<table>
<thead>
<tr>
<th>Centre name</th>
<th>Ard Na Rí Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000405</td>
</tr>
<tr>
<td>Centre address</td>
<td>Holycross, Bruff, Limerick.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>061 382286</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:info@ardnarinh.ie">info@ardnarinh.ie</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>Daveen Heyworth and Derek Paterson Partnership</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>Daveen Heyworth</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s)</td>
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</tr>
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Health Information and Quality Authority
Regulation Directorate
Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended
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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
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<tr>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</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>Substantially Compliant</td>
</tr>
<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>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
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</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was the eleventh inspection of Ard na Ri Nursing Home, by the Health Information and Quality Authority (HIQA). The providers had applied to renew registration of the centre. The inspection was announced and took place over two days. As part of the monitoring inspection, the inspector met with residents, relatives, the provider, who was also the person in charge, and staff members. The inspector observed practices and reviewed documentation, for example, care plans,
complaints management, training records, policies and staff files. There were 25 residents in the centre, during the inspection. The centre was at full occupancy levels.

The inspector found that the premises, furniture and fittings were of a good standard and the centre was very clean. There was a nice, colourful, standard of décor throughout. Feedback from residents and relatives was one of satisfaction with the service and care provided. The results of the pre-inspection, HIQA questionnaires were reviewed by the inspector. These were found to include positive comments, with regards to staff, medical care and physical care. Residents and relatives were complimentary of the variety of activities and the commitment of the activity personnel, in the centre.

Family and community involvement was encouraged in the centre. Relatives, and friends of residents, were seen to visit throughout the inspection. Those who were spoken with by the inspector, stated that they were always welcomed by staff. For example, one relative said that family members were offered drinks and snacks when visiting and when residents were ill.

In order to fully comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016 a number of issues required to be addressed. These are set out in the action plan, at the end of this report.

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Following the previous registration inspection, the provider had received a condition on the registration, stating that improvements to the building should be completed by the end of 2017. Due to a delay in the planning process the provider had applied
to HIQA for an extension of this time period to 2019. These improvements to the
premises were required due to findings of major non compliance with the regulations
for premises, in a designated centre, on previous inspections. This finding remains
unchanged on this inspection. However, the inspector found that some décor
improvements had been made, in the interim, to enhance the environment for
residents.
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
An updated statement of purpose and function was forwarded to HIQA, dated February 2017.

This was reviewed by the inspector. It described the service offered by the centre and detailed the facilities which were provided. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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:
The quality of care in the centre was monitored and reviewed on an ongoing basis. Effective management systems were seen to be in place. The provider/ person in charge assured the inspector that there were sufficient resources in place, to provide for residents' needs. The inspector interviewed the new management staff member. This staff member will now share the role of person in charge, of the centre. She was experienced and qualified. She set out her plans for staff meetings, management consultation and continued professional development. She was knowledgeable of the regulations and standards. There were clear lines of authority and accountability within the team. For example, the deputy person in charge audited and supervised medication management: the clinical nurse manager audited and developed care plans.

Detailed handover meetings were held by staff. The inspector reviewed the minutes of management and staff meetings and found that a proactive approach was adopted to resolving issues of concern. Improvements were seen to have occurred as a result of the learning from audit outcomes.

There was evidence of consultation with residents and their relatives. The person in charge stated that residents had access to an external, advocacy service. Contact details of this service were prominently displayed in the centre. Relatives informed the inspector that staff consulted with them when preparing care plans for residents and when any change occurred in the care requirements of the resident. The inspector reviewed a sample of care plans, the results of residents' surveys and minutes of staff meetings, which confirmed the aforementioned statements.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The residents' guide was seen by the inspector and this was available in each resident's bedroom. It contained the information required, under section 20 (2) of the Regulations. One resident told the inspector that he had read the document and found it very useful.

Contracts of care were signed by residents. A sample of these contracts were viewed by the inspector. The contracts were comprehensive and contained the regulatory requirements, such as: the fees to be charged for extra services and how the care and
welfare of residents would be met. There was also interesting information available for residents in the newsletter and on notice boards, in the centre.

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 worked full time in the centre and was a nurse with experience in the area of nursing the older person. The person in charge possessed clinical knowledge, to ensure suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre, on a consistent basis. She met regularly with members of the management team and staff. Minutes were maintained of these meetings. She had a personal interest in the centre, as it was family owned. She explained to the inspector how she promoted continuous improvement, in all aspects residents' care.

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

**Findings:**
The inspector was satisfied that the records required to be maintained by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were accurate and ease to retrieve. However, in a sample of staff files reviewed, the inspector noted that there was a gap in one CV (Curriculum Vitae). All staff had confirmation of required garda vetting in place (GV). The provider/person in charge provided assurance to the inspector that all staff had undergone this process and she stated that no staff would be employed, prior to receiving this clearance. The register of residents was reviewed and well maintained.

Records were on file, which indicated that a robust induction process was undertaken with new staff. Overall, records were seen to be maintained and stored, in line with best practice and legislative requirements. The policies, required under Schedule 5, were updated and relevant. The insurance policy for the centre was current and a directory of visitors was maintained. Fire training and fire drill records were easily accessible and detailed.

**Judgment:**
Substantially Compliant

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**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:**
There were suitable personnel in place, to act as person in charge, if that became necessary. The provider was aware of her responsibilities to notify HIQA, of the absence of the person in charge, in compliance with regulatory requirements.

**Judgment:**
Compliant

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**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 policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference updated, best evidence-based, practice. The inspector found that measures were in place to protect and safeguard residents. Staffs, spoken with by the inspector, were aware of the procedure to follow, if they witnessed, suspected or received, an allegation of abuse. Training records reviewed confirmed that they had received training on recognising and responding to elder abuse. Residents spoken with said they felt safe in the centre. Relatives confirmed with inspectors that staff were approachable. Inspectors found that residents' finances were managed, in a transparent manner. Two staff members signed for financial transactions and a sample of records checked, were seen to be accurate.

There was a comprehensive policy in the centre, to support staff, in interventions and approaches, for residents who exhibited behaviours, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members, spoken with, confirmed that training had been provided, in how to support residents with dementia. Individualised care plans on behaviour issues, were in place, in a sample of residents' files reviewed. The inspector noted that the use of psychotropic medication was reviewed regularly, by the GP and the pharmacist.

The centre promoted a restraint free environment, where possible. On the day of inspection there were eleven residents, who had been assessed as requiring bedrails. Policy, consent and risk assessments were in place for these. A log of nightly risk-assessment checks, of residents with bedrails, was maintained in the centre.

**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:
All residents in the centre had personal evacuation plans in place. This was significant as the centre was a two-storey residence. Staff were found to be familiar with these plans and they informed the inspector that regular fire drills were carried out. The provider had engaged the services of an external expert, on health and safety and risk management. This person was interviewed by the inspector. He stated that he had supported the provider to update the health and safety statement in 2017 and to develop a centre-specific infection control document/policy. In addition, he ensured that the risk management policy was developed, in accordance with the regulations. The risk register was a dynamic document, which was found to be updated when new controls were required, to minimise risks. There was a generator in place, in the event of a power cut and this was serviced regularly. Ground preparation work, for building an extension to the nursing home, was underway at the time of inspection. A second health and safety statement had been developed, proactively, to minimise and control new risks which were identified, due to the building works on site.

Staff had received refresher training in fire safety, within the past year. New staff had received a fire safety induction and these were seen to be scheduled for fire training on the next available date. Staff, who spoke with the inspector, demonstrated a clear understanding of what to do in the event of a fire. The centre had a fire evacuation plan which specified the roles of staff. A fire warden was identified on each shift. All fire safety equipment in the centre was serviced regularly. Daily, weekly and three-monthly fire safety checks and servicing, were carried out. Documentation was reviewed by the inspector, which confirmed this. However, two staff, on the night duty rotation, had yet to receive refresher, fire training.

Measures were in place to manage infection control risks. Staff were seen to wear personal protective equipment, when caring for residents, where this was appropriate. There were hand-gel dispensers and hand washing facilities, throughout the centre. Household staff used a colour-coded cleaning system. Infection control training was undertaken by all staff. However, as there was no bedpan washer upstairs, commode pans had to brought downstairs to be washed. This presented an infection control risk.

A record of incidents and adverse events were maintained. The inspector reviewed these records and found that they were appropriately managed.

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

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

**Findings:**
Residents' medical care was supported by the designated centre’s policies and procedures for medicines management. The inspector reviewed the policies relating to the ordering, prescribing, storing and administration of medicines, to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medicines management practices and medicines were administered as prescribed, according to records seen. There were appropriate procedures, for the handling and disposal of unused and out-of-date medicines, in the centre. The inspector viewed details of medicines to be returned and these were signed by the pharmacist.

Safe medicines management practices were reviewed and monitored. For example, the pharmacist and deputy director of nursing carried out an audit in the centre. They checked the medicines stock and residents' prescriptions on a monthly basis. The last audit of medicines was carried out in November 2016. Controlled drugs were in use for some residents and records of these were found to be in order.

Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice and education, provided by the pharmacist, was accessible to staff. Staff, spoken with by the inspector, confirmed this.

**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:**
A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to HIQA as required. The person in charge was found to be aware of the Regulations, in relation to notifications.

**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*
**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/person in charge and staff were supported in their roles by an external consultant, who provided support in clinical management systems. Care was supported by evidence based nursing practice. Staff had received training in continence promotion, nutrition, infection control, care planning, end of life care and medication management.

Care plans were found to be person centred and comprehensive. All nurses were involved in care planning. The clinical nurse manager had been delegated the responsibility of reviewing and auditing the care planning process.

In the sample of care plans reviewed the inspector found that residents and their representatives were consulted in the care planning process. Care plans were updated routinely four monthly and where necessary.

An independent auditor was engaged to audit practices in relation to dementia care and use of physical restraint. There was generally good compliance and where indicated improvements were made.

Residents' social care needs were attended to. Inspectors were aware that residents were taken to local shops, out to meet relatives or attend funerals. The centre had a hen coup, which was cared for by one resident. Staff were seen to have friendly and respectful communication with residents. Residents enjoyed activities which were discussed, in detail, under Outcome16: Residents' rights, dignity and consultation.

**Judgment:**
Compliant

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

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

Findings:
The centre was established in 1985 and the style and layout of the centre was reflective of the age of the building. The provider/person in charge stated that planning permission had now been granted for the proposed new extension. This was now due for completion in 2019. The inspector observed that site works had commenced and appropriate health and safety personnel were on-site, during the two days of inspection.

Matters to be addressed in the proposed plans included:
- making the first floor safe and suitable for residents
- creating extra space, including space for residents to meet with visitors in private
- increased communal space
- increased storage space
- suitable laundry facilities
- the provision of bedrooms with adequate space to meet the needs of each resident
- shower and sluice facilities were to be increased
- increase availability of toilets
- the inclusion of a new nurses' station and office space
- larger, new secure garden area was to be created for residents' enjoyment
- improved kitchen facilities
- more spacious cleaning/storage area

However, the centre was homely and areas of reminiscence had been developed for residents, for example, items of interest were displayed in a display unit in the hall, bedroom doors had been painted in contrasting colours and a sensory garden had been developed. In addition, since the previous inspection a number of improvements had been made. For example, bedrooms had been individualised and personalised, by the addition of pictures and photographs. In addition, one bedroom had been painted in a special reflective paint, to maximise the light in the room.

The provider maintained a safe environment for mobile residents. Residents were seen to use the handrails, in corridor areas, in bathrooms and toilets. Since the previous inspection, more suitable grab rails had been installed, adjacent to the toilets, to support residents' independence. The inspector observed that the premises were clean and fresh smelling. However, as identified on previous inspections, the premises did not conform to the requirements of regulations and national standards, as to the suitability of the premises to support the needs of residents. For example, the inspector observed areas of uneven flooring, which presented a trip hazard, in particular, sloped floor areas leading into toilet and bathroom areas. In addition, the kitchen was 'domestic in nature' as identified by the environmental health officer and work surfaces required replacing. Furthermore, due to the restrictions on space in the centre, the inspector observed that residents had little individual space, in the sitting room and the double bedrooms were
small. In addition, there were inadequate bathing/shower facilities on the ground floor; 18 residents shared one bathroom/shower room and the area set aside for the storage and use of cleaning equipment, was very small. For this reason, commodes were used by residents, which were stored in residents bedrooms, due to the unavailability of alternative storage space. This was addressed further under Outcome 16: Residents' rights, dignity and consultation.

The first floor bedrooms were accessible through a doorway, to the stairs. A stair lift was in use. The person in charge stated that while most residents, upstairs, had good mobility, a number of them used the stair lift with assistance. However, residents, residing upstairs, were required to use commodes, also, which were stored in the bedrooms, due to lack of storage space upstairs. In addition, as there was no bedpan washer upstairs, commode pans had to be brought downstairs to be washed. This presented an infection control risk. This was addressed under Outcome 8: Health and safety and risk management. A number of maintenance issues, identified on the last inspection, had been addressed.

**Judgment:**
Non Compliant - Major

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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:**
Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents and relatives spoken with by the inspector stated that they had confidence in the complaints process and stated they had no concerns about speaking with staff.

The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available, if the complainant wished to appeal the outcome of the complaint. There was a transparent, open approach to listening and dealing with complaints. It was evident from the complaints log that the services of an external advocacy agency were utilised to support residents. Records were maintained, of the satisfaction or not, of the complainant.

**Judgment:**
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:
The centre's policy on end-of-life care was up to date and comprehensive. A sample of residents’ care plans reviewed, with regard to end-of-life care, indicated that residents' preferences for end of life care, were recorded. Staff training records indicated that staff had completed training on care of residents, at end of life. Staff attended to the holistic needs of residents, such as, skin care, emotional needs and spiritual care.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and had access to ministers from a range of religious denominations.

Family and friends were facilitated to be with the resident at the end of life. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was provision of a private sitting space and a small conservatory area. Overnight facilities for families, were available.

There was evidence in residents’ care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans and saw that residents had timely access to the GP, the out-of-hours service and specialist services.

The person in charge stated that residents had access to specialist palliative care service, when necessary. There was a protocol in place for the return of personal possessions, following the death of a resident. Residents' personal property inventories were updated, regularly. Deceased residents were remembered annually at mass in the centre, which was attended by families and friends.

Judgment:
Compliant

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

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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<tr>
<td><strong>Findings:</strong></td>
<td>Inspectors reviewed the minutes of residents' meetings and noted that any concerns were addressed. The most recent residents meeting was held on 4 February 2017. In</td>
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</table>
addition, resident surveys were carried out and issues raised were resolved. Residents were consulted about meal choices and they informed the inspector that there was choice available at each meal. Residents were facilitated to exercise their civil, political and religious rights. On the first day of inspection, mass was said for residents in the centre and the majority of residents attended this. The activity co-ordinator stated that this took place every week.

Visitors were observed spending time with residents during the days of the inspection. However, due to the limited space in the centre there was no suitable private space other than residents’ bedrooms for private visits.

There were opportunities for residents to participate in activities suitable for their assessed needs and interests. Photographs were displayed in the hallway of events both inside and outside the centre. A variety of activities were organised by two activity staff members. The schedule included baking, bingo, quiz, music sessions, board games, arts and crafts, gardening, newspaper reading, religious activity and chair-based exercise. During the inspection, the inspector spoke with the activity staff member and observed residents participating at various events such as music, story-telling and quizzes. The activity staff member also spent time with individual residents, facilitating for example, music sessions and hand massage. Documentation to this effect was seen in residents’ care plans.

Life story work was available in a number of residents’ care plans. This documentation included details of residents’ individual interests, level of communication, preferences and background. This was an evolving project. Staff made every effort to promote privacy for residents and they were observed knocking on bedroom and bathroom doors. Residents with dementia had a section in their care plan that covered communication needs and there was a detailed communication policy in place, that included strategies for effective communication.

Staff availed of opportunities to socially engage with residents. Staff members interacted with residents in a calm and relaxed manner. During one activity session the activity staff member was observed to be engaging in social conversation, reading stories and poems to residents. Residents were encouraged to respond according to their abilities and capacity. Residents were seen to be enjoying the group interaction and were heard responding and singing along to familiar songs and answering quiz questions. Visitors, who were present, also enjoyed the banter and sense of fun.

During the inspection, the inspector observed that there were sufficient staff on duty, in the dining room, to support residents. There was a calm and happy atmosphere in the dining room, providing a sense of positive wellbeing for residents. Residents were neatly and appropriately dressed, indicating a sense of respect for their dignity. Notices were on display, which indicated that residents and their representatives were provided with contact information, for independent advocacy services. The centre had engaged the services of a national advocacy organisation. Overall, the inspector found there were systems in place to support all residents, including residents with dementia and to facilitate residents to participate in activities of their choice. The person in charge informed the inspector that a new initiative had been commenced for residents: a lifelong learning group. Residents had already attended one session, on explaining the
regulations and the role of HIQA.

However, residents did not have access to sufficient toilets, showers and private sitting areas. Residents were required to use commodes in their bedrooms. Commodes were seen to be stored in a number of bedrooms, including in double rooms. These commodes were present, even if visitors were in the room. The inspector formed the view that this practice was not in compliance with the regulatory requirement to preserve and promote residents' privacy and dignity. In addition, there was only one sitting room in the centre. This was significant, as one resident in the sitting room was sick on two occasions, while a large group of residents and a number of visitors were present. However, even though the resident was fully supported by all present, the inspector formed the view that the resident's privacy and dignity needs were seriously compromised, due to the lack of an alternative sitting area.

**Judgment:**
Non Compliant - Moderate

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**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:**
The centre had a policy on residents' personal property and possessions. Sufficient storage space, with a lockable facility, was provided for residents' personal possessions.

External arrangements were in place for the regular laundering of linen and clothing. Residents spoke positively, in relation to how well their clothes were laundered and returned to them.

The method, of documenting residents' financial records, was transparent and secure.

**Judgment:**
Compliant

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**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 centre maintained policies on recruitment, training and development of staff. There were adequate nursing and care staff on duty during the inspection. The staff roster was viewed which correlated with the number of staff on duty, according to the person in charge. Staff, spoken with, had the appropriate skills and experience to meet the assessed needs of residents. The supervision arrangements and skill-mix of staff were constantly reviewed, according to the person in charge. Staff appraisals were on-going.

A sample of staff files, for each role, was reviewed. The files contained the documentation required under Schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána (GV) for the staff files reviewed. The provider stated that all staff had GV in place. Records were available to confirm that nursing staff had been registered with An Bord Altranais agus Cnáimhseachais na hÉireann. This was addressed further under Outcome 5: Documentation.

Staff had received appropriate training in fire management, infection control and safe moving and handling. Professional development courses were facilitated, such as continence care, medication management, end of life care and wound care.

A training matrix was maintained, to identify training requirements for each staff member.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ard Na Rí Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000405</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09/02/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/03/2017</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with 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:
In the sample of staff files reviewed, the records required under Schedule 2 of the Regulations were incomplete:
For example: there was a gap in the CV of one staff member.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 Staff Files are currently being audited, the gap identified by the inspector was actioned on immediately.

Proposed Timescale: 13/03/2017

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:
As there was no bedpan washer upstairs, commode pans had to brought downstairs to be washed. This presented an infection control risk.

2. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
A new sluice room is planned as part of the new extension, this sluice will have a bedpan washer installed.

Proposed Timescale: 31/01/2019

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two night duty staff required refresher, fire training.

3. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
The Two night staff identified by the inspector as requiring updated fire training received updated training in February and further training is planned for July this year.
so that all staff will have updated Fire training in 2017.

**Proposed Timescale:** 31/07/2017

**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:**
The premises did not conform to the matters set out in Schedule 6 of the regulations:
For example the following improvements were required:
- making the first floor safe and suitable for residents
- creating extra space, including space for residents to meet with visitors in private
- increased communal space
- increased storage space
- suitable laundry facilities
- the provision of bedrooms with adequate space to meet the needs of each resident
- shower and sluice facilities were to be increased, including a bedpan washer, upstairs
- increase availability of toilets
- the inclusion of a new nurses' station and office space
- larger, new secure garden area was to be created for residents' enjoyment
- improved kitchen facilities
- sloped floor areas in the main building were to be addressed
- more spacious and suitable, cleaning/storage area.

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:**
The planned extension will include the following;
- The First floor will be made safe and suitable for Residents. The first floor will be accessed by a lift and the uneven floor surfaces made safe.
- A private meeting room is planned so residents can meet their visitors in private.
- Extra dayroom spaces are being created so that residents will have a choice of areas to sit and enjoy.
- Extra storage space will be created so that residents can store their personal belongings comfortably.
- Laundry services will be provided.
- New improved en-suite rooms will be available to meet the required Care needs of our Residents.
- Shower facilities will be increased, A new sluice room to include a bedpan washer will be provided on each floor.
- Extra toilets will be installed throughout the new extension for resident comfort and convenience.
- A new Nurses station and increased office space will be provided as part of the new extension.
- A new safe garden is planned for resident enjoyment.
- A new kitchen is planned with separate facilities for catering staff being made available.
- Uneven or sloped flooring will be made safe and suitable for residents.
- New cleaning / storage areas will be created.

**Proposed Timescale:** 31/01/2019

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

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All residents shared one sitting room, this impacted on the privacy and dignity of residents:
For example:
A resident, who was unwell, could be observed by a group of residents and visitors. When activities were on-going, residents did not have an alternative area to sit, apart from their bedroom.

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

**Please state the actions you have taken or are planning to take:**
Residents who are unwell are usually taken from the dayroom to their own bedroom to maintain privacy and dignity. As part of the new extension extra communal space will be created in order to provide our residents with choice. At present we have converted our conservatory into a meeting/ sitting room for our residents convenience and enjoyment.

**Proposed Timescale:** 31/01/2019

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Commodes were in use in most bedrooms as there was a lack of sufficient toilets. These were stored in residents' bedrooms during the day.

6. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may
Please state the actions you have taken or are planning to take:
This issue will be addressed in the new extension as extra toilets will be installed and new bedrooms will have ensuite facilities.

**Proposed Timescale:** 31/01/2019

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of suitable private visiting areas, apart from residents' bedrooms.

7. **Action Required:**
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

Please state the actions you have taken or are planning to take:
The new extension which has commenced will include extra communal facilities and a private/meeting room for our residents convenience. In the meantime, we have converted our conservatory into a sitting room/meeting room for our residents to avail of.

**Proposed Timescale:** 31/01/2019