<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ardmore Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005307</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Finglas Road, Tolka Valley, Dublin 11.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 864 8300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@ardmorecare.ie">info@ardmorecare.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>Ardmore Lodge Nursing Home Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sean McNally</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>83</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 ongoing regulatory compliance. 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 October 2017 09:00  
To: 24 October 2017 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This was an unannounced monitoring inspection by the Health Information and Quality Authority to assess compliance with the Health Act 2007(Care and Welfare of Residents in designated Centres for Older People)) Regulations 2013 and to examine information that had been received by the Authority. Inspectors found that the most of these issues were being addressed by the centre through its complaints and quality improvement processes.

The designated centre is registered to provide accommodation for a maximum of 89 residents. Accommodation is provided in a modern four storey building which is situated close to transport links and local amenities and shops. Inspectors found that
the premises was safe, suitably designed and laid out to meet the needs of the residents. There were 71 single occupancy rooms and nine twin occupancy rooms. 83 residents were being accommodated at the centre on the day of the inspection.

The centre had recently appointed a Person in Charge (PIC) to take over from the previous appointee. The PIC is a qualified nurse with more than three years experience of working with older persons in a designated centre. The PIC met the requirements of the regulations. They had implemented a number of changes for improvements since their appointment and cooperated fully with the inspection process. The PIC is supported in their role by two assistant directors of nursing. Although the provider had written to all residents to inform them about the appointment of the new PIC several residents and family members who spoke with the inspectors told them that they were not aware of the new appointment and had not met the PIC. The PIC told the inspectors that they intended to have met with all residents and families over the next four weeks.

Residents and relatives who spoke with the inspectors during the inspection were positive about the care and facilities provided at the centre. A review of staff rosters showed that although the numbers and skill mix of staff on duty during the inspection was sufficient inspectors found that the resources were not being appropriately managed to meet the needs of the current residents. This is addressed further in the report.

Records showed that residents had good access to nursing, medical and allied health care services such as physiotherapy, dietician and occupational therapy and to specialist services such as tissue viability and mental health services. Resident’s assessed needs were clearly set out in care plans which were up to date and reflected the resident’s current needs.

There were clear systems in place to protect and safeguard residents. Staff were clear about their roles and responsibilities to protect residents. Residents told the inspectors that they could trust the staff and said they felt safe in the centre.

The provisions in relation to health and safety and risk management were mostly satisfactory although the recording of fire drills was not sufficient to assess staff performance in this area and identify any areas for improvements.

Inspectors found that the residents had good access to activities and entertainments and that these were appropriate to their interests and capacities. The centre had a dedicated activities team who took responsibility for this area of provision.

There was evidence that the complaints policy was being implemented in relation to issues and concerns that had come to the attention of the management team. Inspectors found that there were clear improvement plans in place for areas such as catering and laundry services in response to complaints raised.

The centre achieved good compliance with the health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in most
outcomes inspected however improvements were required in relation to governance and management, staffing, fire drills and resident contracts.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

### Outcome 01: Statement of Purpose

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose had been reviewed in October 2017. The document detailed the aims and objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspectors found that there was a clearly defined management structure that identified the lines of authority and accountability, specified roles and detailed the reporting structures. This was outlined in the statement of purpose and staff were aware of the management structure and reporting arrangements. However inspectors found that improvements were required in relation to communications with residents and families, the systems that were in place to review the quality and safety of care provided for residents and the management of resources in the centre.

Although there was a clearly defined management structure in place due to the number of changes that had occurred in the centre in recent months some residents and families who spoke with the inspectors had not met some members of the management team and were not clear how to contact them.

Inspectors found that there was evidence of consultation with residents and their representatives during the assessment and care planning processes and in their involvement in social and recreational activities provided including meal provision and daily routines. However residents were not sufficiently included in the systems used in the centre to review and monitor the quality and safety of care and services. This had been recognized by the provider and PIC who had carried out a recent review of how residents were consulted with and as a result regular resident meetings and a suggestion box had been introduced. The PIC had made herself available to meet with families and residents and to hear their views and planned to have met with all residents within the coming weeks. Since their appointment the PIC had addressed a number of ongoing complaints and was able to demonstrate changes that had been made to address issues that had been raised. Inspectors were satisfied that complaints were now being managed in line with the centre's complaints policy.

The centre carried out a number of monthly audits in key areas such as infection control, falls, resident dependencies, wounds, restraints and incidents. The inspectors reviewed a sample of audit documentation and incident reviews and found that although the systems were rigorous in the amount and quality of the data that was collected the process did not analyze the data and identify areas for improvements. As a result there was no clear record that improvements had been implemented following audit findings and incident reviews.

The centre had systems in place to review resources to ensure that they were in line with the statement of purpose. However these needed improvement as inspectors found that resources such as staff were not being managed to meet priority needs and to ensure the effective and safe delivery of care and services for residents. This is discussed under Outcome 18.

Judgment:
Non Compliant - Moderate

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

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had a written contract with the provider agreed on admission, which set out the terms of residency, services to be provided and the fees to be charged. A sample of resident contracts was reviewed by inspectors. In light of the 2016 amendment to the regulations, recent contracts included a clause clearly stating the occupancy of the bedroom to which the resident is entitled under the terms of their accommodation, with older contracts including this as an addendum.

The contract clearly stated the amount payable for regular fees, and services which would incur additional charges, such as taxis, newspapers or hairdressing. Inspectors noted some older contracts making reference to a weekly charge related to the Health Information and Quality Authority. This was discussed with the provider who advised that this was not being charged and would be removed. There was an additional service fee charged for activities, the value of which differed between residents based on level of ability and participation. Inspectors advised providers to ensure that this was kept under regular review with regard to changing dependency levels and recorded attendance and engagement with activities, and that residents and their representatives are clear about their options around additional charges.

The centre maintained a clear guide to the centre for residents which explained how to lodge a complaint, arrangements regarding visitors, activities in the centre and how resident feedback is sought. A newsletter relating to recent and upcoming events and outings, including photos, was circulated in the centre to keep residents up to date with news in the centre.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

**Findings:**
The person in charge (PIC) is a suitably qualified and experienced nurse who is accountable and responsible for the provision of the service.

The PIC is a registered nurse who has the required experience, management qualifications and knowledge in line with the regulatory requirements. The PIC works full time at the centre.

During the inspection the PIC facilitated the inspection process and provided relevant information as requested. They demonstrated that they had knowledge of the regulations pertaining to the care and welfare of the residents in the centre.

The PIC meets with registered provider and the senior management team on a regular basis. The PIC is supported in their role by two assistant directors of nursing who deputized in their absence.

Staff who spoke with the inspectors were aware of the PIC and had met with her in their day to day work or in staff meetings. Some families told the inspectors that they had not met the PIC or other members of the management team. The PIC had a plan in place to meet with all families by the end of November 2017.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider and person in charge (PIC) were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the centre during their absence.

The PIC was supported in her role by two assistant directors of nursing who took responsibility for the designated centre in her absence.

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

Theme:
Safe care and support

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

Findings:
The centre had measures in place to protect residents and that systems were in place to take appropriate actions in response to allegations or disclosures of abuse. Residents were provided with care and support that promotes a positive approach to responsive behaviours (how a resident with cognitive impairment might react to their environment).

There was a comprehensive policy and procedures in place for the prevention, detection and response to abuse. The policy included information about the types of abuse, detection, reporting and investigating incidents in order to safeguard individual residents. The PIC demonstrated knowledge about the centres policies and procedures and was clear about her regulatory responsibilities in relation to protecting residents from abuse and responding to allegations and disclosures.

Training records showed that all staff had attended training on the protection of residents from abuse. Staff received regular update training through the training programme and staff meetings and handovers. Staff who spoke with the inspectors were clear about what to do in response to an allegation of disclosure of abuse. Staff reported that nursing and management staff were approachable if they had any concerns.

Residents who spoke with inspectors confirmed that they felt safe at the centre and that staff were respectful and kind. Relatives confirmed that they were satisfied that residents were safe and well cared for in the designated centre.

Inspectors found that the centre promoted a positive approach to dementia symptoms and behaviours. Most staff had attended dementia awareness and responsive behaviours training. The training was provided by one of the centre’s clinical nurse managers (CNM) who had expertise in dementia care.

Care plans were in place for residents who displayed responsive behaviours and included triggers for behaviours and the most appropriate interventions to support and reassure
the resident. Staff were knowledgeable about individual residents and how best to provide care and support. Residents were monitored and behaviours recorded on ABC charts as required. Referrals to the resident’s GP or specialist mental health services were made when needed.

The use of psychotropic medications by individual residents was reviewed regularly by the resident’s GP. The centre completed regular audits of psychotropic medication usage however inspectors noted that this information was not used to review practices within the centre.

There was clear evidence that the centre was working towards a restraint free environment. Where bed rails were used to keep residents safe whilst in bed care plans included a risk assessment and evidence of consultation with the resident and their family and with the resident’s GP. Alternatives such as low-low beds and crash mats were available however inspectors found that trials of alternative equipment were not clearly documented in care plans.

Inspectors observed that most residents were up and about during the day mobilising around their unit or between units when attending activities. Staff were seen to offer gentle encouragement when helping residents to mobilise or to take part in activities. As a result residents were supported to maintain their independence and preferred daily routines.

The centre had clear policies and procedures in place in relation to resident’s finances. The centre did not act as a pension agent for residents and did not get involved in resident’s private finances. Residents had a locked facility in their bedrooms for the safe keeping of small amounts of monies and valuables. This was made clear to residents and families as part of the centre’s admission procedures.

Judgment:
Substantially Compliant

**Outcome 08: Health and Safety and Risk Management**

**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Safe care and support

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

**Findings:**
There was a comprehensive risk register in the centre which described potential hazards in the service and identified control measures and actions taken to mitigate or minimise the risk involved. Accidents and incidents were logged electronically and were available for review by management.
Staff had received formal training in fire safety and in how to evacuate residents, including those who were immobile. Staff spoken with were clear on their duties and responsibilities in the event of an emergency or evacuation and knew who took charge in instructing staff during a fire event. Each resident had a simple and clear chart in their room which informed the reader of each person's cognitive and mobility level and needs during an emergency, including equipment required, level of staff assistance and if verbal prompts are required. Fire drills took place frequently in the designated centre and included early morning drills which involved night staff. Reports from these drills were detailed and noted the time, duration and location of the simulated fire. The reports served as a learning opportunity for staff to improve efficiency, highlighting any factors causing delay and whether or not the staff achieved the ideal target time for evacuating a compartment.

There was adequate fire fighting equipment onsite and all doors were fire resistant with the ability to close automatically with the fire alarm to effectively contain the spread of flame and smoke in a fire event. Regular in-house checks were in effect on escape routes and fire alarm testing, and certification of external testing and servicing of fire fighting equipment, emergency lighting and the panel was documented.

The centre was overall clean and in a good state of maintenance. Staff had attended training on infection control practices and demonstrated good awareness of infection control policies and procedures. Good infection control practices were observed, for example clear information for staff relating to potential infection risks and cleaning staff observed using appropriate personal protective equipment and colour coded equipment as part of their daily work practices.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
There were appropriate systems in place to ensure that medication practices are safe and in accordance with current guidelines and legislation.

Inspectors found that there were comprehensive operational policies relating to the ordering, prescribing, storing and administration of medicines and the disposal of unused or out of date medicines.
Medicines were pre-packed for individual residents prepared by the pharmacist. The centre used a computerized medication system. Inspectors noted that computerized medication records contained the required information to administer the medications as prescribed by the resident’s GP. Resident’s allergies were clearly recorded and a recent photograph of each resident was available. Staff followed appropriate medication management practices for example nurses used two forms of identification to ensure that the correct medication was administered to the resident. Nursing staff recorded the medications given and documented where a resident refused medication. The computerised system had a system of built in safety alerts to ensure that potential medication errors were highlighted to the nurse at the time of administration.

There was evidence that medications were reviewed regularly by the resident’s GP. Medication audits were carried out monthly by the clinical nurse managers. Medication errors were recorded and investigated in line with the centre’s policy and appropriate action plans implemented to prevent recurrence.

All medications were stored appropriately including controlled medications. Inspectors reviewed a sample of the controlled drug stock and found it to be correct. Stock levels were checked and recorded at each change of shift in line with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Each resident’s assessed needs were set out in an individual care plan that reflects their needs, abilities and preferences for care. Residents had access to a high standard of nursing care and appropriate medical and health and allied health care professionals.

Documents showed that each resident had a pre-admission assessment prior to their admission in order to ensure that the centre could meet the individual’s ongoing needs.
Following admission a comprehensive assessment and a care plan was developed with the resident and their family. The centre used an electronic care planning system. Care plans included risk assessments for moving and handling, nutrition, falls, skin integrity and continence. Inspectors found that care plans and daily records of care given were up to date and reflected the individual resident’s current needs.

Staff were knowledgeable about individual residents care needs. Inspectors observed that care was delivered to residents with their consent and that staff respected the resident’s right to refuse care and services. Staff were seen to introduce themselves, explain the care and procedure and ask the resident’s permission before continuing.

Care plans were reviewed four monthly. Residents and families told inspectors that they were involved in reviews and changes to care plans. Relatives said that they were informed about any changes in their relative’s condition including referrals to the GP and transfers to hospital.

Inspectors observed that residents were seen by the centre’s general practitioner (GP) following admission. Staff told inspectors that residents could keep their own GP if they wished to do so. Care plans documented referrals to a range of health and social care professionals such as physiotherapist, occupational therapy, dietician, speech and language therapist and specialist services such as psychiatry of later life.

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
Overall the premises were suitably laid out to meet the needs of residents. The building, which was originally designed as a hotel, consisted of 71 single and 9 double bedrooms across five storeys. Each floor included a dining room, lounge and quiet sitting room in which residents could receive visitors in private. All private and communal areas were equipped with call bell points, and were designed and furnished in an appropriate fashion. Day rooms and corridors were featured with simple and clear information for residents including a large clock and date poster to help orientate residents with
Bedrooms were of a suitable size with enough room for belongings, clothes, and the ability for residents to personalise their living space with photos, decorations and furnishings of their choice. Each bedroom had ensuite toilet and shower facilities, which were large and suitable for use by a resident with assistive equipment or reduced mobility. Bathrooms were equipped with call bells, safe wetroom flooring, appropriately levelled bathroom ware and assistive grab rails. Rails and toilet seats used contrasting colours to make them easier to use for residents with dementia or impaired vision.

Elevators serviced all floors and no steps or major trip hazards were involved in resident navigation of the building. All corridors were lined with handrails which were clearly visible against the walls. Bedroom doors were also coloured differently and included the name and picture of the resident to make them more identifiable and assure people with confusion or a dementia that they were at the correct room. There was a secure and enclosed garden space on the ground floor of the centre which was safe for use by residents. While residents required staff accompaniment to mobilise to the external space due to the distance some would have to come from the upper floors, its use was incorporated into activities and events where appropriate, to encourage its use for those who may not be able to get out into the community as often.

Judgment:
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The centre had a comprehensive policy on receiving and managing formal and informal complaints. The procedure for managing complaints received was described in the statement of purpose, residents guide and in prominent positions on the walls of the centre. The complaints manager was identified along with other relevant contact details for if the complainant wishing to have the matter independently appealed. Inspectors were satisfied that the centre was managing complaints in line with its policies and procedures.

Staff were clear about the complaints procedure and were able to articulate the processes in place for managing complaints in the centre. Residents who spoke with the inspectors told them that they could raise any concerns or complaints with staff. Verbal
complaints were resolved locally where possible and recorded in line with the centre's complaints policy. These records were reviewed periodically and relayed to the complaints manager where necessary.

A complaints log was maintained of escalated and formally submitted complaints. This log contained the original formal submission, letters and emails exchanged between the complainant and the provider, notes of what actions had been taken to resolve the issue and whether the complainant was satisfied with this outcome.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
Residents were provided with food and drink at times and in quantities adequate to meet their needs.

The centre had recently changed its catering arrangements and had sought to make a number of improvements following a series of complaints from residents and families. Inspectors spoke with catering staff and managers during the inspection and found a clear plan for improvement had been agreed and implemented. Staff who spoke with the inspectors said that the catering services had improved and that reductions in catering staff had been corrected in recent weeks.

Menus were designed on a three weekly cycle and were adjusted seasonally. Menus were reviewed by a dietician before approval. Catering staff were knowledgeable about individual resident’s dietary needs including allergies and specialist diets. The centre had introduced a written meal plan for individual residents on admission however the inspector noted that the chef had not been made aware of one new resident’s food allergy. This was corrected during the inspection.

Residents told inspectors that they enjoyed their meals and that they had a choice of hot meals at each meal time. If residents did not want the choices on the menu then an alternative could be provided. Inspectors observed the evening meal on several units. Dining rooms were nicely laid out and provided adequate space for residents to enjoy their meals. Tables were set with place settings and condiments. Staff offered discreet
encouragement for those residents who needed support and supervision at meal times.

A sample of care plans reviewed by inspectors contained nutritional risk assessments and detailed resident's needs and preferences. Care plans recorded that referrals to dietician and speech and language therapists were made when required.

Snacks and beverages were offered to residents at intervals between main meals. Water dispensers were available on all floors. Fresh fruit was available.

**Judgment:**
Compliant

### Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
There were two staff members and two volunteers tasked with coordinating activities in the centre, and those spoken with had a good knowledge of the residents and their preferences around activities. They were familiar with who to expect at certain activities and who may need a reminder if they are absent. A tracker is maintained which logs who attended each session, and the level of engagement the resident had with the activity. This log also notes residents who turned down the offer to attend as well as those who were sick or physically unable to participate. Time was set aside for staff to spend with residents on an individual basis if they were unable or preferred not to engage in group activities. Actives were also scheduled for weekends and arrangements were in place for the care assistants to facilitate them in the absence of the coordinators. Two of the activities coordinators were trained in Sonas sensory therapy for residents who would benefit from these types of sessions. There was a variety of group activities available including card and board games, bingo, exercise sessions, party games and social sessions for residents to sing-along, listen to music and have a drink together. External providers also were in attendance, including visiting musicians and dog therapists. There was a good selection of outings planned to retain residents' links with the community, including cinema trips, bowling, shopping days, and going out for lunch in the city. Photos of these events were posted in the newsletter with information on upcoming outings. In the centre, seasonal events were held, including dressing up for Halloween and having summer events outdoors. Mass took place in the
A residents committee meeting was held every two months from which minutes and an action plan based on suggestions and feedback was created. It was also used as an opportunity to inform residents of upcoming events and changes to the centre such as the commencement of the new person in charge. Residents were facilitated to vote in the centre.

Inspectors spent time observing the communal areas, and found that interaction between staff and residents was friendly and respectful. Staff were observed using the residents' names and talking them through assistance such as mobilising from their chair. A good example of the ambient activities being tailored for the residents was that instead of general television and radio playing in the centre, the day room television was playing from a custom playlist of music which the residents on that floor would enjoy, and inspectors observed a resident who had been quietly sitting for some time suddenly singing along with the songs that they liked. Privacy was respected in staff members knocking before entering bedrooms and leaving a resident alone if that was what they wanted. For residents living in rooms with more than one bed, there was privacy screening available which did not obstruct either person's ability to use the room or have natural light.

**Judgment:**
Compliant

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

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

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

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

**Findings:**
All laundry was done offsite by an external company. Items were collected and washed in bags separated by resident and items of laundry carrying an infection risk were appropriately separated and washed in alginate bags. Upon return from the external laundry, residents' clothes were kept in trolleys of drawers until they were returned to their bedrooms. Inventory logs of residents' belongings were available in the laundry area of the building which were created on admission and kept up to date as needed. Articles of clothing were clearly labelled with a name, room number and unique scan code. There was evidence of the provider replacing or crediting the value of clothing which had been misplaced in the laundering process.
Each bedroom had an appropriate amount of storage space for clothes and belongings and adequate space for residents to personalise their living space. There was an option of lockable storage in bedrooms.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that although there were enough staff in the centre on the day of the inspection the planned rota did not match the staff on duty and the allocation of staff including the use of agency staff was not appropriately managed to meet the needs of all residents. For example inspectors found that at times there was not adequate supervision for residents when staff were delivering care to other residents and agency staff who were working in the centre were not given a handover report to ensure that they had the information required to provide safe and appropriate care for residents.

All staff were up to date with mandatory training for example fire safety, manual handling, infection control and prevention of elder abuse. Most staff has attended training in dementia care including the management of responsive behaviours. The training programme had been developed to include End of Life Care and Food and Nutrition. Staff had access to the centres intranet in order to keep up to date with policies and procedures relating to their work. Staff meetings and handover reports were also used to keep staff up to date with any changes in policies and procedures.

There were effective recruitment procedures in place that included checking and recording the required documentation. Inspectors reviewed a sample of staff files and found them to contain all of the documentation required by schedule 2 of the regulations. All files reviewed contained evidence of Garda vetting and for nursing staff, confirmation of their active registration with the Nursing and Midwifery Board of Ireland. The centre had agreed a service level agreement with the agency they used to provide
additional health care assistants and nursing staff in order to provide continuity of staff for residents.

The provider told inspectors that all staff and volunteers working in the centre were garda vetted.

Arrangements were in place for supervision of staff, including annual appraisals by their respective line managers and mandatory induction and a probationary period for new starters.

Residents and their families reported that they found that staff were caring and supportive. Staff who spoke with the inspectors knew the residents they were caring for including their needs and preferences for care and daily routines. Inspectors observed that staff demonstrated genuine respect and empathy towards residents.

**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:**

Ann Wallace  
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>
<th>Ardmore Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005307</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24/10/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/11/2017</td>
</tr>
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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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not sufficiently included in the systems used in the centre to review and monitor the quality and safety of care and services.

The inspectors reviewed a sample of audit documentation and incident reviews and found that although the systems were rigorous in the amount and quality of the data that was collected the process did not analyze the data and identify areas for...

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
improvements. As a result there was no clear record that improvements had been implemented following audit findings and incident reviews.

1. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
1. Review of current quality systems.
2. Development of appropriate quality initiative program.
3. Formulation of Quality Initiative Committee with TOR on audit, analysis, dissemination and report to SMT, Resident Committee and posted on “Family Notice Board” for family access.

**Proposed Timescale:** 30/12/2017

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although there was a clearly defined management structure in place due to the number of changes that had occurred in the centre in recent months some residents and families who spoke with the inspectors had not met some members of the management team and were not clear how to contact them.

2. **Action Required:**
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
1. “Family Notice Board” has been introduced where all pertinent information is posted for family access.
2. List of specific CNMs responsible for each floor posted on “Family Notice Board” with contact details for families.
3. Organisational chart containing role description and photographs of staff posted on “Family Notice Board” and on each floor.
4. Agenda for next Resident Committee meeting to be included in November issue of News Letter.
5. Plan for new PIC to meet with remaining families in progress.

**Proposed Timescale:** 30/11/2017

**Outcome 03: Information for residents**
### Theme: Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident contracts required review to ensure that they are fair and transparent regarding additional fees payable and that the weekly charge relating to HIQA is removed from all contracts.

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

**Please state the actions you have taken or are planning to take:**
1. Audit of all contracts to identify documents that require amendment in line with regulation.
2. New contracts disseminated to relevant Resident/Representative.

**Proposed Timescale:** 10/11/2017

### Outcome 07: Safeguarding and Safety

#### Theme:
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Alternatives such as low-low beds and crash mats were available however inspectors found that trials of alternative equipment were not clearly documented in care plans.

#### 4. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
1. Review of all care plans relating to restraint usage to identify and correct any deficits.
2. Complete care plan review in progress with all Residents and Families.
3. Training needs analysis.

**Proposed Timescale:** 30/11/2017

### Outcome 18: Suitable Staffing

#### Theme:
Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found that although there were enough staff in the centre on the day of the inspection the planned rota did not match the staff on duty and the allocation of staff including the use of agency staff was not appropriately managed to meet the needs of all residents.

5. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
1. Audit of roster completed and indicates match to staff on duty at the time of the inspection and daily going forward.
2. Induction pack disseminated to Agency for sign off by all staff assigned to the service prior to their placement.
3. Induction process by Nurse in Charge for agency staff prior to shift commencement.
4. Recruitment for inhouse relief panel and succession planning process to negate requirement for agency staff.
5. Assessment and review of staffing requirement in line with regulatory and dependency requirements.
6. Review of rostering systems in progress; to include workload/daily assignment, break assignment, supervision, skill mix.
7. Roster management assigned per location/floor to specific CNM with oversight of process from DOC office.

Proposed Timescale: 01/12/2017