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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 December 2020
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0030921

## 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. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing 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:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 3 December 2020	09:45hrs to 18:15hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a very nice place to live with choice in their daily lives. Staff promoted a person-centred approach to care and were found to be very kind and caring. The inspector met with a large number of residents present on the day of the inspection and spoke in more detail with approximately eight residents and also met a visitor who was dropping items off to the centre during the inspection.

The inspector arrived to the centre unannounced in the morning and the activity staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks and entrance through a side door. Following an opening meeting the person in charge accompanied the inspector on a tour of the premises where the inspector also met and spoke with residents in their bedrooms and in the various day rooms. The inspector saw that the centre was set out in a number of different corridors and a first floor area. The person in charge showed the inspector an area they had set aside as an isolation area if they were to have an outbreak of COVID-19 in the centre. She had kept two bedrooms empty that could be used with a separate entrance and facilities for staff.

The inspector saw that premises was well decorated with pictures, traditional items, paintings and soft furnishings. All parts of the centre 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 visitor's room; provided on the ground floor. The bedroom accommodation consisted of a mixture of single and twin bedrooms and one four bedded room. The first floor could only be accessed by using the stairs or a chair lift and 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 the 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 inspector met a number of residents on the first floor who said they liked living there as it was generally quieter. One resident who was the single occupant of a twin bedroom had taken over the room with arts and craft material particularly wool. She described that pre the COVID-19

pandemic she would often go down town but understood the difficulties associated with that now and was happy to stay in the centre. The inspector saw that many residents had purchased very large screened televisions for their rooms and a number had sporting colours displayed. The design and layout of the four bedded bedroom on the ground floor required improved. The inspector saw a number of resident spend a large part of the day in the room sat by their beds and that is where they had their meals this didn't afford residents choice. The inspector observed that the room was large enough to facilitate comfortable seating and a dining table which would facilitate a dining experience during the COVID-19 pandemic and still allow for social distancing. 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.

The inspector saw a number of residents enjoying the main communal sitting area which was bright and open plan with large windows to the front of the building. There was a separate quiet area near the nurse's office with seating for residents 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. Residents were very complimentary about the centre and were proud of their environment. They spoke highly about the food and described the choice they had daily. One resident told the inspector he had a glass of whiskey every night and it was the "best sedative going".

The inspector saw some different activities taking place during the inspection and the activity staff member explained how the centre was part of a local dementia friendly initiative and currently during the COVID-19 pandemic they were meeting virtually. She told the inspector about the dementia choir that some of the residents are a part of and how the centre had acquired a dementia friendly iPad for residents use and to keep in touch with their families. Mass was streamed from the local church daily and a remembrance service mass was held for all the past residents in November and residents were able to tune in. Residents told the inspector their views are listen to in the residents meetings. Another resident took great pleasure in introducing the inspector to the resident cat who was asleep on her bed.

Residents told the inspector that the current visitor restrictions were difficult for them but said the person in charge and staff had been accommodating in allowing visitors in for compassionate reasons. The inspector saw a visiting room set up for when visitors will be allowed into the centre again. Other residents described the window visits and how the person in charge had put an outside visiting area with heaters and a cover to protect their visitors from the elements. Some garden visiting had also been facilitated ensuring PPE was used and social distancing maintained. The inspector saw that resident's birthdays were celebrated in the centre and saw big birthday balloons to mark a 90th birthday. One resident who had a very large family told the inspector that whilst she loved to see her family she said she was not lonely because she had all the staff to keep her going.

Residents and relatives spoken to were complimentary about staff saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in an attentive manner throughout the inspection. The

Inspector also observed some very person centred interactions with staff and residents in resident's rooms and in the communal areas. All residents spoken to were very complimentary about the person in charge and said she was good to them all. The inspector saw that residents' nails were painted and their hair was done, one of the care staff had taken on the role of hairdressing in the absence of the hairdresser being able to come into the centre. Residents said this was very important to them and they liked to look well for photos and interactions with their families. A number of residents spoken with stated that staff are great but they are always busy and one resident said they could do with some more staff. The inspector found that the staffing levels and skill mix required review particularly during the evening and at night when there was only one nurse on duty from 18.00hrs to care for up to 40 residents. There was also no segregation of staff into separate areas to ensure separate teams of staff work in areas to avoid contact with all residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was evidence of governance and management arrangements that promoted positive outcomes for residents. Care was provided in accordance with the centre's statement of purpose and function. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had generally been addressed and rectified. However improvements were required in the provision of suitable staffing and skill mix.

The centre was operated by Ballincaorigh limited who was the registered provider. There was a clearly defined management structure in place, the provider representative visited the centre on a regular basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by an Assistant Director of Nursing (ADON), a nursing and healthcare team, as well as, activities, administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to improvement through regular audits of aspects of resident care utilising key quality indicators, staff meetings and provision of staff training. HIQA was in receipt of unsolicited information raising concerns about visiting and provision of information to families prior to the inspection. These issues were looked into during the inspection and the inspector did not find evidence to support the concerns

raised. The person in charge said they would be more aware of communication with families particularly during the period of restricted visiting.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping an outbreak of COVID-19 from the centre. Regular swab tests had confirmed all staff to be negative for COVID-19 and required precautions were in place to prevent infection. There was a comprehensive preparedness plan in place in the event of an outbreak and the person in charge met regularly with the HSE and public health to ensure effective systems were in place. However, the inspector identified that the current staffing levels and skill mix required review to enable the centre operate with two separate nurse led teams taking into account the size and layout of the centre over two floors. This is to ensure effective infection prevention measures to prevent the number of staff/resident contacts and also in the event of an outbreak of COVID-19 in the centre.

The person in charge was clearly known to residents whom inspectors spoke with and residents were very complementary of the care and support provided by her and all of the staff. Where areas for improvement were identified in the course of the inspection and previous inspections the management team demonstrated a conscientious approach to addressing these issues. There was a comprehensive record of all accidents and incidents that occurred in the centre and appropriate action was taken to review residents following a fall. There was evidence of full investigation of incidents, allegations and complaints that took place in the centre with appropriate reporting of findings to residents and families as appropriate. Incidents and allegations had been notified to HIQA as required by the regulations

There was evidence of regular meetings held in the centre that were attended by the person in charge and members of the senior team. Minutes of the management team meetings were reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. The person in charge met formally with nursing staff, care staff, catering and household staff and informally on a daily basis with staff and minutes of staff meetings were seen. Staff were provided with mandatory training and other clinical and activities training was made available. There was evidence from staff files and from speaking to staff that staff were suitably recruited and inducted. There was a low turnover of staff and a number of staff had worked in the centre for many years. The person in charge confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre. The inspector

The inspector saw that an annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. This review was made available to the inspector and there was evidence of consultation with residents and relatives through residents meetings and surveys completed by residents. The inspector noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.



## Regulation 15: Staffing

The inspector reviewed three weeks rosters and found that staffing levels required review. At the time of this inspection the inspector found that the centre was not sufficiently staffed in preparation for an outbreak of COVID-19. There was only one nurse on duty from 18.00 to 08.00am and care staff numbers reduced in the afternoon/evening. Staff were not assigned to teams to contain the spread of infection and they worked with all the residents. The one nurse on duty for the evening and night shift provided care for up to 40 residents both upstairs and downstairs and also supervised the care staff providing care to residents throughout the centre. This nurse also had to administer medications on night duty and should not be disturbed throughout this process and this would be particularly problematic if there was a resident was very unwell, had a fall or was at end of life requiring nursing care. Following the inspection further assurances were received in relation to staffing from the person in charge who had increased staffing levels to ensure two nursing staff available.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

A training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care. There was evidence that training was scheduled on an ongoing basis.

Staff received regular infection control training including updates in hand hygiene and the wearing, donning and doffing of PPE. Staff confirmed that they received regular COVID-19 preparedness updates.

Induction programmes were in place for new staff which were being kept under review and updated as required.

Judgment: Compliant

## Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were generally maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was a comprehensive preparedness plan in place in the case of an outbreak of COVID-19 which listed the ADON and a team of senior and in the current absence absence of a CNM a named the senior staff nurse forms part of the management team. However as actioned under Regulation 15 Staffing the centre was not divided into two separate nurse led teams to prevent the spread of infection and reduce staff resident contacts. The person in charge assured the inspector she would address this issue.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found good management of incidents with areas of learning identified and actioned.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

## Quality and safety

Overall, residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required with the oversight of fire drills, medication management, and resident's rights and in care planning.

The inspector saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding aspects of life and care in the centre. The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was suitably decorated with an ongoing programme of painting and maintenance in place. The statement of purpose clearly outlined the requirements for residents residing on the first floor to be independently mobile as there is just a chair lift access to the first floor. The inspector found that an ethos of respect for residents was evident. Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred and generally to direct care. However there was some duplication of care plans and when treatment plans were superseded for example in the case of a catheter care the older interventions were not marked as no longer required and this could lead to errors. Written operational policies advised on the ordering, prescribing, storing medicines to residents which were adhered to by staff. Medications that required special measures were all counted at the start of each shift as required from the previous inspection. However some medication administration practices required improvement and further oversight by the

management team.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the centre reducing its bedrail use at the time of the inspection, and there was evidence that other alternatives such as low-profiling beds and alarm mats were in use to prevent restraint.

Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed annually by all staff. Fire drills had been undertaken on a regular basis and although drills had taken place with night time staffing levels the person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels. Following the inspection the person in charge assured the inspector drills of a full compartment were undertaken. Two drill records were sent to the inspector these drills indicated that, although good times were found some improvements were required and ongoing practice with all staff is required. This is to ensure that all staff are competent and familiar with the evacuation needs of residents and a full compartmental evacuation is required on an ongoing basis.

Residents were generally supported to engage in activities that aligned with their interests and capabilities. There was a programme of activities available to residents taking into account the requirement for social distancing in this current pandemic. There was a full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. During the COVID-19 pandemic residents told the inspector that activity sessions, particularly bingo, weekly parties and virtual coffee mornings with Thurlas dementia friendly group kept them going. Whilst there was evidence of some one-to-one activity sessions some residents were seen to spend large parts of the day in their room beside their beds particularly some residents in the multi-occupancy room.

Resident's views were elicited through residents committees and through surveys conducted during COVID-19. There was evidence of support from the local community in the form of letters cards and gifts sent in for residents. Advocacy services were available for residents who required this service. Residents had access to media and aids such as radio, televisions, telephone and wireless Internet access were also readily available. This was used to keep in contact with their

families during the period of restricted visiting.

### Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic the centre was currently closed to visitors except in exceptional and compassionate circumstances for end of life. Garden and window visits had been facilitated and inspectors saw that the provider had put an outside visiting area with a heater to provide comfort for residents and their visitors this also protected visitors from the elements when visiting. The inspector saw that an inside visiting room was also set up and plans were in place to open that back up to indoor visiting in the coming week in accordance with government advice and guidance. All visits to the centre were pre booked and full monitoring of visitors health took place prior to visiting.

The inspector met a visitor who had come to drop off treats for their family member during the inspection. Staff were also committed to ensuring residents and their families remained in contact by means of technology and other video and telephone calls. There was evidence of feedback from residents and relatives about the enjoyment these calls generated.

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 large parts of the centre had recently been repainted. 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. 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 as identified on previous inspections potentially did not afford residents the necessary privacy

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 this issue was further detailed and actioned under regulation 9 in this report.

Judgment: Compliant

### Regulation 26: Risk management

The risk register was maintained and updated to manage the risks for each area of the centre. This was regularly reviewed and updated for example in reflection to risks related to COVID-19. There was an updated health and safety statement with an emergency plan including the procedures to be followed for emergency evacuation of the centre.

Serious risks were identified, recorded, investigated and learning from serious incidents or adverse events involving residents were outlined and action taken completed.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be clean and regular hygiene audits were conducted by the person in charge. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene and mask wearing was observed. Staff were attending for serial swabbing on a fortnightly basis.

There were two cleaning staff on duty daily allocated to separate areas of the centre. Care staff who were trained took responsibility for cleaning high touch areas in the evenings and night time in the absence of cleaning staff.

The centre had a comprehensive preparedness plan in place for an outbreak of COVID-19 and staff were all trained in infection control, hand hygiene and the correct use of PPE.

Four new hand washing sinks were being installed in a number of areas of the centre

Judgment: Compliant

### Regulation 28: Fire precautions

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation had been undertaken following the inspection with night time staffing levels, further full drills are required to ensure the competency of all staff .

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed practices in medication administration during the inspection that did not abide by the ten rights of medication administration and could lead to errors. These practices were rectified during the inspection but required ongoing monitoring to ensure all staff were compliant with best practice guidelines is required.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector required review to ensure only information that was relevant to direct care was documented and older interventions no longer in use were discontinued. The inspector also saw some duplication of care plans for example there were a number of care plans in relation to a resident who had an indwelling catheter so it was difficult to establish what was the most up to date care plan to follow. This could lead to errors in care for the resident. The inspector saw in some care plans there was historical documentation going back ten plus years making it difficult to navigate the most up to date and relevant documentation.

Judgment: Substantially compliant

### Regulation 6: Health care

Inspectors saw that residents were supported to retain the services of their own GP's. Records confirmed that residents were assisted to achieve and maintain good

health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, physiotherapy, occupational therapy and chiropody. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians and a number of residents were visited by the community psychiatric team.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were policy and procedures in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

There were eight residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment done to ensure it was used for the minimal time and as a least restrictive method. The inspector saw that alternatives to bedrails were trialled and the person in charge was actively reducing restraint and aiming towards a restraint free environment

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed some areas where improvements in residents rights were required during the inspection

Residents residing in the centers four bedded room tended to spend large parts of the day in their bedroom and had their meals by their beds. The design and layout of this bedroom potentially impacted on the provision of choice for some of these residents living in this room. For example, the options for some residents to spend time alone, or watch television or listen to the radio station of their choice. The room was seen to be sufficiently spacious and could facilitate a dining table and some comfortable seating in one end of the room to make it more homely and provide residents with more choice, but this was not in place at the time of the



inspection and the inspector saw there was little movement or activities taking place for residents in this room.

A single bedroom was seen to contain an en-suite bathroom however, there was no door to the en-suite and this did not protect the privacy of the resident living in the bedroom.

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0030921

Date of inspection: 03/12/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Current staffing comprises of 3 Staff Nurses daily and 1 RGN on night duty, as per Regulation 15.</p> <p>Going forward Staffing Levels on Night Duty have been increased ie</p> <p>1 RGN – 8pm - 8am</p> <p>1 RGN – 4pm –12 midnight</p> <p>Commencing this coming week. Saturday 16th January 2021.</p> <p>Staff and Residents have been administered Covid 19 Vaccine on 11th January 2021, 2nd Vaccine due for administration on 1st February 2021.</p> <p>Serial Testing has been increased to weekly starting Sunday 17th January 2021.</p> <p>Adequate staff in place to facilitate 2 teams.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Awareness Training Course completed annually by all staff and fire drills will be conducted alternate months (day staff /night staff) with review and evaluation. Residents aware of procedures</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  All Staff Nurses administering medication complete Medication Management Course annually, and adhere to the 10 Rights of Medication as per policy.  Medication Management Competency Assessment Completed on a regular basis.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Assessment and Person Centred Care Plans are reviewed 3 monthly with resident / resident representative as per guidelines.  Revision of all Care Plans is currently ongoing including summary of Care Plans.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Four residents currently residing in room 13, one resident prefers to go to general Dining Room for meals. Dining table available to remaining 3 residents if they wish to avail of same.  Previous Action Plan from February 2019 inspection was due to start but had to be postponed due to pandemic.  Privacy of resident in single room with ensuite bathroom is now protected. (screen in place)</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	16/01/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	13/01/2021

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		13/01/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	13/01/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2021
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	13/01/2021

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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 such exercise does not interfere with the rights of other residents.	Substantially Compliant		13/01/2021
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		13/01/2021