<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Aclare House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000001</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 280 1345</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:breegemuldowney@hotmail.com">breegemuldowney@hotmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Aclare Nursing Home Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Breege Muldowney</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Shane Walsh</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>26</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>1</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 12 December 2016 08:30  
To: 12 December 2016 17:30

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

The inspection was carried out in response to the provider's application to renew the certificate of registration. Inspectors conducted an announced inspection of the centre on 12 December 2016. Inspectors inspected against eighteen outcomes and followed up on non-compliances identified in two outcomes during a previous inspection of the centre in September 2015.

As part of the inspection, inspectors reviewed documentation submitted as requested.
to renew the registration of the centre. Inspectors then met with residents, visitors and staff members. They also observed practices and reviewed documentation such as care plans, accidents and incident forms, medical and nursing records and policies and procedures.

Overall inspectors were satisfied with the centre's high level of compliance, as good practice was found across all 18 outcomes. The centre was found to be in compliance with 14 outcomes and in substantial compliance with four outcomes. As evidenced in this report residents' received a high standard of care.

Residents' expressed satisfaction with their quality of life in the centre. Inspectors saw that they were encouraged to maintain their independence. A number told inspectors how they enjoyed life outside of the centre.

Inspectors noted improvements in the areas of the standard of nursing documentation. However, further improvements were required in relation to records including nursing documentation and contracts of care. The lift was not suitable to meet the needs of high to maximum dependent residents.

The action plans at the end of the report identifies those areas where improvements were required in order to comply with the regulations.
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 Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A statement of purpose was submitted as part of the application to renew registration application. It had been reviewed in September 2016 and outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations.

Staff were familiar with its content and a copy was on display in the centre.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Inspectors found that there was a strong management team in the centre.

The registered provider of the designated centre is Aclare Nursing Home Limited. The
companies two directors own the business for 16 years, both are registered psychiatric nurses and work in the centre full-time, one is the named provider nominee. They employ a person in charge (PIC) and an assistant director of nursing (ADON), both full-time. All four have a post graduate management qualification.

The provider nominee met with the PIC and/or ADON daily, at morning handover and meet again with staff at 11 each morning. They had governance meetings once every three months, these had a set agenda and minutes of these meetings were available for review. A range of topics were discussed including incidents, falls, staff issues and risk management which were identified on the monthly key performance indicators.

There were systems in place to monitor the quality and safety of care. The PIC and ADON completed monthly key performance indicators on falls, use of restraint, use of psychotropic medications and wounds. There was evidence these were discussed at governance meetings.

Inspectors reviewed clinical documentation audits carried out on medicines management, use of psychotropic medicines and falls. There was evidence of analysis of data gathered, action plans and plans for re-auditing. These audits provided assurance that the standard and quality of care being delivered was constantly being monitored.

An annual review for 2015 was available for review it included input from residents and a quality improvement plan for 2016, which had almost being completed. A review of the service for 2016 had been commenced.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Inspectors found that there was a guide available in respect of the centre and a written contract of care in place for each resident.

There was a guide provided given to each resident on admission. Inspectors saw a copy readily available at the front door. The guide contained all the required information as per regulation 20.
Inspectors reviewed a sample of five residents' contracts of care. All those reviewed contained information relation to the care and welfare of the resident and the services that would be provided to the residents. They included the monthly fee to be charged. They included details of the main additional monthly fee charged to each resident however, did not include details of two additional fees that may be charged for the provision of hairdressing and chiropody services.

Each contract of care had been signed by the provider and the resident or their next of kin.

**Judgment:**
Substantially 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 (PIC) was on duty during the inspection. She commenced in her role as person in charge of the centre in June 2015. She had been deemed fit to hold the post of PIC by HIQA. She submitted written evidence of her nursing experience and recent qualifications which assured HIQA she had 3/6 years experience of working with older people. She is contracted to work full-time, is a registered nurse and has consistently kept herself up-to-date by attending conferences and courses in relation to the provision of care to older persons.

**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:
Inspectors found the records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval.

Inspectors reviewed residents' records. The directory of residents contained all of the information required in schedule 3. A sample of resident's files reviewed contained all of the health and medical information as listed in schedule 3.

Inspectors reviewed the centre's operational policies. The policies were found to be regularly reviewed and all were up to date. All other records as per schedule 4 were maintained and readily available.

A sample of staff files were reviewed during the inspection and were found to contain all the requirements as per schedule 2 of the regulations.

Judgment: Compliant

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

Theme: Governance, Leadership and Management

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

Findings:
The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any such absence.

Judgment: Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The centre had a policy on the prevention, detection and response to abuse.

Inspectors spoke to a number of staff and all staff spoken to were knowledgeable about the signs of abuse and what to do in the event of an allegation or suspicion of abuse. Staff would have no issue in reporting any alleged incident of abuse to management in the centre. Inspectors reviewed the staff training records and found that all staff had received up to date training around safeguarding residents.

Inspectors were informed that each member of staff had a garda vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A sample of five staff files and saw that garda vetting was in place in each of these files.

The centre had a policy in place on responding to residents who may display responsive behaviours. Inspectors were informed that none of the 26 residents displayed responsive behaviours.

The centre's policy on use of restraint reflected the National policy and therefore required review and practice reflected this policy. Inspectors saw there were several different types of alternative equipment available such as low low beds, alarm mats and crash mattresses. There was only one resident with restraint in use. The restraint assessment showed that alternatives had been trialled, tested and failed prior to the bed rails being used as a form of restraint.

The management of residents' petty cash was reviewed and found to be reflective of the centre's policy. However, a review of the named account for lodging one residents' monies required review.

**Judgment:**
Substantially Compliant

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

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

Findings:
The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy, an emergency plan and an health and updated safety statement in place. There was a risk register in place and it was kept updated. It identified risks and specific measures put in place to reduce the level of risk.

Records reviewed on inspection showed that the fire alarm and the emergency lighting was serviced on a quarterly basis or more frequently and fire safety equipment was serviced on an annual basis. Staff spoken with were clear on what to do in the event of the fire alarm sounding. All staff had completed fire safety training within the past year. Records reviewed showed that fire drills were practiced. Residents' were involved in some depending where the fire was located. Records of these fire drills were comprehensive reflecting those in attendance and any issues identified which required improvement. Inspectors saw that there was adequate means of escape and fire exits were unobstructed.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.

Infection control practices were good overall with hand washing and drying facilities and hand sanitizers were available throughout the centre.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Inspectors reviewed the practices and documentation in place relating to medicines management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.
All medicines were stored securely in the centre. Medicines were dispensed in a monitored dosage system that consisted of individual pouches. Medicines were stored securely within the centre. There was a secure cupboard available for the storage of controlled medications however, none were currently prescribed for residents’. There were procedures in place for the handling and disposal of unused and out of date medicines.

Inspectors reviewed the processes in place for administration of medicines, and were satisfied that nurses were knowledgeable regarding residents’ individual medication requirements. Nursing staff were observed to safely administer medicines. Practice observed reflected the policy.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents’ medications and medication audits.

Medication incidents including medication errors were recorded and nursing staff spoken to by the inspectors were knowledgeable of the procedure to be followed. The person in charge was monitoring medication errors.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**

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

**Theme:**
Safe care and support

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

**Findings:**
Inspectors cross referenced notifications submitted to the Authority since the last inspection with records of all accidents and incidents recorded in the centre. All reportable accidents and incidents had been notified to the Authority by the person in charge in a timely manner.

**Judgment:**
Compliant

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**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 were satisfied that the healthcare needs of residents' were being met. There had been some improvements in the standard of nursing documentation since the last inspection. Inspectors saw that each care plan in place now had a goal, however some gaps were identified in residents' records.

Residents had access to general practitioner (GP) services. Residents' had access to a full range of other services on referral including speech and language therapy (SALT), dietetic services, physiotherapy and occupational therapy. Chiropody, dental and optical services were also provided. Psychiatry for older persons community services also reviewed residents' living in the centre. Letters of referrals and appointments were seen on residents' files.

Inspectors saw evidence that residents' had a pre-admission assessment completed prior to admission and were comprehensively assessed on admission. Nursing assessments, care planning and additional clinical risk assessments were carried out for residents using evidence based assessment tools. Residents were involved in the development of their care plans. Inspectors reviewed a sample of residents’ records and found that some improvements were still required. The issues were: that records did not always reflect the recommendations made by multidisciplinary health care team members, records of reviews of "do not resuscitate" orders did not consistently reflect those persons involved in the review and each identified need did not have a care plan in place to reflect that need. An example of each of the issues are as follows: two residents' who had been recently reviewed by a dietitian did not have their care plans updated with recommendations made. Records of a resident's do not resuscitate order review did not include those persons involved in this review. A resident identified as at high risk of falling had no care plan in place to reflect this need.

There were policies in place for the management of residents’ nutritional needs and a falls management policy. Inspectors found policies and procedures were in place for the management of wound care.

A programme of activities was in place and displayed throughout the centre. Activities were scheduled five days per week. Residents spoken with were satisfied with the variety of activities available to them. They confirmed that they were given the choice to take part or not. There were activity sessions to meet the needs of residents diagnosed with dementia sensory and music prompts. Staff also did 1:1 activities with residents.
who spent extended periods of time in their bedroom. Inspectors saw staff sitting with a
number of residents' while they took part in activities in the communal room. External trips
were organised events outside of the centre approximately once per month.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose
and meets residents' individual and collective needs in a comfortable and
homely way. The premises, having regard to the needs of the residents,
conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations
2013.

Theme:
Effective care and support

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

Findings:
The premises, although not purpose built, was well maintained and a good standard of
hygiene was noted.

As part of the application for renewal of registration the provider was seeking to renew
the registration of 27 beds. Inspectors viewed all bedrooms and saw they were clean,
well maintained and attractively decorated. In total, at the time of inspection there were
nine single and nine twin bedrooms.

Maintenance records were in place to show that equipment such as hoists, beds and
specialised mattresses were routinely serviced. All floors in the centre were accessible by
means of a stair chair lift and records were in place to show that it was regularly
maintained and serviced. There was no suitable lift available to meet the needs of hoist
dependent residents' in upstairs bedrooms. Inspectors were informed that a suitable lift
was planned for in the proposed new extension.

There was adequate communal space for residents which included an, open-plan seating
and dining area and another large sitting room. A sufficient number of assisted
bathrooms were provided for residents and a choice of bath or shower was available. A
sufficient number of assisted toilets were located close to the communal rooms and
bedrooms which were not provided with en suite facilities. Grab-rails and hand-rails
were provided in all communal areas. A secure garden was directly accessible to
residents to the rear of the centre, it was well maintained.

Appropriate arrangements were in place for the disposal of clinical waste and a
separate, locked clinical waste bin was provided. An appropriately equipped dirty utility
room, containing bed pan washer, sluice sink and wash-hand basin was maintained in a clean condition.

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

**Findings:**
Inspectors found the provider had a proactive approach to the management of complaints in the centre.

There were policies and procedures in place for the management of complaints. The procedure was on display. The person in charge was responsible for investigating complaints, there was an appeals person, and the independent advocate also was the nominated person responsible for ensuring that all complaints were appropriately responded to and that records were maintained.

Inspectors saw there were a small number of complaints. The records included details of the complaint, the action taken in response to complaint, the outcome of the complaint and the level of satisfaction of the complainant. Complaints on file were all closed and had been audited.

Inspectors spoke to residents’ and staff members, and found that they were aware of the complaints procedure.

**Judgment:**
Compliant

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

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

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

**Findings:**
Residents received a good standard of end of life care, which respected their individual needs. There were written operational policies and protocols in place for end of life care.

Inspectors reviewed a sample of residents end of life assessments and care plans. The plans covered the residents identified needs, and any wishes that they had expressed. They were detailed and person-centred.

There were some ‘do not attempt resuscitation’ orders recorded in some general practitioner (GP) notes for individual residents. They recorded the outcomes of residents and relative meetings to discuss their wishes, and the decision made, agreed by the GP where appropriate. Decisions were seen to be reviewed by the GP, however the records did not reflect those persons involved in the review. This is actioned under outcome 11.

Palliative care services were available on a referral basis. Bedrooms in the centre afforded the resident privacy at the time of death.

**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

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

**Findings:**
Inspectors saw that residents’ nutritional needs were met. Residents’ spoken with told inspectors they enjoyed the food and the choices available to them.

The dining room was appropriately furnished and welcoming. A variety of snacks including fresh fruit, hot and cold drinks were offered to residents' between meals. A choice was offered to all residents' including those receiving a modified diet. The choice of meals available was displayed, pictures of the choices enabled residents' with dementia choice their meal. There was good supervision by staff and assistance was offered to residents and provided to those who required it in a professional discreet manner.

There was a policy in place to guide and inform staff on the procedures to ensure residents’ nutritional and hydration needs were met. Residents’ nutritional status were monitored. Documentation reviewed showed that each residents' weight was checked
routinely on a monthly basis and residents' had a Malnutrition Universal Screening Tool (MUST tool) completed every three months in line with the centres policy. Those at risk were referred to multidisciplinary team members for assessment without delay. However, as mentioned under outcome 11 the recommendations made by dietitian were not always reflected in the residents' care plan.

Staff spoken with both catering and care staff had a good knowledge of residents' nutritional needs. Records held by catering staff reflected each residents preferred diet, required diet and consistency when cross referenced with their most recent assessment.

**Judgment:**
Compliant

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

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

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

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

**Findings:**
There were policies in place to address communication in the centre including the communication needs of residents’. Inspectors saw residents were facilitated and encouraged to communicate.

Residents confirmed that they were treated with respect and dignity. Feedback was sought from them at the monthly resident meetings. The resident advocate and an activities coordinator attended these meetings. A copy of minutes were given to the person in charge and she followed up on any required actions prior to the next meeting. Copies of the minutes of these meetings were available, together with contact details of an advocacy service.

All residents' were registered to vote and those spoken with told inspectors they were facilitated to vote within the centre. The religious needs of residents were met. Mass was said in the centre each month and residents were facilitated to attend Mass in the church situated within close proximity to the centre. Some visited this church with staff on a daily basis. Church leaders from other religions were also welcomed in the centre.

Televisions were available in each residents' bedroom and in communal sitting rooms. These were connected sky television channels. Residents had a choice of having a private telephone in their bedroom and they had access to a portable telephone at the nurses’ station. Internet was available throughout the centre.
Inspectors observed residents' leaving the home independently. There were lots of visitors in and out of the home. They signed a visitors book and confirmed that they were always welcomed in the centre.

Judgment: Compliant

**Outcome 17: Residents' clothing and personal property and possessions**

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

Theme: Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on residents' personal property, finances and possessions. Inspectors saw that a list of residents' personal possessions was recorded on their admission to the centre.

The laundry had been outsourced since the last inspection. There were suitable laundry facilities to ensure residents' personal delicate clothing could be laundered. Inspectors were informed residents clothing was labelled.

There was adequate storage in the form of a locker and a wardrobe for each resident, and all had a lockable storage area in their bedroom.

Judgment: Compliant

**Outcome 18: Suitable Staffing**

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

Theme: Workforce

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

**Findings:**
There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection. As the laundry service was now outsourced the night staff were no longer involved in carrying out this task.

There was an actual and planned staff rota, the actual rosters reflected the name and role of each staff member on duty.

Records submitted and reviewed post the inspection confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as, food hygiene, managing dysphagia, management of incontinence, care planning, end-of-life care and infection control. Staff nurses had completed training in medication management and cardio pulmonary resuscitation.

Staff meetings were held and minutes of these meetings were available for review. A recruitment policy was in place and that was implemented in practice. Inspectors reviewed five staff files which contained all the requirements outlined in schedule 2 of the regulations. Appraisals completed on an annual basis were available in staff files. There were copies of each nurses registration details with An Bord Altranais agus Cnaimhseachais na hEirneann (Nursing and Midwifery Board of Ireland) for 2016. All healthcare assistants had a qualification certificate.

**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:**

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**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 03: Information for residents**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Contracts of care did not clearly set out all the additional fees which may be charged to the resident.

**1. Action Required:**
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
We have added the details of hairdressing and chiropody fees onto our existing and new contracts. We have informed our existing residents and families to read and sign the amended contracts. Going forward our contracts will be audited on a six-monthly basis.

**Proposed Timescale:** 28/03/2017

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management of one residents' monies required review.

**2. Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
We have now set up the residents’ account in their own name.

**Proposed Timescale:** 30/01/2017

### 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:**
Care plans were not in place for all residents identified with needs.
The recommendations of multidisciplinary professional were not consistently incorporated into care plans.
Record of do not resuscitate reviews did not reflect those involved in these reviews.

**3. Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All residents now have care plans according to their identified needs using evidence based assessment tools.
All care plans have been reviewed and updated to include the recommendations and guidance of the multi-disciplinary team. The PIC and Assistant Director of Nursing will continue to monitor clinical documentation and will audit same on a regular basis.
All End of life assessments are being reviewed and updated. In these reviews, resident, resident family, G.P and staff are involved and these will be reviewed on an annual basis.

Proposed Timescale: 28/03/2017

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 no suitable lift available to meet the needs of high to maximum dependent residents' in the centre.

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

Please state the actions you have taken or are planning to take:
A comprehensive pre-admission is conducted by our staff to ensure we are able to meet the residents’ needs before they are admitted to Aclare House Nursing Home. All residents are assessed on admission and reassessed again on a 4-monthly basis. We are in consultation with our architect regarding installing a lift.

Proposed Timescale: 31/01/2019