

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adare and District Nursing Home
Centre ID:	ORG-0000404
Centre address:	Croagh, Limerick.
Telephone number:	069 644 43
Email address:	manageradare@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Person in charge:	Anne Margaret Blagdon
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Margaret O'Regan
Type of inspection	Announced
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	15

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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2014 09:55	10 February 2014 18:25
11 February 2014 09:30	11 February 2014 16:45

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was an announced two day inspection to inform a decision for the renewal of registration.

Adare & District Nursing Home is a purpose built centre that can cater for 84 residents. It is located in the small village of Croagh and a short drive from the town of Adare, Co. Limerick.

As part of the inspection process, inspectors met with residents, relatives, visitors and staff members, the person in charge, the regional operations manager and the provider. Inspectors observed practices and reviewed documentation such as policies

and procedures, care plans, medication management, staff records and accident logs.

Inspectors found the health and social needs of residents were met within the centre. Overall, inspectors found that the premises were fit for purpose and met the needs of the residents. Residents with whom inspectors spoke voiced their satisfaction with the care provided. The clinical care provided to residents was good, with systems in place to monitor and improve care practices where required.

Inspectors concluded that the centre operated within the parameters of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and was substantially compliant in 10 of the 18 outcomes. Some non compliances were identified in the areas of contracts for the provision of services, medication management, safe and suitable premises, residents' rights, dignity and consultation and residents' clothing and personal property. These are discussed in the body of the report and included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The written statement of purpose included the aims, objectives and ethos of the designated centre and set out the type of facilities and services that were to be provided to residents. The statement of purpose was kept in a prominent location within the centre making it available for residents, staff and visitors to read.

It stated that the centre was "committed to enhancing the quality of life of all our residents by providing high quality resident-focused nursing care, catering and activities", it stated that care would be provided by "highly skilled and experienced professionals, in modern purpose built facilities". Inspectors found that these aims and objectives were reflected in the actual care delivered over the course of the inspection.

The statement of purpose included the requirements under Schedule 1 of the Regulations.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of the contracts of care. All contracts had the required information in regards to fees for care and accommodation. Details of any services that had additional charges were also included.

However, it was not clear that the contract had been signed within one month of admission as required by the Regulations. Whilst the contracts were signed by the provider and the resident or their representative, they were not dated when signed.

Judgement:

Non Compliant - Minor

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge held a full time post in the centre and held the position since 2008. She was a nurse with experience in the care of the older person and was overseeing that residents care needs were met. She had a strong presence in the centre and reported that she had the authority to manage the centre with weekly reporting to the registered provider. Residents were able to identify her as the person in charge.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge had regular meetings with the

regional operations manager and reported that she was well supported by senior management and by staff in the running of the centre. When inspectors spoke with a selection of staff they were aware of the management structure within the centre and said the person in charge was approachable if they had any concerns.

The person in charge demonstrated good clinical knowledge and was committed to her professional development. She was participating in relevant study to further her knowledge of caring for residents with a dementia.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Complete records were maintained in the centre and were stored in a secure manner and were easily retrievable. Inspectors reviewed the centre's operating policies and procedures and noted that the centre had the policies required in Schedule 5 of the Regulations.

There were policies that reflected the care delivered in the centre, however, some of these had not been reviewed in more than three years as required in the Regulations such as the centre's policy for clinical waste management and the management of clostridium difficile. Inspectors found that staff were able to demonstrate an understanding of the centre's operating policies that the inspector spoke to them about.

Resident records were stored electronically and were up to date with a recent picture of the resident. A policy was in place for the creation of, access to, retention of and destruction of records.

Judgement:

Non Compliant - Minor

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no occasions where the person in charge had been absent for periods of more than 28 days since the last inspection. The provider was aware of the obligation to inform the chief inspector of any proposed absence and the arrangements in place to cover the absence.

Since the last inspection, a key senior management position had become vacant and had been filled by a new clinical nurse manager who was also identified as the the person to deputise for the person in charge if she were to be absent. The key senior manager was a nurse with good experience and demonstrated knowledge in regards her responsibilities if deputising for the person in charge.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre had measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Inspectors spoke with a number of staff who confirmed they had received

training in adult protection and were able to answer questions satisfactorily about what constitutes abuse and what to do in the event of an allegation , suspicion or disclosure of abuse, including who to report incidents to. Residents indicated that they could speak to a number of staff if they had any concerns and confirmed that they felt they were well looked after at the centre.

Staff training records indicated there was a commitment to ongoing training on protection issues with an in-house trainer available and training records indicated that the majority of staff had received training in adult protection.

The provider facilitated some residents in the management of their finances and there were systems in place to safeguard residents' money. There was clear documentary evidence of financial transactions that was easily retrievable and a random sample of residents' finances were found to be in order.

Judgement:

Compliant

Outcome 07: 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:

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place relating to health and safety. These were in date and comprehensive. A signed and dated health and safety statement was in place. A risk management policy was in place and inspectors found that it covered the identification and management of risks, the measures in place to control the risks and arrangements for identification, recording, investigation learning from serious incidents. Inspectors reviewed minutes of health and safety meetings.

There were arrangements in place for responding to emergencies and inspectors saw that there were suitable arrangements in place if there was a need to evacuate residents.

There were arrangements in place for maintaining a safe environment. There were arrangements in place to monitor visitors to the centre, a visitors book was in place for guests to sign in and out and all visitors had to buzz for entry. The inspector noted documentary evidence that drills to locate residents who were absent without prior notice were carried out regularly and the learnings from each drill were clearly documented. These were done to prepare staff to act appropriately if a resident was to be absent without leave. A reception desk was in the main foyer where staff working at reception had full view of visitors coming and going in the main house.

There was handrails in the corridors and grabrails in place in toilet/bathroom areas. Floor coverings were found to be well maintained. Access to high risk areas such as the laundry room, sluice room and treatment room was restricted and cleaning staff had a lockable compartment on their cleaning trolleys for their supplies. An infection control policy was in place and inspectors found it reflected the practice within the centre. Cleaning staff showed inspectors a clear rota they maintained for rooms they serviced and recorded when the rooms had had a 'deep' (thorough) clean and was subsequently checked and signed off on by a nurse on duty. There was a clear system in place for separating cleaning cloths and cleaning staff that inspectors spoke to were knowledgeable of this system. There were hand sanitising units throughout the centre and wash hand basins were readily accessible. The centre's training matrix indicated that the majority of staff had received training in infection control in the past two years.

Staff were trained in safer moving and handling practices and there was an instructor onsite in the centre. Inspectors observed staff demonstrating safe practice when assisting residents. Inspectors spoke with the moving and handling instructor and found that she demonstrated knowledge in the area. The hoist was examined twice yearly as per legislation, most recently in January 2014.

There was suitable fire equipment provided in the centre. Records were available to inspectors that showed the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced annually as per the Regulations. However, the centre's training matrix indicated that not all staff had received mandatory fire training. Where staff had received fire training, formal refreshers had not taken place annually as per the National Quality Standards for Residential Care Settings for Older People in Ireland.

The fire register was maintained and showed a member of staff was nominated to complete daily checks of the fire exits however inspectors noted there were gaps in the recordings of these daily checks in the fire register. Fire drills were completed at least bi-annually and there was documentary evidence and details of more frequent fire drills. Emergency lighting was tested weekly as were the fire alarms and there were records of this. Inspectors saw that procedures to be followed in an emergency were displayed in prominent locations throughout the building and a fire warden was identified on the daily rota. A designated smoking room was provided for residents and this was equipped with a call bell, fire fighting equipment and a suitable ashtray.

Judgement:

Non Compliant - Minor

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were written medication management policies and procedures detailing ordering, prescribing, storing and administration of medicines to residents. There were appropriate procedures for the handling and disposal of unused or out of date medicines.

Inspectors found that the centre's management of controlled drugs (MDA) was not in line with the centre's policy. The policy states that "all MDA drugs must be stored separately in a locked cupboard within a locked cupboard secured to the wall and the keys kept on the person of the designated nurse". However on the day of inspection, three nurses had keys that gave access to the controlled drugs cupboard so it was difficult to establish who was the designated nurse and therefore accountable in the event of an error in the management of controlled drugs.

A medication round was observed and practices adhered to professional guidelines. The residents' medication regime was reviewed quarterly by their GP and the due review date was recorded on the prescription sheet. Medical authorisation was in place for the administration of drugs in a crushed format.

The maximum dosage of PRN medications (pro re nata medication that is not scheduled or required on a regular basis) was recorded and were prescribed on a separate prescription chart to regular medications. Antibiotics were recorded appropriately and it was easy to establish the frequency of prescribed antibiotics which the clinical nurse manager stated was monitored by nursing staff.

There was a system in place for recording and monitoring medication errors. Inspectors saw evidence of a medication competency system that was run by the clinical nurse manager. The clinical nurse manager stated that medication competency assessments were undertaken in the event of a medication error and also on a random basis to monitor nurses medication practices.

Judgement:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained.

As per the Regulations, all notifiable incidents were notified to the Authority within three days. A quarterly report was provided to the Authority notifying the Chief Inspector of any incidents that did not involve personal injury to a resident and where there had been no such incidents a 'nil' return had been submitted as required in the Regulations.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge, provider and staff demonstrated a strong and clear commitment to resident care and continuous improvement in quality person-centred care through regular audits of resident care and the facilities.

A system was in place to review and monitor the quality and safety of care and the quality of life of the residents. The provider conducted weekly audits of clinical care including the number of complaints, number of pressure sores etc and an action plan was put in place as appropriate and any trends noted.

There was evidence of changes and improvement brought about as a result of learning from these audits such as a planned laundry system upgrade, introduction of a new care planning system and an increase in outings for residents.

Annual resident satisfaction surveys were completed and an action plan was developed around the results of these surveys. There was evidence of consultation with residents and relatives as part of the system review and this will be discussed in more detail later in the report.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

No actions were required from the previous inspection.

Findings:

There was evidence of timely access to health care services facilitated for all residents. General Practitioners (GP) visited regularly and were available in the evenings and out of hours and this was confirmed by residents. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre.

All referrals and appointments were recorded and blood tests were completed as per the GPs instructions. Some nurses had received training in venepuncture. A physiotherapist visited the centre twice weekly and was available more frequently if required. An occupational therapist could also be accessed via the physiotherapist service provider. Inspectors also saw that residents had access to chiropody, dental, optical, dietetic and speech & language services.

Inspectors reviewed care plans for residents and these were seen to be person centred and reviewed at least three monthly. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed such as mobility and nutritional risk assessments. Inspectors reviewed a selection of care plans for some residents with a dementia and found them to be person centred and comprehensive. The person in charge told inspectors that she was undertaking further studies in the care of people with dementia to assist in delivering up to date and evidence based practice.

Good wound care management was evident in the centre and there was evidence that wound care was evidence based. There was evidence that the centre had links with and sought the expertise of a tissue viability nurse when required. Wound audits were carried out weekly and were checked by the clinical nurse manager.

Inspectors saw that attention was given to promoting continence and assessments were completed to ensure correct use of continence products. Training records indicated that a number of staff had received training in continence promotion.

A policy was in place for the management of behaviour that challenges and the use of restraints. There was a focus on using alternatives to restraint such as low low beds and sensor mats linked to the call system. There was evidence that the centre's use of bedrails as a restraint had halved over a 12 month period.

Where restraint was deemed necessary by nursing staff, consent was obtained from the resident. However, some clarity was required in the documentation of restraint if the resident could not consent themselves. This was discussed with the person in charge on day one of the inspection and appropriate changes were made immediately.

Residents had opportunities to participate in activities that were meaningful and which suited their needs, interests and capabilities. Inspectors reviewed the activities plan in the centre and found it to be very comprehensive. Two activities co-ordinators were rostered to work daily from 10am - 4pm, mass was celebrated in the centre every second week and the person in charge stated that this was to be increased to weekly going forward. Residents spoke of a day trip to Dublin Zoo for Positive Ageing Week in October 2013 and local outings to the nearby town of Adare were also enjoyed by some residents.

There was a relaxation room for residents residing in the Willows (dementia specific unit). The person in charge stated that there were plans to upgrade this room to include a controlled multi-sensory environment that provides therapy for people with a dementia.

Judgement:
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall, the design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile. Inspectors found that the

centre was clean, warm and comfortable. The centre comprised of two single floor units; the 'main house' and 'the Willows', and the main house had a two storey section in the foyer that housed two apartments. The main house was divided into two wings; 'Sycamore' & Birch and the Willows was a separate unit that cared for residents with a dementia. There was good lighting, handrails and signage throughout the centre. The colour scheme was bright and added to the homely feel. Inspectors found that residents' dignity was respected by bedroom doors being kept closed and privacy curtains used in twin rooms.

The centre's linen was serviced by an external provider whilst the centre looked after the residents' personal laundry in house. The laundry room was small for the size of the centre and inspectors were told that the laundry equipment was not in working order. As a result, the person in charge stated that residents' personal laundry was outsourced to an external service provider for the previous three weeks. Residents and relatives had complained about the management of personal laundry in the centre. The person in charge and the provider told inspectors that they were in the process of making a final decision regarding the long term plans for laundry facilities in house.

The centre was in good decorative state throughout and a maintenance person was employed full time in the centre. A maintenance book for staff to log maintenance requests was maintained and was signed off by the maintenance person when an action was taken.

The communal spaces were bright and airy with a large sitting room in the main house and a private visitors' room. The unit for residents with a dementia had a spacious sitting room with a smaller relaxation room also available. Additional seating was provided in corridor spaces. The unit was decorated in a manner appropriate to the specific needs of the residents. There were four dining rooms in the centre, two of which were used for residents who required some assistance at meal times.

The size and layout of bedrooms was adequate and some twin rooms were being used as single rooms due to the needs of some residents. Each bedroom had ensuite toilet, shower and wash hand basin and had sufficient storage for personal belongings. There was a functional call bell system in operation and staff appeared to respond promptly to residents that called via this system.

Equipment was serviced and was in working order. Radiators were safe to touch and water temperature was controlled by thermostat. There were suitable staff facilities for changing and lockers were available for storage. There were suitable handwashing facilities and there was separate toilet facilities for catering staff.

There were two apartments on the first floor of the centre for more independent living, one of which was occupied and the other was used for storage and meeting rooms for staff.

Residents had access to a safe and secure gardens which were well maintained, there was evidence that a risk assessment had been recently completed of the decking area by an external safety company. There were ample car parking facilities onsite. The centre had its own mini bus to facilitate outings.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Inspectors saw an up to date complaints policy that was centre-specific. Inspectors found that there was an open approach to complaints and a robust process had been developed for responding to complaints. After a management evaluation of the complaints process, the position of the complaints procedure in the centre had changed to a more prominent location since the last inspection. Residents told inspectors that they could speak with the person in charge if they had any complaints.

There was a nominated complaints officer and an independent appeals process was also available if residents, relatives or staff were not happy with the response to a complaint. Inspectors reviewed the complaints log detailing investigations, responses and outcome of any complaint and found it to be satisfactory. There was a nominated person who held a monitoring role to ensure that all complaints were responded to.

Judgement:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care practices and facilities were in place so that residents received end of life care that met their individual needs and wishes and respected their dignity and autonomy. Plans were in place to deliver palliative care training to staff in March 2014.

Individual religious and cultural practices were facilitated in the centre and inspectors observed mass being celebrated on one of the days of inspection. The person in charge stated that this would occur weekly instead of every other week going forward.

Relatives and friends were enabled to be with their loved one at the end of their life and the centre showed evidence of providing a private room to a resident if so required.

Judgement:

Compliant

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:

No actions were required from the previous inspection.

Findings:

Lunch and teatime menus were displayed on noticeboards from early morning and also on tables at mealtimes. The menus offered choice and variety and information such as whether the meal was heart healthy, vegetarian and gluten free. Each dining room was attractively decorated and the tables were tastefully set with colour coordinated table linen.

Inspectors observed mid morning refreshments and lunch time meals. Mid morning refreshments included drinks and an assortment of fresh fruit. Lunch was served in a relaxed, unhurried manner. Food was presented attractively and in sufficient portions and gravy/sauces were served separately and to the residents' liking. There was no evidence of overuse of soft diets to residents.

Residents told inspectors that they enjoyed the food and this was further evidenced at dining times. Inspectors observed assistance offered in a discreet and sensitive way. Clothes protectors were discreet in keeping with maintaining the resident's dignity. Inspectors witnessed care staff discreetly observing residents nutritional intake and gentle encouragement and prompts were given to residents where appropriate.

The kitchen staff maintained a list of those who were in receipt of a special diet and any changes were communicated by the clinical nurse manager.

Each resident had a nutritional assessment undertaken in their care plan and these were reviewed three monthly. A nutritional action plan was put in place if indicated and this could be accessed by care and kitchen staff. Inspectors saw evidence that residents

weights were monitored on a monthly basis or weekly if required. Inspectors saw that there was literature available to staff that gave specific advice regarding nutrition for residents with dementia.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted about how the centre was run. Residents were consulted through a residents' forum normally held every two months. Inspectors saw minutes of the last forum that was chaired by an activities coordinator. One resident told inspectors of how he was involved in the interview panel for new staff. Inspectors saw evidence that more local newspapers were delivered to the centre as a direct result of resident feedback. Residents told inspectors they had choices about when to get up, what meals they had and what activities they got involved in. Inspectors observed caregiving that promoted residents' dignity by keeping bedroom doors closed and speaking to residents in a respectful manner.

Relatives told inspectors they had completed a survey issued by management seeking feedback about the centre. The person in charge told inspectors that an action plan had been developed in response to that feedback. The centre had a very active relatives support group which met regularly and was involved in trips with the centre's residents to areas of interest, shopping and general involvement in events outside the centre. One relative was a volunteer driver of the centre's mini bus which facilitated these outings. The person in charge was in attendance at these meetings at the request of relatives.

Arrangements were in place for residents to exercise their political rights with voting available in house and an oratory was available for religious and spiritual rights. The person in charge told inspectors that clergymen from different denominations visited the centre regularly and mass was celebrated in the centre on one of the days of the inspection.

Invites were issued to families at Christmas time to attend the Christmas party and an inter-denominational service was held in November and invites were also sent to relatives of those residents who were deceased.

There were adequate arrangements in place for residents to receive visitors in private through the provision of a visitor's room. Inspectors saw that this was utilised by some residents and their family over the course of the inspection. There were no restrictions on visiting times and inspectors observed family members coming and going throughout the day.

Inspectors found that the centre had links with the local community. Local schools visited the centre as part of their 'Gaisce Awards' and local societies in Adare visit the centre throughout the year. Residents told inspectors of the Christmas show the local garden centre puts on annually which was very much enjoyed. The main foyer had a notice board that displayed the day, date, month and season and photographs of previous activities were displayed throughout the centre.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

A centre specific policy on residents' personal property and possessions was in place.

Inspectors found evidence that residents' clothes were not being cared for adequately in the centre. The system for the in-house management of the laundering of residents' personal clothing was inadequate and the person in charge stated that the system was being reviewed. On the day of inspection, inspectors observed that the laundry room itself was in some disarray with clothes on top of machines and hanging on door rails. The clothes rails were also overcrowded with clothes.

Residents and relatives indicated dissatisfaction in regards to the management of laundry in the centre with some stating that clothes may be "shrunk" or "missing". The topic of laundry management was also discussed at resident and relative forums and was often cause of complaint.

Arrangements were in place to facilitate residents if they wished to have their personal laundry done by their relatives if they so wished. The centre had a system in place for labelling residents' clothes.

Inspectors observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. There was a system in place for documenting furniture that the resident brought with them to the centre.

Judgement:

Non Compliant - Moderate

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an actual and planned roster available and there was a nurse on duty at all times. Inspectors found that there was sufficient staff with the right skills, qualifications and experience to meet the needs of residents. The centre used a specific tool to determine the number of staff required based on the needs of the residents. On the days of inspection, inspectors found that although staff appeared busy they were not task orientated and had time to spend with residents. Call bells were answered in a timely fashion and staff were observed spending time interacting with residents about the news of the day. Staff with whom inspectors spoke stated that they felt there was adequate staffing levels however some relatives stated in feedback that they thought more staff at night would be helpful.

Inspectors found that the centre's training matrix indicated that not all staff had received mandatory fire training. Inspectors found that fire training was not formally refreshed on an annual basis as per the National Standards for Residential Care Settings for Older People in Ireland.

The centre's policy stated that staff would engage in ongoing training in the centre and the provider confirmed that this included two yearly refreshers for training in topics such as adult protection. Inspectors saw that the management of staff who did not attend scheduled training was inadequate and hence some staff had not received training or refresher training in adult protection.

Inspectors noted that the centre's training programme was comprehensive and included opportunities for further education such as infection control, management of behaviours that challenge and continence promotion. Training records indicated that a large number

of staff had participated in these training topics. Staff with whom inspectors spoke were familiar with centre policies. Clinical Nurse Managers confirmed that they had protected hours in their roster to allow for supervisory practice of less qualified staff.

A sample of staff files were reviewed and were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There was evidence of effective recruitment procedures including the verification of references. Registration details of all nursing staff were maintained. There was evidence that volunteers had been vetted.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Gemma O'Flynn
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 report¹

Centre name:	Adare and District Nursing Home
Centre ID:	ORG-0000404
Date of inspection:	10/02/2014
Date of response:	04/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

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

It was not clear if contracts of care were signed within one month of the resident's admission as contracts were not dated when signed.

Action Required:

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

A section for the date following signature has been added to the contract in line with Regulation 28 (1)

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 04/04/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

Some of the centre's operating policies had not been reviewed in over three years.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

The review date for some reference policies has expired. The company policy committee are currently reviewing these policies.

Proposed Timescale: 30/06/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

There were gaps in the centre's documentation of the daily checks of fire exits.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

The daily checks of fire exits are carried out by the nominated Health and Safety Officer however in their absence it is now delegated to the nurse in charge.

Proposed Timescale: 04/04/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

The centre's management of controlled drugs did not reflect their policy in that more than one nurse had access to the controlled drug cupboard.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The safe where controlled medication is stored has been changed to a key operated system and one key is available and held by nurse in charge on the day.

Proposed Timescale: 04/04/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The laundry facilities were inadequate for the size of the centre.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

As evident during the inspection, all laundry including personal clothing is outsourced to local laundry service. The laundry room in the home is used as a sorting depot for the returned clothing before distribution to resident's room.

Proposed Timescale: 04/04/2014

Theme:

Effective Care and Support

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

Laundry equipment was not in working order to facilitate the washing of resident's personal clothing.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

As evident during the inspection, all laundry including personal clothing is outsourced to local laundry service. The laundry room in the home is used as a sorting depot for the returned clothing before distribution to resident's room.

Proposed Timescale: 04/04/2014

Outcome 17: Residents clothing and personal property and possessions

Theme:

Person-centred care and support

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

The centre's management of sorting and returning residents' laundry to their rightful owner was inadequate.

Action Required:

Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

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

The sorting room for residents clothing is being re-designed.

Proposed Timescale: 31/05/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The centre's training matrix showed that some staff had not received mandatory fire safety training or training in adult protection.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Dates have been arranged for all outstanding staff to complete mandatory training, and training matrix has been adjusted to reflect staff on long term sickness, maternity leave etc. Access to all mandatory training is regularly available to all staff as identified under Regulation 17 (1)

Proposed Timescale: 31/05/2014

Theme:

Workforce

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

The centre had had inadequate approach to the management of staff who had not attended refreshers of mandatory training.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

A more rigorous follow up process for non-attendance of staff who do not attend refreshers of mandatory training is now in place within the home.

Proposed Timescale: 04/04/2014