Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report Designated Centres under Health Act 2007

Centre name:	Altadore Nursing Home
Centre ID:	0004
Centre address:	Upper Glenageary Road Glenageary, Co. Dublin
Telephone number:	01 2842233
Fax number:	01 2302337
Email address:	altadorenursinghome@gmail.com
Type of centre:	☒ Private ☐ Voluntary ☐ Public
Registered provider:	JKP Nursing Home Ltd
Person authorised to act on behalf of the provider:	James O'Reilly
Person in charge:	Kathryn O'Reilly
Date of inspection:	22, 23 and 24 August 2011
Time inspection took place:	**Day-1: Start:** 16:00 hrs **Completion:** 18:30 hrs **Day-2: Start:** 08:00 hrs **Completion:** 18:00 hrs **Day-3: Start:** 08:30 hrs **Completion:** 15:00 hrs
Lead inspector:	Linda Moore
Support inspector:	Mary O'Donnell (Part of Day 3)
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Altadore Nursing Home is situated on Upper Glenageary Road in the village of Glenageary County Dublin. It opened as a nursing home in 1990 and has 37 places. There were 33 residents living in the centre, all were over 65 years and some residents had dementia. There are currently two rooms closed pending a new extension to the building.

The building consists of the original three-storey house with bedroom accommodation on all levels. Communal areas are on the first floor and include day rooms, the dining room, and the kitchen and staff facilities. Laundry and sluicing facilities are on the ground floor. There are 21 bedrooms on the ground floor, one twin room with an en suite shower, four single rooms with en suite toilet and wash-hand basins and 15 single rooms with en suite shower and toilet facilities and one single bedroom with an en suite toilet and bath. There is an additional assisted bath with a toilet on the ground floor. There are 12 single bedrooms on the first floor, four of the rooms have en suite toilet facilities and eight have en suite shower facilities. A communal assisted shower and two separate toilets are also provided on the first floor. On the second floor there were three single rooms, two with en suite bath and toilet and one with en suite shower facilities.

There was a lift, stairs and chair lift provided between floors. Seating areas are provided in the two sitting rooms and the large foyer area. The nurses' office is on the first floor.

The centre is set in large, well maintained mature gardens with attractive trees, plants and shrubbery.

The building is wheelchair accessible and there is some car parking provided to the front of the building for staff and visitors. There is also roadside parking available close to the centre.

Date centre was first established:			1990	
Number of residents on the date of inspection:			33	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	2	10	10	11
Gender of residents			**Male (✓)**	**Female (✓)**
			✓	✓

Management structure

Altadore Nursing Home is a family business. The Provider is JKP Nursing Home Limited. James O'Reilly, one of the Directors, is the nominated Provider on behalf of the company. The second director is James's mother, Mary. The Person in Charge is Kathryn and she and the Provider are brother and sister. The Provider attends the centre on a daily basis and as required. The Person in Charge is supported in her role by staff nurses. The carers and multi-task attendants report to the nursing staff who in turn report to the Person in Charge. Administration and catering staff, report to the Provider and Person in Charge.

Summary of 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 report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members over the two-day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

While areas for improvement were identified, overall inspectors found that the provider and person in charge met the requirements of 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*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

Fire safety was managed to a high standard and the provider and the person in charge promoted the safety and protection of residents. The health needs of residents were met. Residents had access to medical care, to a range of other health services and evidence based nursing care was provided. Care plans were in place and the documentation was regularly reviewed.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

Improvements were required around formalising the risk management programme and some aspects of the premises. While the facility provided comfortable accommodation it did not meet all of the requirements of the Standards. The provider planned to address this within the timeframe and showed inspectors the architect's plans which would bring the centre in line with requirements. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Section 50 (1) (b) 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*.

1. Statement of Purpose and Quality Management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

The inspector observed that the service's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. In particular the inspector noted that the "residents, physical, emotional and spiritual needs were met" as described in the statement of purpose. This was confirmed by residents and relatives to inspectors throughout the inspection and in their comments in the resident and relative questionnaires submitted.

The statement was kept under review by the provider and was available to residents on admission.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings
The inspector was satisfied that the quality of care and experience of residents was monitored and developed on an ongoing basis.

The person in charge had put a system in place to gather and audit information related to falls, accidents/incidents, medication management and nutrition. There was a robust system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents. The inspector read the minutes of the staff meetings and saw where the information was exchanged for learning purposes and used to enhance the quality of the service.

In addition the person in charge conducted frequent audits of the care plans to identify any deficits and provide additional support and training for staff if required.

The person in charge met residents each morning to enquire how their night went and to discuss any issues or concerns. Residents also availed of opportunities to provide feedback on the service or facilities to the provider who worked full-time in the centre. There were examples of where residents feedback was used to improve the service for example, the windows were replaced in the dining room as the residents said it was too warm in this area. The good practice could be further developed by formalising the feedback process.

Outcome 3
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.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
The inspector found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

Residents and relatives told the inspector they felt comfortable raising any concerns with the provider, person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain. The inspector noted that a log of verbal concerns from residents and relatives was maintained. The inspector saw issues raised had been acted upon and documented in accordance with the policy.

The complaints procedure was prominently displayed and was summarised in the Residents' Guide and the statement of purpose.

2. Safeguarding and Safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings
The inspector found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and were clear on reporting procedures. The provider, person in charge were knowledge about the action to take if an allegation of abuse was reported to them. The person in charge had the contact details for the elder abuse officer.

Residents spoken to and those who completed questionnaires confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the safety procedures in place such as the locking systems on the exit doors and call bells.

The person in charge managed small amounts of money for some residents. The inspector checked the balances which were correct. Deposits and withdrawals were signed and witnessed by a staff member and the resident or relative.

The person in charge monitored safe guarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care and ensured that the staff understood the centre's policy and procedure in relation to elder abuse, including reporting procedures. As part of her auditing procedures, she randomly asked staff about the types of abuse and the procedure to follow. Staff said they would report any suspicion immediately as the person in charge had informed them verbally that they would be supported to do so.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The inspector found that health and safety of residents, visitors and staff was promoted and protected, in some regards but this needed improvement.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels provided.

The health and safety statement was read by the inspector and it included the employers' and employees' responsibilities and the role of the person in charge. The health and safety policy identified the hazards and the control measures for food safety and the safety of residents, visitors and staff. The provider was nominated as the health and safety representative and he said that he walked the centre daily to check for any potential hazards but did not document this. This good practice could be enhanced by formalising and documenting the "walk about" and any actions taken to address environmental risks identified.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. Staff spoken with were aware of the procedure to follow and also the alternative accommodation in the event of evacuation.

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was recently serviced on 4 August 2011. The emergency lighting was replaced in August and there are plans to check this every three months. The fire equipment were serviced on a yearly basis. Inspectors read the records which showed that daily inspections of fire exits were carried out and there were weekly checks of fire extinguishers. The fire panels were in order and the inspector noted that fire exits were unobstructed. Inspectors read the training records which confirmed that formal fire safety training was provided annually and all but two staff had attended training. These staff had covered fire safety at induction and all staff spoken with were very clear about the procedure to follow in the event of a fire.

There was a health and safety statement in place and risk management policy which met the Regulations. The inspector noted that the provider and person in charge did not use these policies to guide practice in that the system to identify and respond to non-clinical risks was not formalised. The person in charge had developed a risk register and while this is good practice, this could be further enhanced by ensuring all necessary areas of risk were included.

The inspector had concerns that some risk management practices did not sufficiently promote the safety of residents, staff and visitors. For example:

- the inspector noted that all levels within the centre were accessible by open stairwells. One of these was a secondary stairs and used mainly by staff. Residents were cognitively impaired and would not readily understand the dangers these open stairwells posed. The risk assessment undertaken by the person in charge focused on the main stairwell did not include all residents at risk of wandering. Following discussion the provider and person in charge it was agreed with inspectors that management would put a key pad on the door to the secondary stairwell to restrict access

- the temperature of the water in the sinks in the residents' ensuite bathroom was too hot and posed a risk to residents. The temperature of the water on the two measurements was 44.3 and 47.6 degrees centigrade. This was brought to the attention of the provider who said this would be addressed immediately

- the person in charge detailed how some residents sat in wheelchairs at the dining table to facilitate a speedy evacuation from the room in an emergency. The inspector observed one resident could not eat independently as she could not reach the table from her wheelchair and she was also at risk of spilling hot food onto her lap

- sluicing facilities were inadequate. The provider said a new bed pan washer would be installed in the refurbishment programme

- the laundry room was left open when not in use and there was access to equipment and chemicals which posed a potential risk to residents

- cleaning chemicals were observed to be left unattended on trolleys when in use and stored in an unlocked area when not in use. The provider said that all chemicals would be locked away when not in use. He provided assurance that new trolleys to store cleaning chemicals would be available within two weeks

- the cleaners' rooms were not in line with best practice. The cleaning trolleys were stored in an unused bedroom which also housed the staff toilet

- staff members used a dining area adjacent to the kitchen which they accessed through the kitchen. The provider said that this was an interim measure until the refurbishment programme was completed. All staff wore personal protective clothing when entering the kitchen.

- there was inadequate storage space. The inspector observed wheelchairs stored in the assisted shower room near the nurse's station and assisted toilet near the sitting room. The provider said the provision of storage was being addressed in the refurbishment programme.

- while there is storage provided for incontinence wear, the inspector observed some incontinence wear stored in view in the assisted toilet, which was undignified.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
The inspector found evidence of good medication management processes. There were comprehensive medication management policies which provided guidance to staff. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The inspector also noted that all nurses had undertaken further training in medication management.

There were no medications that required special control measures. However, the process was discussed with the nurse. These were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register at the change of each shift.

A medication fridge was in place on each floor and the inspector noted that it was kept locked and the daily temperatures were recorded. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The inspectors also noted that there was regular input from the pharmacist who audited drug stocks and medication management practices and provided regular updates for staff.

Reviews of medication prescriptions, administration records and stock balances were carried out by the person in charge and the pharmacist. When discrepancies occurred these were recorded and shared at staff meetings for learning. The person in charge maintained records of the medication errors and used these to improve the service with the pharmacy. The general practitioner (GP) reviewed every resident's medication every three months, the records of this review were reviewed by the inspector.

3. Health and Social Care Needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
Staff promoted the residents' health by encouraging them to stay active. Residents were seen walking about during the day. The inspector noted that residents were supported to go outside frequently for walks in the garden accompanied by staff. Four residents who had formed an informal "walking group" were observed as they walked the grounds. They told the inspector they enjoyed the camaraderie and the fresh air.

Residents had access to a range of peripatetic services. Physiotherapy and occupational therapy (OT) were available at an additional fee. The benefit of these services to residents was apparent. The speech and language therapist and dietician attended residents on a referral basis. Audiology services were also provided on a referral basis. Dental and optical services were provided in-house if required. While reviewing residents' computerised files, the inspector noted that reviews and treatment plans agreed with allied health services were recorded for each resident.

The inspector reviewed some residents' computerised files and noted that a nursing assessment and additional risk assessments were carried out for each resident. Comprehensive person-centred care plans were in place for each resident's needs. The inspector read residents' care plans and noted they stated the care to be delivered. Three-monthly reviews were completed and dated. Staff told the inspector how they had begun the process of formally including residents and relatives in the development and review of care plans. All residents spoken with knew about their care plan and relatives confirmed in the questionnaires received that they were also familiar with the care plans.

The inspector checked the number of falls that occurred within the centre in the previous six-month period and was satisfied that falls were well managed. The person in charge usually audited falls annually and the falls audit for 2010 was viewed. The person in charge had recorded the number falls on a monthly basis up to August 2011. Strategies were put in place for those residents who were at high risk of falling. Risk assessment and supervision of residents was the first line strategy for falls prevention. The inspector observed that residents in all communal areas

were appropriately supervised by staff. The inspector also saw that routine checks of all residents were completed day and night. The inspector read the care plan of one resident who had fallen and noted that the strategies had been implemented including medication review, referral to the falls clinic and additional supervision.

The inspector reviewed the procedures in place for responding to behaviours that challenged. In-service training sessions had been provided to a number of staff and there was a policy which provided guidance to staff. The inspector reviewed residents' files and noted that mood diaries were completed and intervention strategies were in place and documented in the progress notes. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies. This practice could be further improved by utilising the antecedent/behaviour/consequence (ABC) model as defined in the policy.

A comprehensive restraint policy was in place to guide practice and the person in charge maintained a current restraint register. The inspector noted that 19 residents were using restraint in the form of bedrails. In the sample of care plans reviewed the inspector noted that assessments were undertaken. However, these did not document the alternatives tried. There was some of this information in the restraint register, but it was not comprehensive. The person in charge reviewed the resident's records monthly to ensure that all those who required a care plan for restraint had one in place.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. Inspectors spoke with staff, who were able to outline the contents of the policy.

The inspector read where residents' end-of-life preferences and care delivered were discussed and documented in the progress notes. The local palliative care team also provided support and advice when required. The person in charge developed an end of life care plan on the computerised system and had planned to roll this out.

Outcome 9
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.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a large central dining room and a smaller dining room for residents who required assistance. Residents chose where they would prefer to have their meals. Some residents stayed in their bedrooms and they told the inspector that this was their choice. The inspectors noted that meals were well presented and tasty.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. The main course was served plated, and residents were offered a choice of sauces or gravy separately. The inspectors saw that each resident was asked if they would like second helpings. Residents told the inspector they could have anything they wanted at meal times and the inspector saw where a wide variety of dishes were served. The inspector noted that suggestions in relation to the food had been made and acted upon. For example, some residents said they wanted fish on the menu every Tuesday and inspectors saw that the menu had been changed to accommodate the residents' wishes.

The inspector saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. Relatives also told the inspector that they were always offered tea or coffee. Inspectors noted that the refurbishment plans included a coffee station where residents and visitors could access tea and coffee making facilitates independently.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The chef got this information from the nursing staff and from speaking directly to residents. The inspector noted that the chef met with each resident after dinner each day to see if they were satisfied with the meal and see what they wanted for tea.

The inspector saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and Involving Residents

Outcome 10
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.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
The inspector was satisfied that this outcome was achieved.

Contracts were agreed with and provided to residents. The inspector read a random sample of completed contracts and noted that they set out the overall care and services provided to the residents and the fees charged, including any additional fees charged. Residents spoken with were aware of their contracts.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
Residents' privacy and dignity were respected by staff.

Staff were observed knocking on toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name. The inspector also heard good humoured banter among residents and between residents and staff.

Residents' civil and religious rights were respected. Mass took place on a monthly basis and several residents commented on how important this was to them. The Church of Ireland minister visited monthly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs and to attend religious services in the community. Residents told the inspector how they benefited from the excellent serenity spiritual programme provided. This includes structured prayer sessions to music and an opportunity for discussion. There are also planned meditation sessions for residents facilitated by a staff member.

The person in charge told the inspector how she promoted links with the local community. Three residents attended a day service. The person in charge described how residents had access to an organisation which provided suitably vetted staff to accompany residents who wished to access community services or events in the locality for a small fee.

An activity coordinator was employed in the centre and residents were provided with an extensive range of things to do during the day. Resident's life and social histories were collected on admission and used to inform the activation programme. A schedule of activities was available and was on the notice board near the nurses' station. The inspector noted that there were also four other people employed on a part-time basis to deliver programmes to residents. Residents who had a more solitary nature were accommodated with activities such as hand massage, reading, television and social visits from staff members in their rooms.

Residents who had cognitive dysfunction or dementia-related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre. Several staff members had been trained to deliver activity programmes such as Sonas (a therapeutic communication activity which focuses on sensory stimulation). In addition the inspector saw some residents enjoying a visit from PEATA, the organisation who provide a pet therapy service to caring institutions. The records of the participation in the activation were viewed by the inspector.

Outcome 12
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.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
There was a well-established laundry system in place. The laundry room was small but well equipped and a second room was set aside for the laundered clothes and ironing. The inspector spoke to the staff member seen working there and found that she was knowledgeable about infection control and the different processes for different categories of laundry.

Clothing was marked discreetly by relatives or on admission by staff and all residents' clothes were folded and returned to the resident's cupboards by the laundry worker. The inspector saw that great care and attention had been given to ironing shirts belonging to male residents. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. One relative told the inspector that staff always made sure her father was well dressed and how important this was to him. Residents told the inspector that they were satisfied with the laundry arrangements.

5. Suitable Staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The person in charge was a registered general nurse and worked full-time at the centre. She continued to keep her skills up-to-date by undertaking ongoing professional development. She was a manual handling instructor and had completed a "train the trainer" course in elder abuse. She had attended a course on nursing older people and she said she was planning to undertake the Masters programme in Gerontology. She conveyed a good knowledge of her responsibilities under current legislation and demonstrated good leadership skills. She had relevant knowledge and eleven years experience nursing older people. She was well organised and readily provided any information requested.

The inspector found that she was knowledgeable about residents' needs and their background. She was observed to engage well with residents and relatives throughout the days of inspection. She demonstrated a firm commitment to the provision of good quality care to the residents and welcomed the inspection process

to assist in driving forward quality care for residents. She was committed to running a high quality service and well supported by her brother, the provider. Comments received by the inspector from staff, residents and relatives indicated that the person in charge was supportive and had a regular presence in the centre. She was supported in her role by staff nurses and she was in the process of mentoring a nurse to formally take on the role of assistant director of nursing. This nurse worked opposite another senior nurse and deputised in the absence of the person in charge.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
There was a robust written operational recruitment policy in place. The inspector examined a sample of staff files. All staff files contained most of the information required by the Regulations. However, one staff file did not have photographic identification and the self-declaration of physical and mental fitness on file for all staff did not comply with the Regulations.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector.

Formal induction arrangements for newly employed staff were in place. The inspector spoke to staff members who outlined the induction process including the training they had attended since commencing employment. The provider and person in charge showed the inspector the process they used to identify staff training/learning needs, how training was delivered and the staff member deemed competent. In addition there was an informal annual employee review held with the provider and person in charge. The provider had recently introduced a formal staff appraisal system. Staff confirmed that they had completed the self-assessment which was the basis for the discussion at the appraisal interview with the person in charge. The person in charge told inspectors the process would inform training plans.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in the last 12 months including training on medication management, management of nutrition and a DVD on dementia care and the management of behaviour that challenged. The inspector read the training records and staff spoken with confirmed that they had attended training. All staff had attended mandatory training in moving and handling and staff spoken with were knowledgeable in this regard.

The majority of health care assistants had Further Education and Training Awards Council (FETAC) Level 5 training and there was a plan to train the remaining staff.

The inspector viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. The staff roster detailed each staff member's position and full name. A registered nurse was on duty at all times including night duty. The person in charge was supernumerary Monday to Friday and available to support and supervise staff. Staff confirmed that the person in charge was contactable out-of-hours and at weekends.

The person in charge informed the inspector that if for any reason staff were unavailable to work, part-time staff were organised to work extra shifts. This ensured that residents were familiar with the staff and ensured that staff members were competent in their role. There were three staff handovers each day, in the morning, at 2.00 pm and when the night staff came on duty. Staff were rostered to work overlapping shifts to ensure that residents were supported and supervised during the handover.

The provider and person in charge held formal meetings with each discipline once a month and minutes were viewed. These included any risks in the area and training needs. The person in charge also stated that formal staff meetings were held twice yearly. Minutes of these were available and viewed by the inspector. Recent topics discussed included the health and safety, risk management and incidents and accidents. Staff interviewed confirmed this.

The provider and person in charge worked together each day and they told the inspector that they had a formal meeting with the other director each Monday. The second director presented as familiar with the residents and knowledgeable about the management of the home. This process would be enhanced by formally documenting the matters discussed and progressed.

Records confirmed that all volunteers were vetted appropriate to their role. There was a written agreement outlining their roles and responsibilities in place as required by the Regulations.

6. Safe and Suitable Premises

Outcome 15
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.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings
The centre was homely and in many regards it was suitable for its stated purpose and met residents' individual and collective needs, however the person in charge and provider were aware that the premises will not meet the requirements of the Standards and planned to address this within the timeframe. Inspectors viewed the development plans to bring the centre in line with the Standards and meet all residents needs.

The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told the inspector that they enjoyed the lifestyle provided. Communal areas such as the day room and prayer room had a variety of pleasant furnishings and comfortable seating.

The numbers of toilets and bathrooms provided met the requirements. There are 22 bedrooms on the ground floor, all with en suite toilets and 17 had bath/showers en suite. There is an additional assisted bath with a toilet on the ground floor. There are 12 single bedrooms on the first floor, four of the rooms had en suite toilet facilities and eight had en suite shower facilities. There was a room with an assisted shower and two separate toilets, one of which was assisted on the first floor. On the second floor there were three single rooms with ensure bath/shower and toilet facilities.

There were thirty five single bedrooms, and one twin bedroom, that was currently being used as a single room. All bedrooms were of a reasonable size and had specialised beds and call bell facilities and adequate personal storage space including a locked storage area in many rooms. The provider was replacing these as needed.

There was lift access to all floors. A small passenger lift provided access between the ground and first floors and a chair lift was available between the three floors.

The external grounds were well maintained but the centre did not have a secure garden area, and some residents could only use the outside area with the support of staff. There was a plan to address this in the new building.

The kitchen was found to be well organised and equipped with sufficient storage facilities. Inspector observed a plentiful supply of fresh and frozen food. See Outcome 5.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, cushions, wheelchairs and walking frames. Handrails were available to promote independence. Records viewed confirmed that hoists and other equipment had been maintained and service records were up-to-date.

7. Records and Documentation to be kept at a Designated Centre

Outcome 16
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).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☒ Improvements required* ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required* ☐

General records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating policies and procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of residents

Substantial compliance ☒ Improvements required* ☐

Staffing records

Substantial compliance ☒ Improvements required* ☐

Medical records

Substantial compliance ☒ Improvements required* ☐

Insurance cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
Practice in relation to notifications of incidents was satisfactory.

The person in charge and provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge and/or provider.

Outcome 18
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.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

A senior staff nurse deputised for the person in charge. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge and the director to report on inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

Inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Linda Moore

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

26 August 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Altadore Nursing Home
Centre ID:	0004
Date of inspection:	22, 23 and 24 August 2011
Date of response:	14 September 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 5: Health and safety and risk management

1. The provider is failing to comply with a regulatory requirement in the following respect: The risk management policy was not implemented throughout the designated centre.	
Action required: Implement the risk management policy throughout the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

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

Provider's response: Altadore nursing home have always maintained a safety statement which all staff and management were familiar with. This safety statement is also updated annually and this was last done on the 14 September 2011. It was agreed that a broader range of risk management would be formally recorded in a risk register which has now been developed.	Completed

Outcome 5: Health and safety and risk management

2. The provider is failing to comply with a regulatory requirement in the following respect: There was an open stairwell which may pose a risk to residents. The water temperature in two ensuite bathrooms was too hot and posed a risk to residents. The sluicing arrangements created a significant risk of cross infection. Chemicals were accessible to residents on the cleaning trolleys and in the laundries.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The top door of the open stairwell beside the prayer room will be fitted with a key pad and magnetic lock. The temperature of the available hot water has been checked and the output temperature reduced slightly. However, it is envisaged that in the future redevelopment when the existing building is been refurbished this system will be replaced and all sinks will be changed with mixer tap systems then provided.	1 week Completed After redevelopment

New additional sluicing arrangements will be provided in our redevelopment and a bedpan washer will be included in this. In the meantime a robust system of infection control is followed to prevent and risks of cross infection.	Completed

Outcome 14: Suitable staffing

3. The person in charge is failing to comply with a regulatory requirement in the following respect: Staff files did not contain all documents for all staff as specified in Schedule 2 of the Regulations.
Action required: Obtain all documents for all staff as specified in Schedule 2 of the Regulations.
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Some staff files did not contain photo ID and we had not requested the required medical declaration from any staff. A declaration template was designed and shown to the inspectors during inspection and they agreed that this was suitable if signed by the staff members GP. All staff have been requested to provide this completed declaration document to management and those without photo ID are also providing copies of a passport or drivers licence.	1 month

Outcome 15: Safe and suitable premises

4. The provider is failing to comply with a regulatory requirement in the following respect: The person in charge and provider were aware that the premises will not meet the requirements of the Standards and planned to address this within the timeframe.
Action required: Keep the Chief inspector updated of progress of the refurbishment programme.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A large redevelopment study was undertaken by the management team in Altadore from 2007 onwards in light of changes and the then upcoming national quality standards for residential care settings for older people in Ireland. Altadore has now achieved planning permission for a redevelopment and it would be our intention to progress this as soon as possible. This redevelopment consists of an additional 17,000 sq foot building which will consist of new communal spaces, kitchen, dining room, staff facilities, lifts, storage spaces, laundries, cleaning rooms, sluice facilities, new garden and terrace spaces, etc and a net gain of approximately 20 beds. This redevelopment will not only meet the Standards required of our building, in many ways we hope it will exceed them. However, we are all living in uncertain times with both the economic situation in general and the pressures on the nursing home sector to reduce the fees paid to us by the HSE which are agreed through negotiation with the NTPF. At this point in time it is our intention to commence redevelopment works next year but we are unable to guarantee a start date at this time as we must borrow substantial monies for this to proceed and this will depend on the banking terms available in Ireland and our fees paid from the HSE. We are happy to keep the Chief Inspector updated in this regard.	1-4 years

Any comments the provider may wish to make:

Provider's response:

The management team, our staff and our residents wish to express their thanks to the inspectors who conducted their inspection in a very respectful and courteous manner. While everyone involved in caring for older people should appreciate the need to have a robust inspection process, we at Altadore were happy that this was done in a balanced and informative manner. Altadore welcomes information about any areas upon which we can improve, and it will always be our aim to provide a high standard of person centred care.

Provider's name: James O'Reilly
Date: 14 September 2011