<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ailesbury Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000002</td>
</tr>
<tr>
<td>Centre address:</td>
<td>58 Park Avenue, Sandymount, Dublin 4.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 269 2289</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@anh.ie">info@anh.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>A N H Healthcare Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 24 April 2018 10:25  
To: 24 April 2018 15:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. At the time of this inspection, the person in charge was in the process of completing the provider self-assessment to judge the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) The table above compares the self-assessment and inspector’s judgment for each dementia specific outcome.
The centre does not have a dementia specific unit. On the day of inspection 14 of the 42 residents (33%) had a diagnosis of Dementia or Alzheimer’s disease and a further 12 residents (62% combined) were suspected as having dementia. The inspectors met with residents, relatives and staff members and reviewed the care and services provided to residents including those with Dementia.

Care practices were observed and interactions between staff and residents were rated using a validated observation tool. Documentation such as care plans, medical records, operational procedures, recruitment and staff training records were reviewed. The inspectors also followed up on the area of non-compliance found on the previous inspection on 1 March 2017 and found substantial compliance.

Positive connective care was observed during the formal observation periods. Residents were consulted with and had opportunities to participate in the organisation of the centre. Residents’ rights were respected and the healthcare and nursing needs of residents were met to a good standard. Residents had access to medical services and a range of other health services and evidence-based nursing and social care was provided.

Staff were working towards a restraint free environment. There was evidence of good approaches to residents with communication difficulties. The assessment and management of residents with behavioural and psychological symptoms of dementia also known as responsive behaviours was well maintained. Arrangements in place promoted choices, well-being and independence of residents. Responses received from residents and relatives were complimentary of the staff, food, activities and service.

The centre was homely and welcoming to all. The design and layout of the premises met the needs of existing residents. However, some improvements in suitability of storage provision and in the décor and noise level were identified. The provider and person in charge have completed a quality improvement questionnaire for dementia care and have identified areas they could improve in.

A review of the fire safety arrangements was to be undertaken by the provider following a risk identified by inspectors.

Inspectors also confirmed that a change to a person participating in management had occurred since the previous inspection. The provider was required to formally notify HIQA of this change to ensure the registration certificate was updated accordingly. The statement of purpose should also reflect this change.

Adequate staffing numbers and skill mix were available during this unannounced inspection, and the provision of activities and access to the wider community was of a good standard.

The findings of the inspection are discussed within the body of the report and the areas for improvement are outlined within the action plan for response.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and care plans were reviewed. Admission arrangements and practice included a pre-admission assessment in accordance with the centre’s admission policy. On admission of a resident a documented assessment of all activities of daily living, including cognition, communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep was completed. Social and recreational plans were also completed in a sample reviewed. There was evidence of a range of validated assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity. The development and review of care plans was done in consultation with residents or their representatives. Each resident’s care plan was subject to a formal review at least every four months.

An assessment of resident’s or family views and wishes for end of life care was recorded and outlined in a related care plan subject to regular reviews. The care plans inspected included details and information known by staff regarding religious, spiritual and cultural practices, and the named persons to assist in decisions to be made.

An inspector reviewed the management of clinical issues such as wound care and falls.
management and found they were well managed and guided by policies. Allied healthcare specialists were available on a referral basis following an assessment. Mobility and daily exercises were encouraged in structured activities. Weekly access to a physiotherapist was available to residents and an assessment by an occupational therapist (OT) was available on a referral basis. Residents had suitable mobility aids and some had modified chairs following seating assessments by an occupational therapist or input by the physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence.

Operational procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required.

Residents had good access to GP services, and out-of-hours medical cover was provided. A full range of other professional services available on a referral basis included speech and language therapy (SALT), dietician services and tissue viability specialists. Chiropody, podiatry, audiology, dental and optical services were also provided on a referral basis. Residents’ records reviewed showed that some residents had been referred to these services when required and results of their appointments were recorded in the residents’ clinical notes and associated care plans.

Judgment: Compliant

Outcome 02: Safeguarding and Safety

Theme: Safe care and support

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

Findings: Measures were in place to protect residents from being harmed or suffering abuse, and to promote residents’ safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. It provided guidance for staff on the various types of abuse, assessment and reporting procedures, investigation process and referral arrangements to external agencies. Staff had opportunities to participate in safeguarding training and staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure of actual, alleged, or suspected abuse.
Good emphasis was placed on residents’ safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was controlled by staff, and call-bell facilities, mobility aids and hand rails were available in communal and circulating areas. During conversations with the inspectors, residents confirmed that they felt safe in the centre. The centre had its own transport facility which enabled residents to have weekly outings or go on home visits and external appointments. Staff supported and escorted residents based on their needs and abilities.

The centre aimed to promote a restraint free environment in line with the national policy. An approved policy reflecting the national guidance document was available to guide restraint usage and review. A register of bedrail restraints use by residents was maintained. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, nursing staff and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Alternative equipment such as, low low beds, sensory alarms and floor mats were available and tried prior to the use of bedrails. This formed part of the assessment and review process.

Due to their medical conditions, some residents displayed responsive behaviours. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. Education and training in dementia and responsive behaviour was provided for staff. Inspectors observed good communication and positive interaction between staff and residents living with dementia. Good support from the community psychiatry team was described by staff. Accessibility was seen in assessments and recommendations observed in the sample of records reviewed. Staff spoken with were familiar with the centre's policy and procedures to be implemented including the referral process to relevant professionals to inform the care-plan process.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place as a pension agent for a small number of residents and for carrying out and documenting property transactions. In the sample reviewed, records were kept of two staff signatures for money transactions. The balance recorded and money checked on inspection was correct.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Residents were consulted with and had opportunities to participate in the organisation of the centre.

Residents' rights were respected and opportunities to take part in a range of activities were facilitated. A residents' forum was held to enable residents to provide feedback on the quality of the service, express their views on operational matters and propose improvements. An advocacy service was available and family involvement was central to the care and services provided. Positive interactions between staff, residents and relatives were observed.

Residents' independence and autonomy was promoted. A range of meaningful and sensory activities were available to residents with dementia. Inspectors observed residents expressing personal choices in relation to where they chose to spend their day and where they met visitors. Outings, trips and access to the surrounding area, local or national events and local attractions was facilitated weekly. This arrangement enhanced residents' well-being, social inclusion and engagement in the wider community.

A variety of activities were seen being provided on inspection. Religious ceremonies and a daily mass service formed part of the activity programme. Residents were encouraged to participate in group or individual activities.

The inspectors saw that residents' privacy and dignity was respected. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspectors said they were respected, consulted with and well cared for by the staff team.

Residents said they were able to make decisions about their care and had choices about how they spent their day, what they wore, when and where they sat, ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

There was a policy on residents' access to visitors and one on communication. Visitors were unrestricted and a record of visitors was maintained.

Positive meaningful interaction was observed between staff and residents throughout the formal and informal observation periods. Staff demonstrated good communication and listening skills. Communication aids, signage in parts, picture menus, telephones, radios, newspapers, magazines and computers were available to assist residents.

Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

Judgment:
Compliant

Outcome 04: Complaints procedures
**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, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

The complaints procedure was displayed in the reception area and complaint leaflets were available throughout the centre.

Residents who communicated with the inspectors were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Management and staff were open to receiving complaints or information in order to improve the service.

There were no unresolved or active complaints at the time of this inspection. Records maintained were comprehensive demonstrating action taken, engagement and level of satisfaction of the complaint management.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Residents confirmed the staff team were kind and responded quickly when they were called on.

There was a full complement of staff on duty on the day of inspection and new staff were being inducted. The staff team included clinical nurse managers, nurses, health care assistants, activity and household staff.

The director of nursing was supernumerary to support and advise staff as required. The person in charge and the provider representative have responsibility for two centres and arrived to the centre soon after inspectors arrived.
There were clear supervision arrangements including a detailed induction process, ongoing supervision of practice and annual appraisals. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities.

An on-going training plan was in place. The provision of mandatory and relevant staff training was evident. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their families.

There were effective recruitment procedures in place in the centre. A sample of staff files were reviewed and all contained the requirements of Schedule 2 of the Regulations.

The person in charge confirmed all professionals had evidence of current registration and that all staff had Garda vetting in place. Management told inspectors that no volunteers worked in the centre.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**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 premises met the needs of the existing residents in its layout, and design. The design was homely and residents said they found it comfortable. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

The inspectors followed up on the provider's response to the previous inspection report in relation to the premises and found that most were completed satisfactorily. The management of admissions, reviews following changes in conditions and reconfiguration of bedrooms ensured the privacy and dignity of residents was promoted. However, a review of the storage provisions and arrangements was required. For example, measures were taken on the day of inspection to reduce the amount of equipment for use by staff stored along corridors so as to allow resident’s access handrails and walk unimpeded on corridors and landings.

A description of the accommodation, bedroom and bathroom facilities was described in the previous inspection report March 2017. Bedrooms and bed spaces had been personalised to each individual’s preference. Some bedrooms had personal and religious artefacts and family photographs, and while some signage was in place to support residents with dementia, improvement in this area was required for residents to find
their way and to identify their bedroom.

Furniture was provided in each bedroom observed that included a bed, bed-table, wardrobe and a locker with a lockable drawer. Each resident had access a comfortable chair, some had modified chairs and other used the communal ones. Residents were able to bring additional items with them if they chose to. There was a call bell located in communal rooms, by each resident's bed and in the en-suite and bathroom facilities if they needed to call for assistance. Windows were generally large in size and provided good levels of natural light and views outside. There was overhead and bedside lighting for residents to use as they chose and privacy screening around bed spaces in shared or multi-occupancy bedrooms. Plans to make the environment more dementia friendly were to be considered and rolled out. The volume and level of noise generated by call bells and security and safety alarms required review. Enhancements such as having different colour schemes to support residents to identify corridors, rooms and facilities and having identifiable features, pictures or names on their bedroom door were to be considered. The person in charge and provider representative said a programme of refurbishment and decorating was on-going and matters highlighted on inspection would be followed up.

Two communal day spaces, the reception area and conservatory on the ground floor were available for resident lounging. The decor was homely and seating was arranged to provide different options, for example watching the television, greeting or observing visitors or looking out of the window. There was a range of seating available including comfy sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs. Two adjoining dining rooms were also available opposite the main kitchen. There was a lift to each floor level and two internal stair cases.

A maintenance schedule was maintained to ensure issues to be addressed were logged, reported and completed. On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were aids and adaptations available in the centre to meet the needs of the existing residents. There were handrails on both sides of corridors and grab rails in the showers and bathrooms. Flooring was seen to be non slip but the storage of equipment required by staff on corridors required review to avoid hazards.

There was a visitor’s area and a variety of seating options that people were seen to be using. Visitors also used the conservatory and reception area to meet with residents.

The household team was seen to be working to ensure the centre well-maintained and clean throughout. Relatives and residents were satisfied with the external laundry arrangements and care of their belongings.

There was a front garden that was planted with flowers, had a range of seating and was accessible through locked doors operated by staff. Residents with dementia mostly accessed the garden area with staff or family support.

Judgment:
Substantially Compliant
**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

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

**Findings:**
A risk assessment and a review of the fire safety arrangements throughout the centre was required to be undertaken by the provider following a risk identified by inspectors.

The risk identified related to the adequacy of the arrangements for containing a fire (smoke) within an existing compartment on the ground floor. This finding was communicated to the provider representative and person in charge who agreed to follow up and take appropriate action on the matter.

**Judgment:**
Non Compliant - Moderate

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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:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000002</td>
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<tr>
<td>Date of inspection:</td>
<td>24/04/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/06/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A review of the storage provisions and arrangements was required.

The color scheme and provision of signage to support residents with dementia to find their way and to identify communal rooms from corridors and locate their bedroom required improvement.

The volume and level of noise generated by call bells, and security and safety alarms

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 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 largescale undertaking of storage provision is underway which when complete will provide sufficient storage for equipment currently in use.

Bedroom and orientation signage will be implemented during the summer months. A thorough discussion has taken place in relation to introducing a varied colour scheme as a cue for dementia orientation. It has been decided that this will not benefit residents due to the size and layout of Ailesbury nursing home. In a sample survey conducted with residents and families, the feedback was that residents were entirely satisfied with the current colour scheme.

The volume of the door bell has been reduced significantly, we are currently researching the options available in relation to the reduction of the volume of the elopement alarms.

**Proposed Timescale:** 30/09/2018

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
A risk assessment and a review of the fire safety arrangements throughout the centre was required to be undertaken by the provider following a risk identified by inspectors.

The risk identified related to the adequacy of the arrangements for containing a fire (smoke) within an existing compartment on the ground floor.

2. **Action Required:**
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
We have instructed our fire consultant in the aftermath of this inspection to conduct a Fire Safety Inspection and audit. We are expecting a report and a proposed schedule of works, if any, by 25th June 2018. (Copy of letter from Fire Consultant attached).

In the meantime, a new fire door has been installed which has created adequate arrangements to contain a fire or smoke within the compartment in question.
ANH Healthcare take any risks in connection with fire to be of paramount importance. We commit huge resources on an ongoing basis to ensure that the building for both residents and staff is a safe place to live and work. We remain committed to this endeavour on a daily basis.

**Proposed Timescale:** 25/06/2018