



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	12 and 13 February 2019
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0022813

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ardeen Nursing Home is registered to accommodate up to 40 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 14 single bedrooms, 11 twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of one single and four twin bedrooms facilitating nine residents. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for residents requiring support from Psychiatry of Old Age. In addition, centre caters for residents that use a wheelchair and residents requiring percutaneous endoscopic gastrostomy feeds (PEG Feeds). Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

38

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
12 February 2019	08:30hrs to 17:30hrs	Vincent Kearns	Lead
13 February 2019	07:00hrs to 13:30hrs	Vincent Kearns	Lead

## Views of people who use the service

From speaking to residents the overall feedback was very positive and residents were happy with the care and support they received. In addition, all of the returned residents' questionnaires issued as part of the centre's ongoing quality improvement programme, clearly identified staff as being very attentive and caring to residents. In these questionnaires residents again expressed satisfaction with the overall service provided. For example, residents reported high levels of satisfaction with the meals and activities available in the centre. There were also returned residents' questionnaires as part of this announced inspection. All of these returned questionnaires were very complementary about the staff, the care provided and the homeliness of centre. Residents to whom the inspector spoke stated that staff provided exceptional care, that their choice and freedom to make decisions about their day was always respected. They also reported that there was a very friendly atmosphere and felt that the centre was "a home from home". Residents knew the staff and person in charge by name and said that they could bring issues to any member of staff. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents also described staff as very kind, caring and responsive to their needs. Residents said staff kept them informed and up to date about any changes to their health and social care needs.

## Capacity and capability

This was an announced inspection following an application by the registered provider to renew registration of the centre. Overall, the inspector found continued good levels of compliance with on-going improvements also evident on this inspection. For example, the single action from the previous inspection was being progressed in line with previous commitments made. Overall, the inspector found evidence of continued good governance and management of the centre. For example, there was a defined management structure that clearly outlined the lines of authority and accountability in the centre. The provider representative had been involved in the management of the centre since 2007 and was in close and regular contact with the person in charge. The person in charge was very familiar with all the residents, the management of the centre and all staff; as she had initially worked in the centre as a staff nurse back in 1983. In addition, she had been appointed to the position of person in charge since 1997. The person in charge outlined how she was actively involved in providing suitable governance and managerial oversight of the centre and described the monitoring and reporting arrangements. For example, there were regular structured meetings with the provider representative, with staff and a quality assurance system that involved ongoing auditing on key issues such as accidents, incidents, wounds or medication

management. The inspector noted that recorded minutes were maintained of these meetings. There was also an Assistant Director of Nursing (ADON) who was available to provide managerial support and she also, was an experienced nurse manager. Arrangements were also in place for the person in charge, ADON and or the senior nurse to regularly meet with residents and their representatives.

Overall, there were effective quality management systems in place to ensure the delivery of service was safe and consistent. Appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing procedures. Where learning issues were identified as a result of these reviews, measures were in place to ensure that such learning, and any related practice or procedure improvements, were relayed to staff accordingly. An annual quality review had been completed for 2018 that reflected standards of care and provided a plan on progressing quality improvement initiatives into 2019.

The inspector was assured that the provider was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. Regular staff performance appraisals were ongoing and all staff were supervised on an appropriate basis, in accordance to their role and responsibilities. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, and staff had completed mandatory training. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

In relation to adequate resources, the inspector observed that there were sufficient equipment in place to ensure the delivery of safe and good quality care to the residents, with the current skill mix and staffing levels. There was also for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. In addition, during the summer all the external buildings had been repainted and considerable work had been done to improve the extensive gardens of the center. The person in charge outlined further plans to develop a sensory garden as part of a quality initiative for 2019.

Policies and procedures had been recently updated by the person in charge to reflect the most up-to-date regulations, national standards and best practice guidelines. Other documentation reviewed to ensure compliance with the regulations included a current insurance certificate, the directory of residents and contracts of care. The provider representative and person in charge were aware of their roles and responsibilities regarding submission of notifications to the Office of the Chief Inspector.

## Registration Regulation 4: Application for registration or renewal of registration

The application to renew registration was timely and contained all the requirements set out in the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was an experienced nurse manager and had worked in the center for nearly 36 years. She worked full time in the centre and was a qualified nurse with significant experience in the area of nursing the older person. The person in charge possessed suitable qualifications and the clinical knowledge to ensure suitable and safe care. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person centre high quality service. The person in charge was fully engaged in the governance and administration of the centre on a consistent basis. The inspector observed that the person in charge was very approachable and for example sat and chatted with many residents at different times during the inspection. She was fully aware of residents' care and support needs, met staff each day and attended the daily handover meetings. She also met with residents on a daily basis and frequently met many residents' representatives. The person in charge had a specific interest in providing a homely environment that was person centered. She explained to the inspector how she promoted continuous improvements in residents' care by for example, continuously updating staff training and had been documenting staff appraisals yearly. Residents, spoken with, described the person in charge as very supportive and staff also confirmed that she a very approachable' manger that had the residents' needs came first in the center.

Judgment: Compliant

### Regulation 15: Staffing

The number and skill-mix of staff in the centre on the days of the inspection was sufficient to meet the assessed needs of the residents having regard to the size, design and layout of the service.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an induction and supervision programme in place for new staff. Regular staff appraisals were completed to inform continuous professional development. A range of training was completed by staff that was relevant to the care and support needs of residents. This included fire safety, infection control, moving and handling practices, and dementia training. Refresher training was available in a timely manner to ensure staff knowledge remained up to date and there were number of training dates planned for 2019.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was established and maintained by the person in charge and available in the centre. It was kept up to date to ensure that it was in line with the requirements set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Overall, records were seen to be maintained and stored adequately and met legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. In addition, Schedule 2 requirements including An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. For example, a number of contemporaneous records that required review by the inspector as part of this inspection had been stored in one easy to access file.

Judgment: Compliant

### Regulation 22: Insurance

A current certificate of insurance in relation to the centre was available, as required by regulations

Judgment: Compliant

### Regulation 23: Governance and management

Overall, there was evidence of good management and governance arrangements in place in the centre that were in keeping with the centres statement of purpose. These arrangements were effective, as evidenced by the continued good level of compliance identified on this and previous inspections. There was evidence of good levels of consultation with residents and their relatives and there was an auditing system to provide monitoring of the quality of care provided. There were adequate resources provided for the continuous professional development of staff. An annual review of the quality and safety of care delivered to residents had taken place for 2018 and provided suitable action plan for ongoing quality improvements within the centre for 2019. The inspector noted that there had been resident satisfaction surveys completed to ascertain residents' views and provide ongoing feedback. A review of these returned questionnaires indicated a high level of satisfaction with the service provided. In addition, there was a program of ongoing audits available.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and or their relatives and the contracts were clear, user-friendly and outlined the services and responsibilities of the provider representative to the resident and the fees to be paid. The contracts also identified details in relation to the residents bedroom accommodation, as required by regulation.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose detailed the aims, objectives and the facilities and services that were to be provided for residents. The statement of purpose was made available for residents, visitors and staff to read and had been most recently reviewed in February 2019.

Judgment: Compliant

## Regulation 31: Notification of incidents

There were adequate arrangements in place for any incidents as described in the regulations to be reported to the Office of the Chief Inspector in accordance with the requirements of the legislation. There was a low incidence of reportable events from this centre. The inspector followed up on a number of notifications received from the centre and saw that suitable actions had been taken regarding each accident or any adverse event.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints could be made to any member of staff and the complaints log evidenced that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and the complaint log recorded whether or not they were satisfied.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Written policies and procedures as listed in Schedule 5 of the regulations were available. They were signed and dated by staff to indicate they had read and understood them. The majority of these policies had been updated by the person in charge in October 2018 and in accordance with the regulations.

Judgment: Compliant

## Quality and safety

The inspector observed that staff demonstrated good knowledge and understanding of the needs of residents. Overall, residents received a good standard of care and access to medical resources and the services of allied health care professionals were in keeping with the assessed needs of residents. Pre-admission assessments were completed and care plans demonstrated on-going assessments. Activities staff discussed the activities programme with the inspector and outlined that activities varied from day-to-day. Residents reported they had access to lots of

activities both within the centre and in the community, and that they had spent a lot of time out in the gardens this summer. Residents said they had choice in whether to participate in activities or decline. Activities included imagination gym, regular live music sessions, a variety of games, reading the news paper and discussing it. Local and national newspapers were widely distributed and readily available throughout the centre each day. Residents told the inspector that they were well supported to live as independent a life as possible, and spoke about the friendly atmosphere in this relatively small centre. Staff to whom the inspector spoke said that the overall ethos of the centre was to provide a relaxed, homely and supportive environment for residents. There was a choice of GP's attending the centre and nursing care was provided by a minimum of one registered nurse who was on duty both day and night time. Based on a review of a random sample of care plans; the inspector was satisfied that the care plans reflected the majority of each resident's assessed needs. Assessment was supported by a number of evidenced-based assessment tools and plans of care were in place to meet most identified needs.

The design of the premises generally enabled residents to spend time in private and communal areas both in their own and in other communal areas of the centre. There was open access to the garden from the rear ground floor of the centre. The premises was bright, warm, homely and pleasantly decorated. Since the last inspection, additional redecoration to mainly the outside of the premises had been completed with evidence of on going internal redecoration and maintenance. The person in charge discussed the programme of upgrading which was on-going and, for example, she discussed the provider's plans for the reduction of the one four bedded bedroom to two twin bedrooms.

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom the inspector spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. A review of residents' care records, the practice of staff, and feedback from residents found that health and social care needs were being met in a timely way and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected. A sample of care plan records were reviewed, and all were found to reflect the residents' individual preferences, information about their life before moving to the centre and a health history. In practice staff were seen to know the residents needs well, and were responsive to changes such as reduced intake of food, or changes in mobility levels. Where residents were identified as being at risk of incidents or accidents, for example falls or developing pressure areas, contact was made with the appropriate health care professional and assessments were carried out. Where necessary health professionals outside of the service were contacted to provide support, for example tissue viability, speech and language therapy or a consultant psychiatrist.

The person in charge outlined on going efforts in the centre to promote a restraint free environment. The inspector noted that there was a particularly low level of use of any equipment or approaches that restricted residents free movement, for

example bed rails or lap belts. The person in charge demonstrated how she and her staff endeavoured to keep any form of restriction to a minimum. They assessed residents to see their suitability for any intervention and always included whether alternative measures had been trialled and what was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure the residents safety.

Overall there were suitable fire safety procedures and practices in place. For example, fire safety equipment was serviced on an annual basis and the emergency lighting and fire alarm panel were serviced on a quarterly basis. Emergency evacuation floor plans were displayed on corridors. Fire safety training was up-to-date and residents had been assessed to identify the assistance required in the event of an emergency. The risk register detailed identified risks, the level of risk and the control measures in place to mitigate risk. However, some improvements were required in relation to fire safety records and some additional risk assessments were required.

The inspector observed good practices regarding hand hygiene and infection prevention and control practices. Staff had completed hand hygiene training and demonstrated good knowledge and understanding of infection prevention and control practices.

### Regulation 11: Visits

There was an open visiting policy and the inspector observed that visitors were welcomed and many were well known to staff. Residents also confirmed that visitors were always facilitated. There was evidence that visitors kept up to date in relation to their loved one's needs, particularly if there were any significant changes. Visitors were seen coming and going in the centre at different times.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate space including wardrobes for residents to store their clothes or personal memorabilia in all bedrooms, including the four bedded bedroom. Each resident had access to secure lockable storage for safe storage of small quantities of money or valuables.

Judgment: Compliant

## Regulation 13: End of life

On the days of this inspection there were no residents receiving end of life care. However, there was evidence of a good standard of end of life care and support was available. Nursing staff outlined that appropriate access to the specialist palliative home care team was provided to residents requiring palliative care. There was an Oratory available for resident and visitor use and religious services were held regularly in the centre. There were some overnight facilities available to enable families remain overnight, if required. Staff spoken to outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs and residents care plans were seen to have recorded such details. The inspector found that staff were aware of the policies and processes guiding end of life care.

Judgment: Compliant

## Regulation 17: Premises

The inspector noted that the overall design and layout of the centre was adequate to meet the individual and collective needs of residents and was generally in keeping with the centre's statement of purpose. The premises had been well maintained and redecorated to a good standard. The centre was observed to be homely, warm, bright, with fresh flowers displayed throughout the centre and seating was arranged for convenience in access areas. The premises were well decorated with pictures, traditional items, paintings and soft furnishings in all parts of the centre and appeared clean throughout. There were large easy to read clocks in a number of rooms and a large dementia friendly calendars and picture information systems posted in a number of locations in the centre. Many of the resident's bedrooms were personalized with many examples of personal memorabilia, photographs, pictures and ornaments. There were signage for example, numbers on bedroom doors and signage on corridors to support residents, particularly residents with a cognitive impairment find their way around the centre. The centre was a two-storey premises with bedroom accommodation on both floors and communal accommodation with the exception of a small visitors room; provided on the ground floor. The ground floor bedroom accommodation consisted of eight single bedrooms with wash hand basin, five single bedrooms with ensuite facilities, six twin bedrooms with wash hand basin and one twin with wash hand basin and toilet. In addition, there is one four bedded room with ensuite facilities. The first floor contained one single bedroom with wash hand basin and four twin bedrooms also with wash hand basins. As the first floor could only be accessed by using the stairs or a chair lift; the person in charge outlined the criteria that residents must meet if they were to live in this part of the centre. The inspector noted that this criteria in relation to residents living in the first floor was clearly stated in the centres' statement of purpose. During this inspection, the inspector noted that each of the residents living on the first floor met

this criteria for example, all were mobile and had low dependency needs and these bedrooms therefore met their needs.

The design and layout of the four bedded bedroom ground floor had been improved. For example, with the provision of enlarged individual privacy screens around each bed, with the creation of a small sitting area within this room with for example, additional seating and table, and by providing an accessible en-suite bathroom and shower. However, as identified on previous inspections the four bedded bedroom potentially did not afford residents the necessary privacy to engage freely in communication and conduct personal activities in private. The provider had previously submitted a plan to the Office of the Chief Inspector in relation to commencing building works aimed at dividing this room into two twin bedrooms with completion date previously given as by 30/11/2021. The inspector noted that all residents spoken with were happy with their accommodation and this issue was further detailed and actioned under regulation 9 in this report.

Given the profile of residents living in the centre on the days of inspection, there were adequate sanitary facilities provided. These facilities comprised of three assisted shower facilities with toilets and wash hand basins, one assisted bath with toilet and wash hand basin and, three additional communal toilets each with wash hand basins on the ground floor. On the first floor there was one shower and toilet and another separate toilet both with wash hand basins.

Residents had access to a large enclosed outdoor garden that contained suitable patio type furniture, raised flower beds, bird feeders and a number of interesting and safe paths for residents use. There was appropriate assistive equipment such as speciality beds, mattresses, and hoists and records indicated that preventive maintenance was up-to-date.

The main communal sitting area was bright and open plan with large windows to the front of the building. There was a separate quiet area near the nurses office with seating for residents and their visitors, if they wished. The dining area was well laid out and opened onto the conservatory area that was bright and had nice views of the garden and where residents could also take their meals, if they wished. Staff facilities for changing and storage were located on the first floor and there was a small visitors room also on the first floor. Kitchen facilities were located centrally on the ground floor of the premises and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

Judgment: Compliant

## Regulation 18: Food and nutrition

The inspector saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was

communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments including bowls of fresh fruit were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

### Regulation 20: Information for residents

There was regular residents meetings in the centre. There was a residents' guide which included a summary of the services, summary of the contract of care, complaints process and arrangements for visits. This information was supplemented with information on notice boards through the centre and a monthly newsletter giving information and plenty of photographs about what was going on in the centre such as activities, special anniversaries, outings and parties.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

There was a process in place to ensure that where residents were temporarily absent from the centre all relevant information was sent with them to the hospital or relevant place.

Judgment: Compliant

### Regulation 26: Risk management

Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, and residents leaving the centre unexpectedly. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. However, some improvements were required in the hazard identification and assessment of risks in the centre. For example, risk assessments were required in relation to the stair Bannister on the first floor and the bowls of fresh fruit located in a number of locations in the centre

required a risk assessment in relation to for example, any residents with swallowing difficulties. In addition, a risk assessment was required in relation to unrestricted access to the staff changing room on the first floor.

Judgment: Substantially compliant

### Regulation 27: Infection control

The premises appeared to be clean and, overall there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

### Regulation 28: Fire precautions

There was evidence that the registered provider had taken suitable measures to protect the residents, staff and the premises against the risk of fire. For example, suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. There were fire and smoke containment and detection measures in place in the premises. Staff spoken to were familiar with the actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly however, some improvement in the records of these drills was required as not all fire drill records recorded the fire scenario being simulated during the practice drill. In addition, the personal emergency evacuation plans (PEEPs) required some improvement to also include details of the information on the capabilities of the resident in understanding the fire detection and alarm sounder, and information on any supervision requirements of each resident after the evacuation.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Medications were stored and managed in line with relevant legislation and guidelines. Records relating to medication management were well-maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There were pre-admission assessments of prospective residents completed prior to admission. This gave the resident or their family an opportunity to meet the person in charge in person, provide information and determine if the service could adequately meet the needs of the resident. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. Care plans were developed on admission and reviewed at regular intervals to ensure residents health and social care needs were being met. There was evidence that these care plan reviews involved residents and or their relatives. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission, and as required thereafter. Each resident had a named nurse assigned to them to ensure that their care plans were individualised to residents wishes and needs, and this facilitated positive person centred outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. There was evidence that resident's had suitable access to GP's, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. Residents spoken to confirmed that they had retained their GP of choice and were happy with the medical support provided.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques, when required. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required. For example, there was regular supportive visits by the community psychiatric nurse in relation to supporting

residents with anxiety and behavioural and psychological symptoms of dementia. In addition, behavioural support logs including records to support people with communication needs associated with a cognitive impairment, were in place to mitigate future occurrences.

Judgment: Compliant

### Regulation 8: Protection

There were a number of organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. In relation to financial arrangements, each resident had access to a locked facility to store small quantities of money or valuables. The provider representative confirmed that the centre did not manage any pensions on behalf of any resident. However, for a small number of residents who received support in relation to small quantities of expenditure for example, hairdressing bills; the inspector noted that these arrangements were suitable. For example, these arrangements included financial records with double signatures from staff, and receipts, to safeguard residents interests. In addition, there was an auditing process of these records conducted by the person in charge that gave further assurances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were seen to be respected in the centre. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to also be very supportive, positive and respectful in their interactions with residents. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Residents were being supported to make choices about how they spent their time, with a range of activities being offered in different locations around the centre and, for some residents regularly attending activities off site. There was a programme of activities carried out by an activities coordinator who was seen leading activities in a number of locations. The inspector noted that a variety of activities were on offer including bingo and outings to local areas of interest such as a visit to a local heritage centre, attending a dance at a local hotel and visits by a local community support group. There had also been a number of garden parties and visits to a local pub which residents said was particularly enjoyable. Some residents said that they enjoyed the regular live music

sessions provided in the centre. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

The person in charge used different ways to get feedback about the quality of the service provided. These included the person in charge speaking to residents each day, and resident and relative surveys/questionnaires about the service being provided. She also obtained feedback from meeting relatives and advocates, as well as feedback from regular residents meetings. Staff were observed checking with residents throughout the day. For example, enquiring with residents about what they wanted to do, where they wanted to sit, what drinks or snacks they might like, and what activities they would like to take part in. These included for example, physical options such as garden walks, mind based activities and religious observance.

Information was accessible for residents in the centre, with public notice boards in key areas, and access to the residents' guide and other documents about the service, including the monthly newsletters. However, as already outlined under regulation 17 of this report, the residents living in the four bedded bedroom had various health and social care needs and the design and layout of this bedroom potentially impacted on the provision of choice for some of these residents. For example, the options for some residents to spend time alone, or watch television or listen to the radio station of their choice, may have been impacted by the design and layout of this multi-occupancy bedroom. The provider had previously submitted a plan to the Office of the Chief Inspector in relation to commencing building works aimed at dividing this room into two twin bedrooms with completion date given as by 30/11/2021. In the interim, the person in charge confirmed that part of the pre-admission process of any resident admitted to this bedroom involved screening residents to ensure the suitability of this room to meet their individual and collective needs. She also confirmed that all bedroom accommodation was under constant review as residents' needs changed.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0022813

Date of inspection: 13/02/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Stair Banister: Following risk assessment- All residents admitted to the upper story must meet criteria as per Statement of Purpose, with regular review if the status of resident changes.</p> <p>Bowls of Fruit: No longer located at various locations in the centre. Variety of fruit of resident's choice is offered regularly and given under supervision.</p> <p>Staff changing room on first floor: Entrance to staff area is now restricted to staff only. Keypad applied.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Training: All staff completed fire warden/awareness training on 6th March 2019.</p> <p>Fire Drills: Ongoing fire drills will be held regularly, recording the fire scenario being stimulated during the practice drill.</p> <p>PEEPS: More detailed information to be included as per Reg. 28.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Improvement has already been made following 2016 Inspection i.e. reduction of bed capacity from 6 residents to 4. Screening around all residents up-graded. Addition of new shower/ toilet facility.</p> <p>In the interm we will continue to ensure privacy, dignity and choice.</p> <p>To further promote privacy, dignity and choice we plan to further upgrade our facility ie. by dividing the room thus providing 2 double rooms, facilitating 2 residents per room with adjoining en-suites. The current measurement of room 13 is 52.87 (m2).</p> <p>Funding will be available for the above plan with completion date 31st July 2020. See costing attached.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	28/02/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Substantially Compliant	Yellow	31/07/2020

	such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2020