal areas were appropriately furnished and the décor was pleasant. The
centre was found to be visibly clean. Inspectors observed that residents appeared relaxed and happy in the company of staff. The day of inspection was warm and many residents were observed enjoying the sunshine and relaxing in the enclosed garden area.

The collective feedback from residents was one of satisfaction with the service and care provided.

The areas for further improvement which included medication management, recording of incidents, recording resident/relatives involvement in the review of care plans, staff files and staffing levels are contained in the Action Plan at the end of 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
An updated statement of purpose was submitted following the last inspection, it was found to be in compliance with the requirements of the Regulations and reflected in practice.

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

**Findings:**
The inspectors were advised that improvements to the governance arrangements of the centre were in the process of being put in place. The recruitment of an assistant director of nursing (aDoN) and a practice development nurse coordinator were well advanced however; they were not yet in post. The aDoN was due to commence in the post on 31 August 2015 and the practice development nurse was due to commence on 1 August 2015. The recruitment of a fourth clinical nurse manager (CNM) was not yet completed.
The person in charge told the inspectors that these additional supports would assist her in maintaining improved oversight of all departments thus ensuring that the service provided was safe, appropriate, consistent and effectively monitored.

During this inspection, inspectors saw evidence of improvements in many areas such as mediation management, restraint management and nursing documentation.

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

Findings:
The inspectors noted that policies such as medication management, managing behaviours that challenge and restraint policies were now implemented in practice, however the medication management policy required further updating to fully reflect practice in relation to the administration of PRN (as required medications).

In addition, a record of each time a PRN (as required) medication was administered to a resident was not always made in the medication administration sheet as required by Schedule 3(4) (d). This was outlined in Outcome 9 Medication Management.

The inspectors noted that all of the information as required by the Regulations was not included in a staff file reviewed.

Confidential records were stored securely.

Judgment:
Substantially 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
### Theme:
Safe care and support

### Outstanding requirement(s) from previous inspection(s):  
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The inspectors were satisfied that the polices on the use of restraint and managing behaviours that challenged were now fully implemented and reflected in practice.

The restraint register had been updated following the last inspection to include details of residents with chemical restraint measures in place.

Risk assessments for the use of restraint were fully completed and now included clear rationale for use of restraint. There was now evidence to indicate that there had been multidisciplinary input into the decision making process to use restraint measures as per the centres policy on the use of restraint.

Care plans were now in place for all restraint measures in use, they were found to be informative and person centered. The care plan for one resident with behaviours that challenge was reviewed and specific, person centred interventions to manage the behaviours were listed. These interventions were documented in the residents Antecedent Behaviour and Control (ABC) chart which was in place to record the resident's behaviour that challenged when it arose. There was evidence that the ABC charts and care plan were reviewed by the general practitioner (GP) and used to review the resident's interventions and medications prescribed for this indication.

### Judgment:
Compliant

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

### Findings:
The inspectors noted that issues identified at the last inspection in relation to updating the risk register had been addressed.

The person in charge had reviewed and updated the risk register to include all identified
risks and actions taken to control those identified risks. Potential risks to resident’s identified at the last inspection had been addressed. Systems were in place to ensure the risk register was updated following the identification of any new risks such as residents smoking in bedrooms, resident absconision and reduced availability of nursing staff.

The inspectors reviewed the incident/accident log book and noted that records of incidents recorded included details of incidents, contact with family and general practitioner (GP) and action plan to be put in place following the incident.

Inspectors noted that there was no incident report recorded for a recent fire incident in the centre however, the provider had notified the Chief Inspector of the incident and the risk register had been updated. Inspectors noted that measures put in place to address the risk following the incident were being implemented. The person in charge advised that while she had reviewed the incident with staff and the fire officer, however she had not yet formally documented the review.

**Judgment:**
Substantially Compliant

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

**Findings:**

On the last inspection an immediate action was issued to address the lack of documentation to account for the administration of some antipsychotic and sedative PRN (as required) medications. The inspectors were satisfied that the action from the last inspection had been addressed in that there was a system now in place to oversee the administration and stock balance of these medications in the centre. Each time one of these medications was administered the new system involved double checking and recording the balance of remaining stock. This was double checked by the person in charge on a weekly basis. However, inspectors noted some discrepancies in the medication administration sheets. For example, on most occasions when a PRN (as required) medication of an antipsychotic or sedative nature was administered a record was made in the medication administration sheet, however, a record of each time these medications was administered was not always documented on the medication administration sheet for several residents. This non compliance was addressed under Outcome 5 Documentation.
The stock management system in the centre was also revised since the last inspection and involved a weekly review of all stock on each floor by a Clinical Nurse Manager and the person in charge. Medications which were no longer required were returned to the pharmacy on a weekly basis and documentary records to support this were seen by the inspector.

The inspectors reviewed the medication trolleys and found that all medications in stock were currently prescribed for residents. However, there were some items which had no dispensing label to indicate for whom the item was dispensed. Nursing staff informed the inspectors that this occasionally arose when multiple boxes of a medication were dispensed with one dispensing label.

The inspectors reviewed the prescription sheets and found that all medications were regularly reviewed by the general practitioner (GP) and the prescription sheets contained all the required information regarding the resident. Where medications were to be crushed this was prescribed by the GP. The inspectors reviewed a sample of medication prescription sheets and found that these corresponded with the medications listed on the medication administration sheet and dispensed in the resident's monitored dosage system. There was evidence that residents' blood levels were checked regularly if they were prescribed warfarin and the prescription was updated accordingly following advice from the warfarin clinic.

The centre had a medication management policy which required updating to incorporate details around the new practices in place regarding the PRN (as required) medication documentation and the return of medications to the pharmacy.

Judgment:  
Non Compliant - Moderate

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

Findings:  
Inspectors noted that many improvements had taken place to the nursing documentation.
Inspectors reviewed a sample of residents' files including the files of residents with wounds, nutritionally at risk, at high risk of falls, with restraint measures in place and who displayed behaviours that challenged.

There was a range of up-to-date clinical risk assessments in place and care plans had all been recently updated to reflect assessments. Care plans were found to be informative, individualised and person-centred. There was evidence of multi-disciplinary input and recommendations were reflected in residents' plans. Care plans were in place for all identified issues.

The person in charge told inspectors that residents and their families had been involved in the development and review of care plans; however, there was no system in place to record this consultation.

**Judgment:**
Substantially Compliant

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**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 provider advised inspectors that the remedial works to the under-floor heating system had been fully completed and that the heating system was now in full working order. She advised that individual thermostats had been fitted to each room.

**Judgment:**
Compliant

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

**Findings:**
The inspectors observed that the complaints procedure displayed had been updated to reflect the centre's complaints policy. The name of the complaints officer and details of the appeals process were clearly outlined.

**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:**
The inspectors had some concerns that the numbers of nursing staff on duty at night time had been reduced since the last inspection. The number of nursing staff had been reduced from three to two at night time. There were eight care assistants on duty until 22.00 and six care assistants on duty from 22.00 to 8.00am. The provider/person in charge had identified the reduced number of nursing staff as a risk and updated the risk register accordingly. The person in charge told inspectors that the numbers of nursing staff available had reduced and that she was actively trying to recruit additional nurses. She stated that she had tried to get agency nursing staff in the interim but had been unsuccessful. The person in charge advised inspectors that she had rostered an additional experienced care staff member on duty at night time as an interim measure and that both she and the provider who was also a nurse were always on call.

Additional hours had been allocated to cleaning duties since the last inspection. There was now an additional cleaner on duty four evenings a week.

The inspectors reviewed a nursing staff file and noted that it did not contain all of the information as required by the Regulations. The action relating to this non-compliance is under Outcome 5.

**Judgment:**
Non Compliant - Moderate
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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Athlunkard House Nursing Home
Centre ID: OSV-0000729
Date of inspection: 15/07/2015
Date of response: 06/08/2015

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assistant director of nursing (aDoN) and a practice development nurse coordinator were not yet in post. The recruitment of a fourth clinical nurse manager (CNM) was not completed.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Practice Development Nurse is now in post and the ADoN is due to commence in post on 31/08/15. We continue to actively recruit for a fourth CNM.

Proposed Timescale: 31/10/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medication management policy required further updating to fully reflect practice in relation to the administration of PRN (as required medications).

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:
The Practice Development Nurse is to undertake a comprehensive review of the medication management policy to ensure it will fully reflect practice

Proposed Timescale: 31/08/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the information as required by the Regulations was not included in a staff file reviewed.
A record of each time a PRN (as required) medication was administered to a resident was not always made in the medication administration sheet.

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:
All Mars Sheets are now audited by the CNM on duty to ensure that all drugs are recorded as administered.

The staff file in question now has all the information required

**Proposed Timescale:** 06/08/2015

**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:
There was no incident report recorded for a recent fire incident in the centre.

**Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
An incident report has been completed

**Proposed Timescale:** 06/08/2015

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were some items which had no dispensing label to indicate for whom the item was dispensed. Nursing staff informed the inspector that this occasionally arose when multiple boxes of a medication were dispensed with one dispensing label.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The pharmacy was contacted on the day of the inspection-labels were provided for products in stock. Going forward all items will have an individual dispensing label.

**Proposed Timescale:** Complete and ongoing
Proposed Timescale: 06/08/2015

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no system in place to record consultation with the resident or family with regards to development/review of care plans.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
A system is now in place to record the involvement of each resident/relative/advocate in the development of each resident’s care plan.

Proposed Timescale: 06/08/2015

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspectors had some concerns that the numbers of nursing staff on duty at night time had been reduced since the last inspection. The number of nursing staff had been reduced from three to two at night time.

The inspectors reviewed a nursing staff file and noted that it did not contain all of the information as required by the Regulations.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We have recruited some Graduate Nurses who are due to commence employment in September 2015. We hope to revert to our original staffing schedule once these employees commence duty.
The staff file in question is now complete

**Proposed Timescale:** 30/09/2015