

**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:	ORG-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 Ali & Jan Ali Partnership T/A Aisling House Nursing Home
Provider Nominee:	Jeanette Ali
Person in charge:	Jeanette Ali
Lead inspector:	Deirdre Byrne
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	5

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 03 December 2013 09:30 To: 03 December 2013 18:30

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

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

Summary of findings from this inspection

This unannounced monitoring inspection followed up on areas of non compliance identified at the inspection carried out on 27 and 28 August 2013 and also assessed compliance with 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. As part of the inspection, inspectors met with residents, relatives and staff members and an interview was held with the new assistant director of nursing (ADON). Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person acting on behalf of the current provider is Ms. Jeanette Ali, and she is also the person in charge. The provider had applied for a change of entity from

partnership to a limited company following an inspection in January 2013. At that inspection, there were significant concerns regarding compliance with the Regulations and the Authority's Standards, and the provider was requested to attend a meeting with the Health Information and Quality Authority. Following this meeting the provider was issued with a warning letter and was required to put systems in place to address all the identified non compliances. A follow up inspection took place in June 2013 to monitor compliance with the Regulation, and improvements were found. The inspection in August 2013 was to inform the registration decision. However, at that inspection inspectors had significant concerns with the overall governance arrangements in place. Improvements from the June inspection had not been sustained, and a significant number of non compliances were found. A number of immediate risks had not been identified by the provider regarding the management of risk, fire safety and the health care needs of residents.

At this inspection, which was a full 18 outcome inspection, inspectors also followed up on the significant number of non compliances identified at the inspection in August 2013. Overall progress had been made to the majority of issues raised at the previous inspection. Inspectors found the centre to be a homely place, and was well maintained. Residents appeared happy and content, and told inspectors this. There was a calm atmosphere in the centre, and staff went about their working day in pleasant respectful manner to residents. However, inspectors were concerned with the ongoing commitment of the provider to sustain compliance with the Regulations, and their participation as the person in charge in the clinical governance of the centre. This had been an issue at the previous inspection and had not yet been fully addressed. Inspectors met the assistant director of nursing (ADON) who was in her role five weeks. The person in charge said there were plans in place for the ADON to eventually step into the role of person in charge. Following the inspection the person in charge was requested to submit a plan of the arrangements for this, and to attend a meeting in the Authority's offices in order to discuss these matters.

Issues identified at the previous inspection such as aspects of care planning, and staff skill mix had still not been adequately addressed. Other clinical areas including falls management and the management of restraint required improvement. Residents end-of-life care preferences were not recorded. Aspects of the physical environment required improvement.

There were improved practices in the management of complaints. Staff had all been provided with up-to-date mandatory training, and additional training in a range of clinical areas to meet the needs of residents. The participation of residents in the overall management of the centre had improved, and the notification of incidents to the Chief Inspector was found to be satisfactory at this inspection. Inspectors also found evidence of improved practice in relation to medication management, and the management of fire safety.

These issues are further discussed in the body of the report 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were 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. For example, it now reflected the complaints process, visiting arrangements in place and, access to allied health professionals. This had been an action at previous inspections, and found to be completed. The statement was kept under review and was made available to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found the contracts of care in place for residents' failed to meet the requirements of the Regulations. This had been an action at previous inspections and was not fully addressed. Inspectors read five contracts, which were in place within one month of the residents' admission to the centre. They outlined the fees charged and, the

services to be provided. However, the details of additional charges for services not covered by the fee were not stated.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were concerned that role of person in charge had not been fully addressed since the previous inspection. At the previous inspection, inspectors has significant concerns as to the clinical governance and poor knowledge of statutory requirements by the person in charge, with inadequate leadership and governance arrangements found. Following the inspection, the person in charge had stated a new director of nursing (DON) would be recruited. However, inspectors found this was not the case at this inspection. A new assistant director of nursing (ADON) had been recruited. It was explained to inspectors the ADON had originally been recruited as a DON but this has been put on hold till an unconfirmed future date. This was discussed with the person in charge, and she was required to submit a written plan outlining the proposed measures and, time frame for the transition of the ADON to person in charge.

Inspectors found the person in charge was a registered nurse, with the required number of years experience in the care of older people. She was now in a full-time role, and rosters read by inspectors confirmed this. She was also available in the centre, and no longer rostered to work night duty to cover shifts. She had recruited the ADON and an additional staff nurse since the last inspection. Inspectors found with the assistance of the new ADON improvements in health and social care needs were now being met, with regular assessment and care planning carried out, and access to a range of allied health professionals provided. Improvements in education and training for staff were found. Governance arrangements had improved, and staff meetings had been undertaken since the last inspection by the new ADON. However, inspectors continued to have concerns, and ongoing improvements were required to ensure positive outcomes for residents were achieved. For example, inspectors were concerned to find there was one nurse on duty on the morning of the inspection. The ADON had to take leave at the last minute. However, the person in charge was not rostered to commence work till 10am, and no arrangements in place to provide an additional nurse.

Inspectors met and spoke with the ADON during the inspection. She had been on leave,

but came into centre and remained there for the duration of the inspection. She was in the position for five weeks, and inspectors found she was knowledgeable of the clinical and social care needs of the residents. She explained she spent a week getting to know the residents and the staff. Inspectors observed her interacting with the residents and staff regularly during the inspection. There was evidence of improvements and positive outcomes for residents since the ADON had commenced, with a new assessment process, and care plan regime introduced. Staff meetings and clinical governance meetings were held, with discussions held on a range of healthcare issues. She was adequately knowledgeable of the Regulations and the Authority's Standards, and her legal responsibilities. She provided all documentation requested by inspectors promptly. She was supported in her role by the person in charge, and would deputise in her absence.

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

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records. However, while the required range of policies and procedures was in place some policies were not sufficiently detailed in order to guide staff. This had been an action at the previous inspections and, was an issue again at this inspection.

Written operational policies which were centre-specific were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found the policy relating to falls prevention and, the policy on managing restraint was not sufficiently detailed to provide appropriate guidance.

Inspectors found that medical records and other records relating to residents and staff were maintained in a secure manner which addressed an action from the last inspection. Appropriate insurance cover was in place with regard to accidents and incidents and

residents' personal property, this had been an action at the previous inspection and was completed. Inspectors also reviewed the resident's guide which had also been action at the previous inspection and found that it had been drawn up in line with the requirements of the Regulations. Staff documentation was found to be complete, as outlined in Outcome 18, and fully addressed an action from previous inspections.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. An action from the previous inspection was completed, and a new ADON recruited since the previous inspection, as outlined in Outcome 3, would deputise in their absence. At the time of the inspection the person in charge was not planning on taking leave from the centre which required notification to the Chief Inspector.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied measures were in place to protect residents from being harmed or experiencing abuse. An action from the previous inspection was addressed, and the person in charge was knowledgeable of the investigation procedures she would

follow into an allegation of abuse. There were records to indicate that staff all had up-to-date training on identifying and responding to elder abuse, which had been an action from the previous inspection. The person in charge facilitated training for staff. The training was carried out by the person in charge who had completed a train the trainer course in this area. Inspectors found that the staff spoken with were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

Residents spoken with confirmed to the inspectors that they felt safe in the centre, and would talk to the provider and person in charge if they had concerns.

There was a centre-specific comprehensive policy on the protection of vulnerable adults which gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and investigating an allegation of elder abuse.

Inspectors did not review the arrangements for the safekeeping of residents' money at this inspection. This had been carried out at the previous inspection and found to be adequately managed and in line with best practice guidelines.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that the provider was aware of and promoted the safety of residents while encouraging them to maintain their independence.

There were comprehensive health and safety and, risk management policies in place that met the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and staff and residents going missing. However, improvements were required, as the risk management policy was not fully implemented in practice. The risk register did not reflect all the risks identified in the centre. For example, the exercise machine, the smoking area, the lack of space in the laundry room for segregating clothing. In addition, a member of the cleaning team did not display sufficient knowledge of the infection control procedures to be followed if an outbreak occurred.

At the previous inspection, inspectors had identified a significant number of risks which were now addressed. For example, hot radiator surfaces, hot water, razor blades stored

unsecured. The ADON was putting in place a weekly monitoring procedure, and a monitoring chart was developed.

Inspectors found that there was a procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

A clinical governance committee had been set up to review clinical risks. There was no similar system in place for environmental risks however, the person in charge and ADON had plans to incorporate this into the clinical governance committee meetings. There were a low number of falls in the centre, and inspectors found that incident forms were completed for residents who. However, there were some areas for improvement identified as covered under Outcome 11.

Inspectors read records that indicated that staff had attended training in moving and handling and, good practices were observed during the inspection. The ADON was a qualified manual handling instructor and planned on facilitating staff training in the future.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency.

Inspectors found that there were measures and policies in place to control and prevent infection. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre. The ADON had identified a need for additional training in this area, and planned to source training for staff.

Inspectors found that there was safe floor covering and handrails throughout the centre.

Inspectors were satisfied that suitable fire precautions were in place. A number of actions identified at the previous inspection regarding the overall management of fire safety had been addressed. For example, staff knowledge of procedures, training for new staff, fire doors held open and fire doors in poor working order. These were all found to have been fully addressed at this inspection. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

A comprehensive policy was in place which guided practice. It also contained procedures for 'as required' (PRN) medications, which was an action at the previous inspection. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. This was an action at the previous inspection, and found to be completed. Written evidence was available that three-monthly reviews were carried out. The ADON had recently introduced a new system of prescription sheets which were aimed to enhance the reviews completed by the pharmacist and the general practitioner (GP). Since introducing the system, they had a reduction in three residents prescribed psychotropic medications.

Inspectors found one medication error had occurred since the previous inspection, which had been investigated and actions aimed at preventing similar occurrences were recorded.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balance of a sample of medication and found it to be correct. The person in charge and ADON outlined plans to change the storage arrangements for the MDAs which appeared to be in line with best practice.

Staff nurses involved in the administration of medications had undertaken training in best practice, medication audits had been completed to identify areas for improvement. Inspectors noted that the policy in relation to self medication was being used to guide practice.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. This had been an action at previous inspections, and was found to be addressed at this inspection. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector.

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

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that there were systems in place to monitor and develop the quality of life of the residents on an ongoing basis.

The ADON had introduced a system to regularly review the quality of residents' lives and to implement change to enhance their experiences. Data on a range of key quality indicators such as pressure ulcers, falls, behaviours that challenge, psychotropic medications, dependency levels, and complaints were gathered and used to inform practice. This was an action at the previous inspection, and improvements were found at this inspection. Inspectors reviewed the information, and the ADON planned to use the information to carry out reviews in each of these areas.

There had been a recent audit carried out on care plan documentation, and inspectors found the system of assessment and care planning had been fully revised as a result. A new suite of care plans had been introduced, along with assessments for a range of healthcare needs. This had enhanced the care provided to residents with evidence of a positive outcome for residents as outlined in detail under Outcome 11. The ADON had carried out a recent residents satisfaction survey. Approximately half of surveys had been returned, and she planned on reviewing all the information when all of the results were received.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that while improvements were made to address some of the issues raised at the previous inspection, there were still areas that required further improvement such as aspects of the clinical needs of residents and care planning in the centre. Some issues identified at the previous inspection including falls prevention and management of restraint remained outstanding.

There were arrangements in place to meet residents' assessed needs. As outlined in Outcome 10, the ADON had introduced a suite of new assessment tools, and residents needs were set out in individual care plans which had been fully re-written. However, in some cases the care plans did not address all the identified needs of residents. For example, in relation to the management of restraint. In addition the most up-to-date recommendations of allied health professionals were not consistently incorporated into care plans. For example, a dieticians advice on one residents nutritional needs. An issue from the last inspection was addressed, and there was evidence that residents or their next of kin had been consulted in relation to the development of care plans. Residents healthcare needs were supported by good access to GP services and an out-of-hours service was available.

Inspectors reviewed the management of falls and, some improvement as outlined in the previous report was required. Residents' falls risk was routinely assessed and a care plan was put in place for residents at a high risk of falling. However, the policy on falls did not sufficiently provide guidance to staff, as outlined in Outcome 4. For example, while falls were recorded on an incident form, there was inconsistent evidence of post fall assessments and neurological observation carried out. Inspectors also found that residents' care plans were not updated after a fall took place.

Inspectors found that the management and use of restraint required improvement. A new assessment tool had been introduced by the ADON, and she was carrying out daily audits of the number of residents' who used restraint. However, the policy on restraint did not provide clear direction to staff. The assessment for the use of restraint was not in line with national guidelines. For example, there was no evidence of the alternatives considered prior to the decision to use restraint. This had been identified as an area of improvement at the previous inspection and was not fully completed. Inspectors found where residents had more than one form of restraint, these were not individually assessed, rather they were incorporated on the one form.

There were improved practices found in the management of residents nutritional needs. A detailed policy was in place which guided practice. Inspectors found all residents were presently weighed on a weekly basis in the centre, and their nutritional needs were routinely assessed. There was evidence that where residents had lost weight they were being closely monitored, and if necessary had been reviewed by a dietician. Inspectors saw supplements were prescribed where required. There were care plans for residents nutritional needs which were clear and detailed. A resident with a percutaneous endoscopic gastronomy (PEG) tube was reviewed. The resident had a detailed care plan in place, which included recommendations following a recent visit by the dietician. There was an updated feeding regime which provided direction to staff, and fluids were recorded over a 24 hour period. Staff had received training in this area following the last inspection.

Inspectors found evidence of improved practice in relation to appropriate seating arrangements for residents. Residents had been reviewed by an occupational therapist (OT) since the last inspection, and seating assessments had been completed. Some resident had been provided with new chairs, which were seen by inspectors. A sample of recommendations on residents files were seen by inspectors, and, had been incorporated into the residents care plan. There were a variety of suitable chairs available for other residents, and residents were observed with suitable supports in place.

Inspectors found evidence of improved practice in relation to pressure area care. There was routine assessments in place in order to identify residents at a high risk of skin deterioration. A range of pressure relieving equipment was in place, and inspectors found pressure relieving mattresses had been set correctly for residents. There was a system in place to routinely check settings for this equipment. Residents who were at a high risk of skin break down had a care plan in place for the management of this need. There was no residents with a pressure ulcer or wound at the time of inspection. There had been training provided to staff to enhance their knowledge in this area since the last inspection.

Inspectors found evidence of improved practice in relation to the management of behaviours that challenged. Behaviour monitoring charts were in use to gather information on the triggers to behaviours and also to identify effective interventions. This information was being used to develop care plans to consistently guide care in this area and staff were knowledgeable regarding the needs of residents. Residents who displayed behaviours that challenged were regularly reviewed by the GP and there was access to the psychiatry of old age team for those residents who required this. Training

for staff in the management of behaviours that challenge had been carried out since the previous inspection and staff members reported that they have found this training helpful.

Inspectors found improved practices around the management of continence care and promotion. There was a continence policy developed since the last inspection, and inspectors saw guidance material was also available to staff. Inspectors reviewed residents with catheters in place. There were detailed care plans that outlined the care to be provided, and the promotion of continence. There was a record of each time the catheter was changed, which included the reasons why, and who changed it. Inspectors found each change was carried out by a GP.

While some residents were seen enjoying group activities during the inspection there was a need for improvement in this area. All residents reviewed had a narrative of their likes and dislikes in their file, and social care plans in place. However, inspectors found that the care plans and narrative pieces were not based on an accurate assessment of residents' needs and preferences in all cases. Records of residents' participation in social activities were maintained up to date. Some improvement had taken place in the one on one activities available to residents who were immobile and had communication difficulties. Three health care assistants had been trained in specialised communication-based activities such as Sonas. Additional musicians were visiting the centre to provide entertainment to the residents.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found the physical environment in Aisling House Bay Nursing Home met the residents' needs and the requirements of the Regulations. However, a number of improvements were required in order for the premises to comply with the Regulations and the Authority's Standards 1 July 2015.

Inspectors found improvements in the overall cleanliness and layout of the centre at this inspection. The centre was maintained in a good standard of cleanliness. A new cleaners room had been provided since the last inspection, and there was a cleaning trolley in

place for housekeeping staff to transport equipment. The sluice room was in a clean hygienic condition. Inspectors saw the centre was now well maintained both internally and externally. Since the previous inspection, architraves on walls had been repaired, and varnished. Additional storage was provided for hoists and wheelchairs to address an action from the previous inspection. A twin room which was not large enough to meet the residents needs had been reconfigured, and residents had been provided with an alternative, larger bedroom.

A number of structural deficits identified at the previous inspection remained outstanding. The provider informed inspectors that she was aware of requirements in the Authority's Standards to be put in place in relation to bedroom occupancy by 2015 and confirmed that the building and refurbishment work would address this requirement in order to meet residents' needs. The building and refurbishment works were expected to be completed by August 2014.

The deficits in the premises include the following:

- There was one four-bedded room which would not meet the needs of all the residents.
- Two en suite showers were unsuitable as they had step-up to access them..

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and, found they were up to date.

Inspectors found that the kitchen facilities were satisfactory and met the requirements in the Authority's Standards.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found complaints were now well managed. The complaint's policy in place was reviewed by inspectors, and it was noted that it met the requirements of the Regulations. The complaints procedure was prominently displayed in the centre. Improvements identified at the last inspection had been addressed, and the complaints officer was identified, and named in the policy. The residents who spoke with inspectors knew the procedure if they wished to make a complaint.

A complaints log was maintained. Five complaints had been received since the last inspection, and inspectors found the details of each complaint was recorded, along with the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found ongoing improvement was required in the management of residents needs who were approaching end of life.

While inspectors found there was a comprehensive policy on end-of-life care, it was not fully implemented in practice by staff. There was access to the services of a palliative care team if required, and inspectors had met a member of this team at a previous inspection. However, end-of-life preferences and care needs were not recorded where residents may be approaching end of life. For example, their religious, spiritual and physical preferences were not set out in their care plan. This was an action at the previous inspection, and was not completed. This was discussed with the person in charge and ADON during the inspection who said they were aware of the matter, and it would be addressed following the inspection.

A visitor's room was available for relatives and friends for privacy if required. There were a number of single rooms available which ensured residents received privacy and dignity at their end of life if required.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs. Residents' dietary requirements were met to a good standard. Improvements were found in the overall dining experience of residents, with residents supervised and supported by staff. Actions from the previous inspection had been appropriately addressed.

Inspectors spent time with residents in the dining room at lunch time and they found residents were discreetly and respectfully assisted with their meals where required. A menu was displayed with the choice of meal for the day and, there was evidence of choice at mealtimes for residents on a modified consistency diet. The catering staff discussed the special dietary requirements and preferences of residents' with inspectors, who demonstrated knowledge of the residents' assessed needs. Residents on specialised diets had their needs met and alternative foods were available. There was a three-week rolling menu which was reviewed by the provider and person in charge to ensure a choice at meal times.

Inspectors saw residents being offered a variety of snacks including fresh water, fruit juices and, hot drinks during the day. Inspectors visited the kitchen and found it was well laid out and stocked with a good supply of food.

Outcome 16: Residents Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that residents were consulted with, and participated in the management of the centre, with their privacy and dignity respected and enabled to exercise choice and control over their life.

Inspectors found improvements in the arrangements in place to facilitate consultation and participation with residents in the organisation of the centre. Since the last inspection, the residents' committee had taken place in October 2013 and, inspectors read the minutes of that meeting. Inspectors were satisfied that issues raised were sufficiently dealt with. For example, one matter raised by residents was a wish to have some accordian music. The person in charge had followed up on this, and an accordianist would visit the centre that week. Inspectors spoke to residents who confirmed this and were looking forward to it.

The practices around facilitating communication with residents who have communication difficulties had improved. Inspectors found residents had a care plan developed which outlined additional measures to enhance communication. A number of these were read, and they described how staff should communicate with the resident through verbal and non verbal means.

Visiting hours were no longer restricted, and an open visiting policy was in place. A relative informed inspectors she could visit her loved one any time.

Religious and spiritual rights and wishes of residents were respected. The provider had ensured there were links in place for residents of all religious denominations. The person in charge outlined the services available to the residents.

Throughout the inspection, staff were observed speaking respectfully and politely to residents. They appeared friendly and personable, and supported residents in a quiet manner.

Residents could access a hands free phone or the use of an office phone in the nurses station they wished. An action from the previous inspection was addressed and, newspapers were now collected and brought to the centre each day and at weekends. There were televisions provided, and television sets were provided in residents bedrooms.

The person in charge ensured residents' voting rights were facilitated and, residents exercised their right to vote on the most recent referendum.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that measures were in place to protect residents' personal property and possessions and, adequate space for each residents personal possessions was provided in resident's bedrooms.

A number of areas of improvements identified at the previous inspection regarding the provision of space for personal possessions and storage for residents clothing in the four-bedded room had been addressed. Inspectors saw residents had room to personalised their private space, and photos of loved ones, ornaments, and personal items were displayed. Additional storage space had also been provided in this room, with an extra wardrobe put in since the last inspection.

An up-to-date list of residents' personal possessions was maintained and residents had access to private lockable space to store personal valuables. There were systems in place to launder residents clothing and residents clothing were clearly marked with their name to prevent any loss from occurring.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found there was appropriate staffing in place to meet the needs of residents. However, inspectors had concerns that the staffing skill mix at certain times of the day had not been fully addressed since the last inspection.

On the day of inspection, there was one nurse on duty to oversee the care provided to residents in the centre. Inspectors saw an actual planned roster was in place, and the roster for a four week period was read. Generally, there was adequate staffing and skill mix on duty. However, some improvements were required. For example, on some days of the week, and weekends, between the hours of 8am/4pm to 8pm, only one nurse

was on duty. While inspectors did not observe any negative outcomes for residents, there were concerns that the low number of nurses on duty during these times could result in risks to residents due to poor supervision. This was discussed with the person in charge and ADON told inspectors that they felt the numbers were adequate.

Residents, relatives and staff informed said they felt staffing levels were adequate. Improved practices were found in the supervision of residents by staff at this inspection. The residents were provided with their call bell, or left by their side. Since the last inspection, the person in charge said care staff at night did not carry out heavy duty cleaning duties apart from cleaning seat surfaces and parts of the communal areas. Inspectors found no evidence that this had a negative impact on the care residents received at night time.

There was a recruitment policy that provided direction. A sample of staff files were reviewed, and contained the information required by the Regulations, and an action regarding an Garda Síochána vetting for staff had been addressed. Inspectors found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013. An action from the previous inspection was completed, and an agreement and confirmation of an Garda Síochána vetting for volunteers was now in place.

Inspectors found evidence that all staff had up-to-date mandatory training. There were improvements in the range of training provided to staff to enhance their knowledge of residents clinical needs. Training provided since the last inspection included areas such as PEG care, management of behaviours that challenged, wound care management cardio-pulmonary resuscitation, and nutritional training. The ADON had identified a need for training in the area of infection control which would be planned in the new year. All care staff had completed training in Further Education and Training Council (FETAC) Level 5 in care of the elderly, with two care staff in the process of completing the course.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Aisling House Nursing Home
Centre ID:	ORG-0000003
Date of inspection:	03/12/2013
Date of response:	16/12/2013

Requirements

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

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

The contract of care did not state the fees to be charged for all additional services to be provided.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

A list of additional charges not covered by the monthly fee has been given to each resident and a copy has been attached to each contract.

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

Proposed Timescale: 13/12/2013

Outcome 03: Suitable Person in Charge

Theme: Leadership, Governance and Management

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

The person in charge did not demonstrate adequate knowledge of the Regulations and the Authority's Standards.

The person in charge was not fully engaged in the governance and operation of the centre.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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

As discussed at the meeting, the ADON will take up position of DON in mid-January. She will be actively supported in her current role and leading up and in her future role as Director of Nursing.

Proposed Timescale: 15/01/2014

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

Theme: Leadership, Governance and Management

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

The policy on the prevention of falls and the management of restraint required more detail to sufficiently guide staff.

Action Required:

Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

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

We are currently in the process of reviewing and updating all our policies.

Proposed Timescale: 31/01/2013

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:

A number of areas had not been comprehensively risk assessed and monitored by the provider, as outlined in detail under Outcome 7.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Risk management policy and risk register to be updated to reflect all the risks identified in the centre.

Housekeeping staff have been updated on infection control procedures to be followed if an outbreak occurred, this has been completed.

Housekeeping staff will attend infection control training in the new year.

Proposed Timescale: 31/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

There were improvements identified in the management of restraint and falls prevention.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

We are currently reviewing our restraint assessment, the new assessment will include the alternatives considered prior to the decision to use restraint. All forms of restraint will be individually assessed. All care plans will be updated after a fall and we have a new post fall assessment. All residents will have neurological observations carried out post fall. All residents' social care/ activities plans to be updated.

Proposed Timescale: 15/01/2014

Theme: Effective Care and Support

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

Residents identified needs in the management of restraint were not set out in an individual care plan.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Residents who have identified needs and residents who request bedrails now have an individual care plan.

Proposed Timescale: 20/12/2013

Theme: Effective Care and Support

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

The recommendations of allied health professionals were not incorporated into some care plans.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

All care plans will be updated to include recommendations of allied health professionals and will be incorporated into care plans.

Proposed Timescale: 12/12/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

Aspects of the premises will not meet the requirements of the Regulations and the Authority's Standards.

The layout of the multi-occupancy room was not adequate to meet the needs of the residents.

Two en suite showers may not be used by residents as they had to step-up to access

them.

Action Required:

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

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

The building and refurbishment works will be completed by August 2014. The en suite showers will not be used by residents until we have level walk in showers. We are having difficulty sourcing these, they will be fitted as soon as we can source.

Proposed Timescale: 31/08/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

Residents approaching end of life did not have their preferences and needs recorded.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

End of life policy will be implemented in practice, end of life preferences and care needs will be recorded in resident care plans and will include their religious, spiritual and physical preferences.

Proposed Timescale: 31/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The staff skill mix was not sufficient at certain times to meet the assessed needs of residents.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

We complete resident dependency levels every week and do our rosters based on resident dependency levels. All meetings with members of the multi-disciplinary team take place Monday – Friday unless there is an emergency and then the Care Doctor can be contacted. We have introduced an on call, from 4pm to 8pm Monday – Friday, night duty and weekends where the DON and ADON will be on call to speak to nursing staff and come into the centre if required. We will keep an account of these and will monitor at clinical governance meetings.

Proposed Timescale: 14/12/2013