

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aclare House Nursing Home
Centre ID:	ORG-0000001
Centre address:	4 - 5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 1345
Email address:	breegemuldowney@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aclare Nursing Home Limited
Provider Nominee:	Breege Muldowney
Person in charge:	Susan Manning
Lead inspector:	Noelene Dowling
Support inspector(s):	Linda Moore;
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	25

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 May 2014 08:00 To: 07 May 2014 15:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

The report sets out the findings of a monitoring inspection, which took place over one day, and monitored two specific outcomes namely, end of life care, food and nutrition. In preparation for the thematic inspection, the provider completed a self-assessment in relation to both outcomes and surveys were issued to a number of relatives. In addition to these documents the reviewed the previous inspection report and notifications forwarded to the authority prior to undertaking this inspection. A sample of six care plans, residents' records, staff rosters, audits, medication charts, complaints logs were also reviewed. The inspector spoke with residents and relatives.

On the day of inspection there were 25 residents living in the centre which can accommodate up to 27 people.

The inspector was satisfied that the provider demonstrated a commitment to the continued improvement in care provision. A significant amount of work, information gathering and implementation of changes had been undertaken especially in relation to end of life care. Staff and management had an in depth knowledge and understanding of the residents and as observed communicated easily, and respectfully with residents. Residents expressed their satisfaction with the care provided and said that staff were very attentive to them.

This inspector found a overall compliance with the outcome on end of life care and also compliance in the outcome on food and nutrition 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.

An action was identified in this inspection in relation to risk management. The action in relation to this is outlined under Outcome 7 in 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 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:

This outcome was not examined in entirety but inspectors noted a number of potential risks to residents which were discussed with the provider. These included an unsecured section to the front of the premises with a drop of several feet which a resident could inadvertently access. Overall inspectors observed that residents were supported while mobilising very carefully by staff who were also observed to maintain preserve residents independence as far as possible. Manual handling plans were in place. However, inspectors observed that on one occasion the brakes were not activated on a wheelchair when a residents was being assisted to mobilise with the aid of a hoist presented a risk of injury to the resident. Training in manual handling was up-to-date however.

The provider had constructed a very comfortable and sheltered smoking room at the side of the premises. A perspex roof and side panel were used to protect the residents from he elements. It could be accessed directly via the exit to the rear of the centre. This room is supplied with heating. A risk assessment had been undertaken on the residents who use this and in one instance a fire retardant blanket was used to prevent injury. However, a number of features require review to ensure the provider is satisfied that the room meets the guidance issued by the Chief Inspector. This includes an effective means of supervision, ventilation and an alerting mechanism.

Judgement:

Non Compliant - Moderate

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:

The providers self assessment in relation to compliance with Regulation 14 and Standard 16 indicated a minor non compliance in relation to the care plans being implemented to direct care at this time. Inspectors acknowledged the significant amount of work which had been undertaken to achieve compliance and make enhancements in a short time-scale since the completion of the documentation for the Authority. There was evidence that the provider was instigating procedures to meet the physical , emotional ,social and spiritual needs of residents. This process is ongoing as evident from staff training records, related documentation, and consultation with residents and relatives. The provider had revised the policy on end of life care and Inspectors found that this was comprehensive and guided staff in both the involvement of residents, planning for care and treatment options and care of the deceased person following death. The role of the GP was clearly outlined. The policy defined arrangements for residents of different denominations and gave clear instructions to staff in relation to the legal requirements and respect for resident remains. There was a 60% return of relatives' surveys prior to the inspection. These indicated a high level of satisfaction with the care provided including information and consultation prior to and following the residents death. The issue of shared rooms was noted in the questionnaires.

Records and interviews indicated that there was a good level of consultation with relatives and that they were promptly informed of changes in their resident health status. Those residents who were able to discuss this issue with Inspectors stated that they were asked for their preferences and would prefer to remain in the centre, rather than go to acute care. A relative also stated that he had been consulted and was happy to have had the opportunity to have the discussion. The care needs or personal circumstances of the residents did not support the option of returning home and this was understood. Documents had been prepared which detailed meetings with resident and relatives and consultation with the general practitioner (GP) which taken place for a number of residents. Decisions were documented and residents records were also discreetly identified in order to ensure that staff were aware of the resuscitation status of residents. The documents did not detail anticipatory measures or reflect the care to be given for comfort or symptom control. The person in charge outlined that this was in process and would be undertaken based on the health status of the residents at the time. Residents religious affiliations were noted and records showed that this was facilitated in the centre on a regular basis and in the event of a sudden death it was facilitated immediately following such an event. Although there was no oratory religious services were held in the sitting room and the prayers were held in the residents own room with appropriate religious items and symbols being used.

Examination of a sample of records including nursing records in relation to residents who had passed away indicated that where acute illness had occurred, care was planned and resident's comfort and symptom management was prioritised by staff. There was evidence of regular monitoring, turning, oral care and pain management for the resident. However, as indicated by the provider the care plan for this event was not documented in a timely manner but the inspector did not find evidence that this had impacted on the care provided. Records and communication with staff indicated an awareness of the importance of this and recognition of the need for monitoring and

support. Records also demonstrated that appropriate procedures were followed and respect for residents remains was detailed with appropriate linen and symbols available. The procedures included reporting to the relevant statutory authorities and adherence to any legal requirements. Inspectors noted the detail and inherent respect with which the records were maintained.

There was evidence on current and past records of good liaison and involvement with the palliative care services for advice and direct care review. There was also evidence of good access to general practitioner and out-of-hours services available. Inspectors saw evidence that medication was monitored and reviewed regularly to ensure comfort and symptom management and the person in charge was very involved in this process.

Staff training had been undertaken and further training was planned to support this work. The person in charge had previous training in this area and has recently undergone training with hospice services in end of life care. Further training is scheduled for May 2014 which will be incorporated in-house to staff. Training in venapuncture has been undertaken by two staff and a protocol for the use of subcutaneous fluids is currently being developed. It is intended that this will alleviate the need for admissions to acute care services.

There is no oratory in the centre. However, if it was the wish of the family, a resident remains would be kept in their bedrooms in the centre for a period of time and families facilitated to remain with them. Procedures as outlined to Inspectors included a ceremony for the removal of the remains and there were garments and religious symbols available for staff to use following a death. A booklet is currently being devised to provide advice and guidance to relatives for support following a death. Residents were also offered the opportunity and supported by staff to attend the funeral. There were detailed personal belongings inventories maintained and suitable storage had been sourced for the respectful return of any such items. The provider had purchased folding beds so that relatives may stay in the centre if they wish. A room is available and access to showers and food is also made available to relatives. Resident's religious affiliations were well respected and facilitated.

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:

Inspectors reviewed the self-assessment questionnaire submitted by the person in charge and the provider. This identified a minor non compliance with Regulation 20 and Standard 19. These were in relation to gaps in documentation in regard to nutritional documentation / care plans not fully reflective of the care provided .Inspectors concur with this finding.

Polices on the management of nutrition and hydration had been developed. A report from the environmental health officer had been provided prior to this inspection and all items identified had been resolved. Inspectors observed mealtimes including breakfast, morning refreshments and lunch.

The catering facilities were suitable for purpose and a food safety management system was in place. All catering staff had undergone the relevant training and the chef was very knowledgeable on the individual residents food preferences and needs. Inspectors observed that menus were available in booklet form with some pictures included. Residents told Inspectors that they had a choice of food and alternatives if they wished. They could also choose to have their meals at different times or in their rooms if they wished and that additional food was available at any time to them. This was very apparent to the inspectors who saw that breakfast was available any time of the morning and included individually prepared cooked breakfasts. Resident said they enjoyed the food and it was tasty and varied. All meals including modified foods were presented in a pleasant and attractive manner with either tables or trays being used appropriately set. Snacks and hot and cold drinks including juices and fresh drinking water were readily available and observed by Inspectors throughout the day. Stocks of fresh food were observed in the storage areas and residents confirmed that they could have sandwiches or other foods at any time at night if they wished. All food was freshly cooked and fresh baking was also evident. Inspectors observed that staffing levels were adequate to supervise and support residents at meal times. Residents who required support were observed to receive this in a sensitive and dignified manner. Care plans seen by Inspectors demonstrated that residents food preferences and likes were well known and detailed in the care plans.

Residents care plans demonstrated that dietary needs were well supported overall. Residents weights were monitored monthly or as in the case of eight residents weekly as a result of their assessments and outcomes. An evidenced based tool was used to asses the risk of changes. Specific food charts were used where required and detailed fluid charts were also maintained and monitored by nursing staff as deemed necessary by resident assessments.

Referral to dieticians and speech an language therapists were evident. The subsequent interventions were documented. Catering and other staff were aware of all residents specific requirements and the directions of the specialists. Supplements were prescribed by the GPs and recorded on the medication administration charts. Residents who required fortified food were identified. Inspectors also found that staff were able to articulate their knowledge of the use of fluid thickeners and the information concurred with the care plans.

There were no residents on Percutaneous Gastronomy feeding systems (PEG). Residents

with diabetes had blood sugars monitored and dietary requirements were documented. Dentistry was also available. Systems for eliciting the views of residents included the chef consulting with them on a daily basis and the provider indicated that she wished to formalise this arrangement.

Examination of the staff training file indicated that staff had been supported with a range of relevant training in nutrition. This included 21 staff undergoing training in nutritional screening, management of swallowing and diabetes and dysphagia in March 2014. Food fortification training had been undertaken in April 2014.

Overall the inspectors were satisfied that the provider was committed to good practice in the nutritional needs of residents and the preferences of residents were well supported. The design and lay out of the centre necessitates staff having to carry individual trays of food upstairs, in one instance up three flights. As a result of this residents indicated that the meal may not be hot when they receive their meal. The provider agreed to review this process.

Judgement:
Compliant

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:

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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aclare House Nursing Home
Centre ID:	ORG-0000001
Date of inspection:	07/05/2014
Date of response:	11/07/2014

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 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:

Failing to identify potential risk and take measures to prevent risk to residents including but not limited to: safe manual handling systems, injury on the grounds of the premises and adequate risk assessment of the smoking room.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

1. Safe manual handling systems. Our manual handling training is in date, we are

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

providing extra training as a refresher for staff. Management will monitor staff on an ongoing basis

2. Railings will be installed to the front of the premises.

3. The designated smoking area will be provided with more ventilation.

We have now included checking smoking area in our hourly checklist. The smoking area is now connected to our fire alarm system.

Proposed Timescale: 01/12/2014