<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Athlunkard House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000729</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Athlunkard, Westbury, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 345 150</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@athlunkardnh.com">info@athlunkardnh.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>Athlunkard Nursing Home Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patricia McCarthy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>87</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 03 February 2016 11:00
To: 03 February 2016 21:00
From: 04 February 2016 09:00
To: 04 February 2016 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance, following receipt of information of concern and notification of a change to a person participating in the management of the centre. This monitoring inspection was un-announced and took place over 2 days.

As part of the inspection the inspectors met with residents, relatives, the person in charge, staff and the provider. The inspectors observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures and staff files.

On the day of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspectors observed sufficient staffing and skill mix on duty during the inspection. Management staff acknowledged the current shortage of nursing staff
however, the provider and nursing managers were all working shifts on the floor. They had suspended all admissions since December 2015 and they had prioritised the safety, care and welfare of residents.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident.

The person in charge and staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance, for example, clothing was coordinated and accessorised with scarves and jewellery and residents hair was regularly attended to by the in house hair dresser.

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

The building was spacious and bright. There was a good variety of communal areas which were appropriately furnished and the décor was pleasant. The centre was found to be warm, clean and well maintained.

Issues identified at the last inspection had been addressed and an assistant director of nursing (ADoN) and a practice development nurse coordinator had been appointed. There were systems in place to review the safety and quality of care.

Areas for further improvement which included medication management, risk management, notification of the proposed absence of the person in charge and documentation are contained in the Action Plan at the end of this report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspectors were satisfied that improvements had been made to the governance arrangements and the provider and person in charge had put systems in place to monitor the quality of care and experience of the residents.

There was a full time person in charge with the appropriate experience and qualifications for the role and the provider who was also a nurse worked full time. An assistant director of nursing (ADON) and a practice development nurse coordinator had been appointed since the last inspection. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place. The recruitment of additional clinical nurse managers (CNM's) was in progress and two CNM's were due to commence in their roles by the end of February 2016.

The management had acknowledged the current shortage of nursing staff. The provider and nursing managers were all currently working shifts on the floor including night duty, they had suspended all admissions since December 2015 and they had prioritised the safety, care and welfare of residents. Inspectors noted no negative impact on the care of residents during the inspection.

There were systems in place to review the safety and quality of care. There was a planned audit schedule in place, audits/reviews had been carried out in relation to falls, medication management, restraint management, wounds, complaints and infection control. Inspectors noted that where improvements required had been identified, they had been acted upon. Staff spoken with confirmed that results of audits were discussed with them. The person in charge showed inspectors the annual review of the quality and safety of care which was currently being drafted.
The system of review included consultation with and seeking feedback from residents and their representatives. Resident/relative satisfaction surveys had recently been completed and the person in charge advised inspectors that she was including the results of the survey into the annual review.

Residents committee meetings continued to be held on a regular basis and were facilitated by the activities coordinator. Minutes of meetings were recorded, issues discussed included catering/food, cleaning/household, laundry, staffing, activities, pastoral services, and maintenance.

There was evidence that residents and relatives were consulted with in relation to review of residents care plans.

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:
The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. Suitable governance arrangements were in place in the absence of the person in charge. The ADON deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

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:**
The inspectors noted that there was a comprehensive recruitment policy in place however, some improvements were required to ensure that safe recruitment processes were followed. Inspectors noted that some references for staff were from colleagues and not always from the persons employers.

**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 designated 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 told inspectors that she was leaving her current post at the end of February 2016. While the person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge, the provider had not yet notified the Chief Inspector of the proposed absence of the person in charge and the arrangements in place for the management of the centre in her absence.

**Judgment:**
Non Compliant - Moderate
### 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:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive updated policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse.

The inspectors reviewed the policies on behaviour management and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, the inspector saw that alternatives such as low beds and crash mats were in use for some residents.

Many staff spoken with and training records indicated that staff had attended training on dealing with behaviours that challenged and restraint in the care of the older person during 2015.

The inspectors reviewed a sample of residents files with bed rails in use and presenting with behaviours that challenged. Care plans in place were found to be up to date, informative and person centered. There was evidence of comprehensive risk assessment including alternatives tried, rationale for decision to use of bedrails and input from the multidisciplinary team. There was evidence of access and referral to mental health services and ABC charts were available to record episodes of behaviours in line with the centers policy.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.
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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The provider had systems in place to protect the health and safety of residents, staff and visitors, however, improvements were required to cleaning of the smoking rooms and to fire precautions in the smoking and laundry rooms.

There was a recently updated health and safety statement available. The risk register was found to be comprehensive and had been recently reviewed and updated. All risks specifically mentioned in the Regulations were included.

There was a comprehensive recently updated emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for transport and accommodation should it be necessary to evacuate the building. Each staff member had been given a personal copy of the plan and a copy was also kept at the fire panel. There was personal emergency evaluation plan (PEEP) documented for each resident.

Training records reviewed indicated that all staff members had up-to-date training in moving and handling. The inspector observed good practice in relation to moving and handling of residents during the inspection. Further refresher training was scheduled for 20 February.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2016. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. New staff members were given fire safety training as part of their induction and formal training was scheduled for new staff on 12 February 2016.

The inspectors had some concerns regarding fire safety precautions in the smoking areas. Control measures as outlined in risk assessments completed were not all in place. For example, there were no fire extinguishers provided in smoking rooms and there were no smoking aprons in the ground floor smoking room.
The inspectors had further concerns in relation to fire safety precautions in the laundry room. While the laundry assistant confirmed that she had received fire safety training, she had not received specific training in relation to fire safety precautions in the laundry area. For example, there were large gas dryers in use and staff were not aware of how to shut off gas in the event of fire or other emergency.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspectors noted that satisfactory infection control practices and procedures were generally in place. There were comprehensive recently updated policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free throughout with the exception of the smoking rooms. There were two cleaners on duty throughout the day time, seven days a week and one cleaner on duty in the evening times three/four days a week. Inspectors spoke with cleaning and laundry staff who were knowledgeable regarding infection control procedures, colour coding and use of cleaning chemicals. Staff confirmed that adequate supplies of cleaning materials and protective equipment were always available. All staff had received recent training in infection control and hand washing techniques. Recent audits reviewed by the inspectors indicated good compliance.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe care and support

**Findings:**
There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke and observed demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the locked treatment rooms. A nurses’ signature sheet was in place as described in professional guidelines.
Medication management audits were completed by the person in charge and by the pharmacist which mainly entailed audit on the use of psychotropic medications, medication administration records and medication prescriptions. The audit process could be further developed to include medication storage and disposal of out of date medications and this was discussed with the management team who gave the inspectors a copy of a comprehensive audit tool they were planning to use. Medication reviews were completed at three monthly intervals and this was evidenced on residents’ prescriptions. The pharmacist attended the centre on a regular basis to do a complete review of residents’ medication management as well as education sessions with staff. The pharmacist was also in discussion with the staff around giving advice and support to residents about their individual medication regime but this had not commenced to date.

Medications were delivered in monitored dose units and these were checked by nursing staff to verify that what was delivered corresponded with prescription records. Inspectors reviewed prescription and administration records and observed nurses administering medications to residents which were completed in accordance with best practice guidelines. The management team had introduced a competency based assessment around medication management which was completed on all nursing staff including all of the management team to ensure that nursing staff were competent in medication administration.

Based on a sample of records reviewed, the inspectors saw that nurses were transcribing medications, the transcribing nurse and checking nurses’ signature were present and there was evidence that this was completed in accordance with the centres policy and best practice guidelines.

On the previous inspection the inspectors identified that a number of medications did not have individual dispensing labels on them as multiple boxes of medications were dispensed with one label on them. On this inspection this appeared to be rectified. However the inspector did see numerous creams on the medication trolley that did not have opening dates on them.

The inspectors were informed that there were two residents who were self administering some of their own medications. Risk assessments had been completed on the residents’ competency to self-administer and locked storage for the resident’s medication was provided. However, the inspectors had concerns that the systems in place were not sufficiently robust to protect the residents or the staff. Nurses were giving medications to the resident as requested on a daily basis which at times was in excess of the daily prescribed amounts. A record was signed by the nurse and the resident to indicate that the resident had received the quantity of medication. Nursing staff were also signing the administration chart for times they thought the resident might be taking the tablets as if they had administered them at that time. This practice was not in compliance with best practice guidelines, nor in line with their self administration policy. One of the medications was prescribed four times per day but there was no evidence that it was taken in accordance with the prescription. The practice required review to ensure safe and robust self administration practices were in place.

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:
The inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Inspectors noted much improvement to the nursing documentation, however, further improvements were required to ensure that information currently available in separate folders/locations was made available in a format to provide a holistic view of residents health and social care needs in accordance with professional guidance from An Bord Altranais agus Cnamhseachais.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with wounds, restraint measures in place, presenting with challenging behaviour, at high risk of falls, with specific medical issues and nutritionally at risk. See Outcome 7 in relation to the management of restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and mobility.

The inspectors noted that care plans were in place for all identified issues. Care plans guided care and were regularly reviewed. Care plans were informative and individualised. There was evidence of relative/resident involvement in the review of care plans.
The inspectors were satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound care plans in place. There was evidence of referral and assessment by the tissue viability nurse.

The inspectors were satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed.

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following each fall. The physiotherapist visited the centre on a weekly basis. She reviewed and completed a full mobility assessment on all residents who had fallen the previous week. The physiotherapist had delivered falls and fracture prevention education to staff during 2015. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspectors noted that the day rooms were supervised by a member of staff at all times.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. The daily and weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection including a music session and sing a long, board games, and quiz. Many of the residents actively partook and residents informed the inspectors that they enjoyed the variety of activities taking place. There was a live music session three times a week, bingo, card games, current affairs/newspaper reading and fit for life exercise programme. The activities coordinator told inspectors that once the weather improved that activities including gardening and walking club would recommence. The social care needs of each resident were assessed and records were maintained of each residents participation in activities. There was a wide range of daily and local newspapers delivered to the centre. Some residents told inspectors that they had their own preferred newspaper delivered.

**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 comprehensive complaints policy in place; it included details of the
complaints officer and appeals process. The complaints procedure was clearly displayed.

The inspectors reviewed the complaints log. Details of the complaints, written
responses, outcomes and complainants satisfaction or not with the outcome were
recorded. There were no open complaints at the time of inspection.

**Judgment:**
Compliant

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**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

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

**Findings:**
A comprehensive recently updated policy on nutrition and management of hydration was
implemented and all residents had been nutritionally assessed. See further information
under Outcome 11 health and social care needs.

Residents were offered a varied and nutritious diet. Some residents required special
diets or modified consistency diets and these needs were met. The quality and
presentation of meals was of a high standard. Residents and relatives highly
commended the quality of the food. Staff and residents confirmed that snacks and
drinks were available throughout the day and night from the kitchen. The inspector
observed a variety of drinks available to residents and staff were observed to encourage
residents to take drinks. An inspector spoke with the chef on duty who was
knowledgeable regarding residents' special diets, likes and dislikes. The chef confirmed
that there were no restrictions on ordering food and the inspector observed that the dry
stores and cold rooms were stocked with a variety of foods, meats, fruit and vegetables.
The chef showed the inspector a separate refrigerator which was stocked with a variety
of sandwiches, cold meats, eggs, desserts and yogurts should residents wish to have
something to eat at night time.
The menu was planned on a weekly basis. The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice. A selection of home baking as well as homemade soups and desserts were offered daily. Residents spoken with confirmed that the catering staff consulted with them and that their preferred foods were made available.

The inspectors observed the dining experience and noted it to be a pleasant one. There was a large dining room located on each floor. The dining rooms were bright, homely and comfortable. Tables were set up to facilitate up to four residents on the day of inspection. The table settings were attractive with condiment sets, sauces and serviettes provided. A choice of drinks was offered including water, milk and fruit juices. The atmosphere during meal times was relaxed and unhurried. Residents chatted with one another and with staff over meals.

Staff were observed supervising mealtimes, discreetly assisting some residents with their meals while encouraging other residents to eat independently.

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

**Findings:**
Management staff acknowledged the current shortage of nursing staff and told inspectors that recruitment was ongoing but proving very difficult. The provider and nursing managers were all currently working shifts on the floor including night duty, they had suspended all admissions since December 2015 and they had prioritised the safety, care and welfare of residents. Inspectors noted no negative impact on the care of residents during the inspection. The person in charge told the inspectors that two CNM's and two new nursing staff were due to commence in their roles by the end of February 2016. The inspectors requested that no new residents be admitted until the nursing posts had been filled and nursing managers returned to their managerial posts.
During the inspection there were four nurses working on the floor including the ADoN and practice development nurse along with 13 care assistants in the morning time, four nurses and eight care assistants on duty in the afternoon, two nurses and eight care assistants on duty in the evening up until 22.00 and two nurses including the provider and 5 care assistants on duty at night time. The person in charge was also on duty during the day time.

The inspectors noted that there was a comprehensive recruitment policy in place however, some improvements were required to ensure that safe recruitment processes were in place. Inspectors noted that some references for staff were from previous colleagues and not always from the persons employers. This is actioned under Outcome 5.

Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

The management team continued to providing ongoing training to staff. Training records indicated that staff had attended recent training in falls prevention, managing behaviour that challenges, palliative care, restraint in the care of the older person, medication management, infection control, resident record and care planning, nutrition and weight loss. Further training was planned in conjunction with the dietician and advocacy training with SAGE (support and advocacy services for older people) was scheduled for February 2016.

**Judgment:**

Compliant

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**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

<table>
<thead>
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<th>Centre name:</th>
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<td>OSV-0000729</td>
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<tr>
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<td>03/02/2016</td>
</tr>
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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:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure that safe recruitment processes were followed, some references for staff were from colleagues and not always from the persons employers.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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:**
In line with our Recruitment Policy, references for new staff, especially senior management, will be sourced from the staff members employer rather than colleagues.

**Proposed Timescale:** 19/02/2016

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### Outcome 06: Absence of the Person in charge

**Theme:**
Governance, Leadership and Management

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge told inspectors that she was leaving her current post at the end of February 2016.

The Chief Inspector has not been notified of the proposed absence of the person in charge.

2. **Action Required:**
Under Regulation 32(2) you are required to: Ensure that any notice provided under Regulation 32 (1) is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, except in the case of an emergency, specifying the length or expected length of the absence and the expected dates of departure and return.

**Please state the actions you have taken or are planning to take:**
Form NF30 has been forwarded to the Authority as required.

**Proposed Timescale:** 19/02/2016

**Theme:**
Governance, Leadership and Management

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge told inspectors that she was leaving her current post at the end of February 2016.

The provider had not yet notified the Chief Inspector of the arrangements in place for the management of the centre in her absence.
3. **Action Required:**
Under Regulation 33(2)(b) you are required to: Give notice in writing to the Chief Inspector of the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence of the person in charge, including the proposed date by which the appointment is to be made.

**Please state the actions you have taken or are planning to take:**
The process to recruit a Person in Charge is underway. The Assistant Director of Nursing who is a Person Participating In Management will fill the role until recruitment is finalised. She will be supported by the Provider, the Practice Development Nurse Coordinator and a team of Nursing Managers.

**Proposed Timescale:** 19/02/2016

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**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 were no fire extinguishers provided in smoking rooms. and there were no smoking aprons in the ground floor smoking room.

Staff had not received specific training in relation to fire safety precautions in the laundry area. For example, there were large gas dryers in use and staff were not aware of how to shut off gas in the event of fire or other emergency.

4. **Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
Fire extinguishers and Fire Aprons are now in situ in both smoking rooms

The gas shut off valve in the laundry area is now clearly labelled and staff have been made aware of same.

**Proposed Timescale:** 19/02/2016
**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:**
Medication management practices required review to ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned.

The system of self administration was not sufficiently robust and required review.

Numerous creams prescribed for residents seen on the medication trolley did not have opening dates on them.

**5. 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:**
We will review our system for self administration of medication along with the management of topical products to ensure that we are operating in line with our policy and professional guidelines.

**Proposed Timescale:** 01/03/2016

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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:**
Further improvements were required to the nursing documentation to ensure that information currently available in separate folders/locations was made available in a format to provide a holistic view of residents health and social care needs in accordance with professional guidance from An Bord Altranais agus Cnáimhseachais.

**6. Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.
Please state the actions you have taken or are planning to take:
It is our intention to commence use of an Electronic Record System in 2016. While we await the introduction of same we will collate all data on each resident into an individual file for the resident. This will provide a more holistic view of each resident’s health & social care needs.

**Proposed Timescale:** 31/03/2016