

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Aisling House Nursing Home
<b>Centre ID:</b>	OSV-0000003
<b>Centre address:</b>	Sea Bank, Arklow, Wicklow.
<b>Telephone number:</b>	0402 33843
<b>Email address:</b>	info@aislinghouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Hussein & Jeanette Ali Limited
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	0

## **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).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
13 August 2018 10:30	13 August 2018 17:30
14 August 2018 09:30	14 August 2018 15:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

**Summary of findings from this inspection**

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

Aisling House Nursing home is a single-storey centre, which provides residential care for 31 people. Approximately 52% of residents have dementia. This centre does not have a specific dementia unit.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Medication management practices were in line with national guidelines.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Some gaps were identified in the staff files.

Action required from the previous inspection relating to the undertaking of fire drills to simulate night duty had not been completed. The fire drills carried out were not sufficiently robust to provide adequate assurances, as they did not include any evacuation procedures. Immediate action was required to address this and appropriate drills were carried out on the evening of inspection.

Some improvement was also required to ensure consistent meaningful engagement by staff. Meals and mealtimes required improvements to ensure that the timing of meals was in line with conventional mealtimes, and that adequate assistance was available to residents. In addition, it was noted that the dining room was too small to cater for the number of residents.

Other improvements such as appropriate signage in the premises would ensure that the design and layout of the premises will promote the dignity, wellbeing and independence of residents with a dementia.

These are discussed further in the report and included in the action plan at the end

**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: 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:**

The inspector found that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However, some improvements were required to ensure that meals and mealtimes were an enjoyable experience for all residents.

The inspector saw that dinners were served early around 12md while evening teas started around 4.30pm. This was discussed with the management team as these were not conventional meal times and there was no indication if residents' choice informed the timings. The inspector saw that many residents stayed in the day room for their meals. It was unclear if this was through residents' choice or just habit. These residents did not enjoy the same social aspects of dining as those who went to the dining room, nor were any trays or condiments in use. In addition, the inspector saw a staff member sitting between two residents and providing assistance to both at the same time which is an institutional practice. The inspector saw that the person in charge noted this as well, and got an additional staff member to assist one of the residents.

Weights were carried out at regular intervals, dietary/fluid intake was recorded daily when required, and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic and speech and language therapy review.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls and skin integrity.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. In the sample of care plans reviewed, there was documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Advice and support was provided by the local palliative care team if required.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including physiotherapy and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place to guide practice. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

The inspector reviewed the use of restraint and found that risk assessments were completed prior to use. Additional equipment, such as low beds and sensor alarms, had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. Regular safety checks were completed when restrictive practices were in use.

The provider did not act as pension agent for any residents. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. Documentation such as receipts and details of each transaction were maintained.

**Judgment:**

Compliant

***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:**

The inspector was satisfied that residents were consulted on the organisation of the centre. There was evidence that feedback was sought from residents with dementia on an ongoing basis, regarding the services provided. Some improvement was required to ensure that all interactions resulted in a positive outcome for residents and that their privacy and dignity was consistently respected.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 33% of interactions demonstrated positive connective care, 33% reflected task orientated care, 29% indicated neutral care while 5% of interactions classed as institutional or controlling care. These results were discussed with the management who attended the feedback meeting.

Generally, staff were seen to give an explanation to residents before they offered support and assistance. However, the inspector noted one staff member putting clothes protectors on residents with asking permission or even explaining what was happening.

Otherwise, the inspector found that satisfied residents' privacy and dignity was respected. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends.

A comprehensive activity assessment was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. Some dementia appropriate activities were available. This included music, games and crafts. One to one activities, such as hand massage, were carried out for residents who did not wish to engage in group activities

The inspector saw that some residents preferred to spend time in their own rooms, despite encouragement by staff.

Residents' meetings were held on a regular basis and the inspector saw that an independent advocate attended the meetings having spent some time with residents over lunch beforehand.

**Judgment:**  
Substantially 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:**  
The inspector read the complaints log and noted that additional detail was required. For example, the complainant's level of satisfaction with the outcome was not consistently recorded. In addition, the policy needed to be amended to include details of the persons nominated for specific roles as required by the regulations.

The number of complaints received was minimal.

**Judgment:**  
Substantially Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre.

All staff were supervised on an appropriate basis. Recruitment was ongoing in the centre to fill existing vacancies. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were not in place. For example, two of four files reviewed did not have a satisfactory explanation for gaps in employment while two did not have current addresses. The person in charge was addressing this before the end of inspection.

A staff training programme was in place and a record of training for all staff was available. All mandatory training was completed.

Action required from the previous inspection relating to the secure storage of records had been addressed. Locked cabinets were now in place.

**Judgment:**  
Substantially Compliant

### ***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Some improvements are required to ensure that the layout and design of the centre meets the needs of the residents including the residents with dementia related conditions.

The centre was a single-story building located in a rural setting. There were 15 single bedrooms, four of which had en-suite facilities and eight twin bedrooms, five of which had en-suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Clocks were also available in each room.

The inspector found that dining space was limited. It was noted that up to 13 residents remained in the two day rooms for their lunch. The dining room itself could not cater for the number of residents at one sitting.

The inspector also noted that there was limited directional signage or contrasting colours in use to aid orientation and promote independence for residents with dementia.

This was discussed in detail with the provider representative following the inspection.

The laundry and sluice room were situated outside the building in an adjacent building. Both rooms were multifunctional in that a lot of additional plant and equipment was housed in the same rooms. Because of accessibility issues, it was unclear if the sluice room served its purpose. The provider representative stated that this will be addressed as part of a planned new build.

The environment was bright, clean and well maintained throughout. There was a well-maintained internal courtyard, although access to this was controlled.

Adequate parking was available at the front of the building.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Safe care and support

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

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

**Findings:**

Sufficient assurance was not available that appropriate evacuation procedures were in place for all residents. The inspector noted that fire drills were carried out regularly including night time scenarios which was an action required from the previous inspection. However, these did not include any evacuation procedures. This was discussed with the management team and immediate action was taken to address this. Appropriate fire drills were organised for the night of inspection and additional drills were planned.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Sheila Doyle  
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<sup>1</sup>

<b>Centre name:</b>	Aisling House Nursing Home
<b>Centre ID:</b>	OSV-0000003
<b>Date of inspection:</b>	13/08/2018 and 14/08/2018
<b>Date of response:</b>	10/09/2018

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A large percentage of residents remained in the day rooms for their meals. No evidence was available that this was their choice.

#### **1. Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

<sup>1</sup> 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:**

Daily routines of the residential service are solely dictated by the needs of residents. Residents are asked for their desired place to have their meals and are seated accordingly.

A number of the Residents enjoy their meals whilst watching TV, thus the Sitting Room is their venue of choice for meals. A number of Residents enjoy the social aspect of dining, thus the Dining Room is their venue of choice.

The Person in Charge will highlight the choices of venue for mealtime at future Resident Meetings and take appropriate minutes of said meetings.

**Proposed Timescale:** 07/09/2018

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Meals were not served at conventional meal times.

**2. Action Required:**

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

**Please state the actions you have taken or are planning to take:**

Daily routines of the residential service, including mealtimes are solely dictated by the needs of residents.

The Person in Charge will propose more conventional mealtimes for the Residents at the next Resident Meeting and take appropriate minutes of said meeting.

The proposed more conventional mealtimes will be as follows:

Breakfast: 8am – 10am, Dinner: 12.30pm – 2.30pm, Evening Tea: 5pm – 6.30pm (or at whatever time is requested by the Resident). Tea, coffee, other refreshments and snacks to remain served throughout the day.

**Proposed Timescale:** 07/09/2018

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

One staff member was assisting two residents with their meals at the same time.

**3. Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

**Please state the actions you have taken or are planning to take:**

The Person in Charge ensures that an adequate number of staff are available to assist residents at meals and when other refreshments are served and will ensure staff are appropriately allocated and available to provide assistance.

Staff are regularly informed that mealtimes are an opportunity for social interaction between residents and staff and that they should be a highly enjoyable time for residents.

**Proposed Timescale:** 07/09/2018

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

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

One staff member was putting clothes protectors on residents with asking permission or even explaining what was happening

**4. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**

The Person in Charge discussed ensuring each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents with Staff at a recent Staff Meeting.

Staff were reminded to review the Policy on Resident's Privacy and Dignity to ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Proposed Timescale:** 07/09/2018

**Outcome 04: Complaints procedures****Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The complainant's level of satisfaction with the outcome was not consistently recorded.

**5. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**

The format of the Complaints Form has been amended to specifically record the outcome, the complainant's level of satisfaction and recommendations for any further action.

**Proposed Timescale:** 07/09/2018

**Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The complaints policy did not include details of the persons nominated for specific roles as required by the regulations.

**6. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**

The Handling and Investigation of Complaints Policy has been reviewed and updated to reflect the details of the persons nominated for specific roles as required by the regulations.

**Proposed Timescale:** 07/09/2018

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Two of four files reviewed did not have a satisfactory explanation for gaps in employment while two did not have current addresses.

**7. Action Required:**

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

The gaps in employment for the two files in question have been updated to indicate full employment history.

The current addresses for the two files in question have been updated to indicate current address.

The Person in Charge has reviewed all files and confirm all correct and up to date.

**Proposed Timescale:** 07/09/2018

**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:**

Dining space was limited. The dining room itself could not cater for the number of residents at one sitting.

There was limited directional signage or contrasting colours in use to aid orientation and promote independence for residents with dementia.

The sluice room was situated outside the building in an adjacent building. This room was multifunctional. Because of accessibility issues, it was unclear if the room served its purpose.

**8. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

As per HIQA 2016, 2.7.4, the Building exceeds the required space for residential services, recreational and dining space (collectively known as communal space).

The Building's upcoming extension will add further communal space (including dining space) for the Residents to enjoy.

A project to promote independence for residents with Dementia by updating all directional signage and contrasting colours in the building has been initiated and will be completed in December 2018.

The Sluice Room serves its purpose and is situated 3 meters from the Building. The Sluice Room has been cleared of any non-relevant items. The Building's upcoming

extension provides for an inside Sluice Room which will satisfy any accessibility issues.

Proposed Timescale: Further communal space - 01/10/2019

Directional Signage & Contrasting Colours - 01/12/2018

New Sluice Room - 01/10/2019

**Proposed Timescale:** 01/10/2019

## **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:**

Sufficient assurance was not available that appropriate evacuation procedures were in place for all residents as fire drills did not include evacuation procedures.

### **9. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

### **Please state the actions you have taken or are planning to take:**

The Person in Charge will ensure that evacuation procedures (including simulated day and night evacuations) for all residents will be included in Fire Drills and recorded accordingly.

**Proposed Timescale:** 07/09/2018