

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aisling House Nursing Home
Centre ID:	OSV-0000003
Centre address:	Sea Bank, Arklow, Wicklow.
Telephone number:	0402 33843
Email address:	hussein_ali_56@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hussein & Jeanette Ali Limited
Provider Nominee:	Jeanette Ali
Lead inspector:	Louise Renwick
Support inspector(s):	Gary Kiernan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	3

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 October 2014 10:30 To: 30 October 2014 15:00

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to monitor ongoing compliance with the Regulations and Standards and to check that previous improvements identified at the past two inspections in January and March 2014 were being sustained by the provider and person in charge. Inspectors had also received some unsolicited information which outlined concerns with certain aspects of care and services offered to residents. Inspectors found that these concerns were partially upheld, with areas for improvements identified in both staffing and food and nutrition. Evidence of good practice was found across six areas, with improvements to health and social care sustained since the last inspection, which resulted in positive outcomes for residents. Building works had also been completed since the last inspection, with a four bedded room now divided into two twin rooms. Inspectors found this was finished to a good standard, and ensured the provider now had no multi-occupancy rooms in the building.

Of the nine outcomes inspected, inspectors found three moderate non-compliances which were in need of address. These were in relation to the number of nurses on duty during the day time, food and nutrition, and governance and management. Inspectors requested daily and fortnightly updates from the provider and person in charge in relation to the staffing numbers, and requested the self assessment tool for food and nutrition be resubmitted to the Authority before the end of the year. At the

time of report writing, the person in charge was ensuring this information was submitted as requested. The findings of this inspection are further outlined under the relevant headings, and 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a management structure in place. The person in charge reported directly to the provider, and was supported in her role by a senior nurse manager. The role of assistant director of nursing was no longer in existence. While the management arrangements put in place at the last inspection had sustained certain improvements in the centre, inspectors were concerned about the ongoing sustainability of these improvements due to current issues with staffing. The person in charge was currently rostered to work most shifts as a staff nurse in the centre in order to deal with the nursing vacancies. The management structure was currently not in full effect due to the post of person in charge not being a full time role, to ensure the effective supervision of the delivery of care in line with the Statement of purpose. This will be further discussed under outcome 18 workforce.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had been in post for nine months, was a registered nurse with the required experience in the care of the elderly. On the day of inspection, inspectors reviewed staffing rosters and spoke with the person in charge and provider. Due to staffing issues presently, the person in charge was working as a staff nurse full time in the centre. Inspectors were concerned that this would impact on the supervision of staff and the oversight of the care and support delivered in the centre as discussed under outcome 2 Governance and Management.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were measures in place to safeguard and protect residents in the designated centre. Policies and procedures in relation to safeguarding, behaviours that challenge and the use of restraint were reviewed at the previous inspection, and found to be satisfactory. Inspectors reviewed training records and found that staff were provided with yearly training in safeguarding. This training was due to be delivered again the following month. Training was also offered to staff annually in supporting residents with behaviour that was challenging. Any restraints that were used in the centre were well monitored, reviewed regularly and risk assessed. For example, the use of bedrails or lapbelts.

Specific care plans were in place for residents who identified as having behaviours of concern, or who used any type of a restraint to guide staff practice and promote safety.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the health and safety of residents, staff and visitors was promoted through safe systems of fire prevention, health and safety, infection control and risk management. Inspectors identified one potential risk during the course of the inspection which required address.

Fire systems had been routinely checked and serviced by a relevant fire professional. Training for staff had taken place in September over two sessions, and evidence of staff members' attendance recorded.

The Chef, household staff and provider had attended training during 2014 in infection control, with additional external training scheduled for the provider, person in charge and one nurse for November 2014.

Staff training in manual handling was carried out by the person in charge, and found to be up dated regularly. Practices on the day of inspection were observed to be in line with best practice. Sliding sheets had been purchased for all residents since the previous inspection and these were seen in residents bedrooms. This was an improvement since the last inspection, and promoted residents' safety.

One area of concern identified on inspection was in relation to the use of the hoist. While the two hoists had been recently serviced and new parts bought, there was no system in place to determine the right size sling for each resident. Inspectors found there were only two sizes of slings available, medium and large, and a total of five slings available for communal use. There was a lack of knowledge around which size sling was suitable for the weight of each resident, to ensure residents' safety and comfort. Care plans for residents who required the use of the hoist did not outline which size sling was to be used. This was discussed with the person in charge during the inspection, who intended to rectify this as soon as possible.

On review of the accident and incident log, inspectors found a low incident rate of accidents in the centre and a clear system of reporting all near misses, accidents or incidents. On review of the log, inspectors noted there had been no near misses or accidents involving the hoist. However, improvements were required to identify the correct sling size for residents to prevent an occurrence of injury.

Judgment:

Non Compliant - Minor

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the policies, procedures and practices in relation to medication management in the designated centre were satisfactory. There were medication management policies based on national guidelines to guide staff practice, which had been deemed suitable at the previous inspection. On the day of inspection, medication was found to be stored in a secure manner, with clear systems for prescribing and administering medication in place. Controlled drugs were kept in accordance with legislative requirements.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of care plans on the day of inspection, and found that improvements in the area of health and social care needs had been maintained. Residents had care plans in place for any aspect of risk or need identified through the assessment process. These care plans were found to be reviewed regularly and up dated as required, and sufficiently guided staff practice. On the day of inspection, inspectors observed residents enjoying a variety of activities. For example, reminiscence sessions, and visits from family.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that building works had been carried out since the last inspection, as outlined in the provider's response to the action plan. The multi-occupancy room had been divided into two en-suite twin rooms, and had been finished to a good standard. Inspectors were satisfied that this had been adequately addressed, and this change further promoted the privacy and dignity of residents.

Inspectors found that equipment such as hoists, were in good working order, with documentary evidence of servicing available to inspectors. Batteries for the hoists had been replaced, along with parts of the covering to ensure they were kept in a good state of repair. Slide sheets had been purchased for all residents, and were now available in each bedroom.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that residents were provided with a nutritious and varied diet at all times in the designated centre. Inspectors observed residents enjoying the lunch time meal, and found that the roast chicken dinner was well presented, and there was an alternative choice available. However, improvements were required to ensure a nutritious and varied diet was offered to residents for their evening meals and snack

times also. Inspectors met with kitchen staff and checked the stock in the kitchen, and found that there was insufficient choice offered to residents for their evening meal, most notably for residents who required a modified consistency diet. For example, the choice for residents on a minced/ moist or pureed diet on the day of inspection was mashed potato with beans, or mash potato with soup. The choice offered depended on what was surplus from the day time meal. Inspectors found that there was an over-reliance on tinned and processed foods in the designated centre. For example, tinned spaghetti and shop bought quiche. Inspectors found that there was a lack of freshly prepared meals and snacks. There was a small supply of fresh fruit available for residents on the day of inspection, consisting of eight bananas and some grapes which was not sufficient in quantity to meet the number of residents. The provider was asked to resubmit the self - assessment questionnaire again for food and nutrition, and to fully review the menus to ensure that a balanced and healthy diet was provided to all residents. Inspectors were concerned regarding the nutritional value of the food on offer and the choices available, due to the absence of an assessment of the menu by a dietician. The person in charge had arranged for this to happen in the coming weeks.

Judgment:

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied with the skill mix of staff at certain times of the day, to ensure that residents needs were adequately met. There was one nurse on duty to support 28 residents on the day of inspection. While additional support was on offer from the provider who is a registered nurse, for certain times of the day, this support was not consistent, and did not ensure a second nurse in the building during the day to deliver and supervise care. This was discussed with the provider and person in charge on the day of inspection, and inspectors afforded the provider until the end of the day to rectify this. An amended roster was submitted to the Authority that evening which offered inspectors assurances that from the following morning, there would be two nurses on duty during the day. Inspectors noted efforts had been made by the person in charge and provider, to recruit additional nurses. Inspectors were informed that a staff

nurse was starting in December, with hopes for another staff nurse to begin working soon after. Until the provider had assured herself that the vacancies had been filled, and the person in charge was relieved of nursing duties, inspectors requested a two weekly written update in relation to the staffing ratios and skill mix.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Louise Renwick
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:	Aisling House Nursing Home
Centre ID:	OSV-0000003
Date of inspection:	30/10/2014
Date of response:	29/11/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

The person in charge was working as a staff nurse to cover nurses vacancies. The role of person in charge was not being given adequate time to ensure effective supervision.

Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

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

purpose.

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

The person in charge is currently working long days as we have two full time nurse vacancies. The Registered Provider is a nurse and is at present also working daily to allow the person in charge to ensure effective supervision and to ensure positive outcomes for residents.

We currently have a nurse attending adaptation in St Michaels in Dun Laoghaire and she will commence as a staff nurse in December pending her registration.

We have advertisements with seven recruitment agencies and receive regular emails and phone calls that there has been no response as yet, this is due to the fact that HSE Hospitals are now recruiting and the national shortage of nurses which is highlighted regularly in the newspapers.

Our part time nurses will continue to cover shifts until the full time vacancies are filled.

We will continue to submit staff updates to HIQA and will continue all efforts to recruit additional staff nurses.

Proposed Timescale: Ongoing

Outcome 08: 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 no measures in place to ensure the correct size sling was in use suitable to residents weight and build.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

New slings have been purchased and all residents who require a sling have been measured and weighed and now have their own individual sling in their bedroom. This information has been added to the residents care plans and moving and handling assessments have been updated also. All staff have received training with the new slings.

Proposed Timescale: 10/11/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Inspectors found an over-reliance on processed and pre-made foods. There was no assurances that the food on offer was wholesome or nutritious.

Action Required:

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

The menu has been changed and there will now be a greater selection of homemade food for residents to choose from. We will however continue to give residents a choice, some of whom choose beans and spaghetti as they do not like vegetables. The menu has been forwarded to Abbott Nutrition to be analysed. We are awaiting a confirmed date from the Dietician who is going to do modified diet training with all the kitchen staff. The self-assessment will be completed and forwarded to HIQA by the end of the year as requested.

Proposed Timescale: 30/12/2014

Theme:

Person-centred care and support

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

Residents did not have a clear choice at evening meals, most notable residents on modified consistency diets.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

The new menu offers a choice at every meal for all residents including those on a modified consistency diet.

Proposed Timescale: 30/12/2014