Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Adare and District Nursing Home
Centre ID:	0404
Centre address:	Croagh Co Limerick
Telephone number:	069-64443
Email address:	adarenursinghome@mowlamhealthcare.com
Type of centre:	☐ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Mowlam Healthcare
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge	Anne Blagdon
Date of inspection:	15 May 2012 and 16 May 2012
Time inspection took place:	**Day 1-Start:** 12:45hrs **Completion:**19:00hrs **Day 2-Start:** 10:30hrs **Completion:**13:30hrs
Lead inspector:	Margaret O'Regan
Type of inspection	☐ **announced** ☒ **unannounced**
Date of last inspection:	15 February 2012 and 16 February 2012

About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

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.*
Outcome 2 *The quality of care and experience of the residents are monitored and developed on an ongoing basis.*
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*
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.*
Outcome 5 *The health and safety of residents, visitors and staff is promoted and protected.*
Outcome 6 *Each resident is protected by the designated centre's policies and procedures for medication management.*
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.*
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.*
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 discreet and sensitive manner.*
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.*

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

All inspection reports produced by the Health Information and Quality Authority (the Authority) will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

The 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

Adare and District Nursing Home is situated on the main road (N21) from Limerick to Killarney, 2.5 miles outside Adare and in the village of Croagh, Co Limerick. Adare and District Nursing Home is a purpose-built centre which is registered for 84 beds. On the day of this inspection there were 73 residents.

The centre opened in 1999. The building comprises a two-storey centre section with three single floor branches. Resident accommodation is on ground floor level with the exception of two apartments, suitable for low dependency residents, which are on the first floor. One of these apartments was occupied at the time of inspection. The first floor also has office space and staff facilities. Within the centre is a specialised 30-bed dementia care unit. There are two entrances, one for the dementia unit and one in the centre of the building for the main unit. In the main foyer, in addition to a reception desk, there is a nurses' station and a seating area. Leading from the foyer is a lounge, two dining rooms, an oratory and offices. A smoking room and a visitors' room are also available in the main unit. The dementia unit comprises a lounge, dining room, kitchenette, visitors' room, a hairdressing salon, an activities room and an assisted bathroom.

The bedroom accommodation at the time of this inspection was made up of 10 single and 10 twin rooms in the dementia wing; two single apartments; 13 single rooms and 16 twin rooms in the main section of the centre. This brought the total capacity to 77. Five of the occupied single rooms were registered as twin but the needs of residents were such that they required single occupancy. In addition, since the last inspection one bedroom was converted to a visitors' room and the old visitors' room was in the process of being converted to provide for extra dining space. All bedrooms had en suite shower, toilet and wash-hand basin facilities.

The two semi-independent living apartments situated on the first floor are accessed by stairs which has a stair-lift. Each apartment contains a lockable entrance, hallway, kitchen, living room and a bedroom with shower and toilet en suite facilities.

The centre has two enclosed secure garden areas. There are ample parking facilities.

Date centre was first established:	1999
Date of registration:	3 June 2011
Number of registered places:	84
Number of residents on the date of inspection:	73

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	42	14	14	3

Gender of residents	Male (√)	Female (√)
	√	√

Management structure

The Provider is Mowlam Healthcare and Patrick Shanahan, one of three directors of the company, acts for and on behalf on the Provider. The Regional Operations Manager (ROM), Joan Daly reports directly to the Provider and has responsibility for five centres. The Person in Charge, Ann Blagdon has been in the post for three years and reports to the ROM.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4	12	3	3	2	3*

* One maintenance person
Two activity coordinators

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 sets out the findings of an unannounced inspection which took place over two days. As part of the inspection process the inspector met with residents, staff and members of the management team. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was generally good with a strong emphasis on nursing care being provided in line with contemporary-based practices. Residents had choices about getting up times, what to get involved in and when to have their meals. Residents were seen to engage in activities such as pet therapy, outings and bingo. The quality of the food was good and the physical environment was well maintained and an ongoing maintenance plan was in place. However, the secure patio area adjacent to the dementia unit required repairs to make it safe.

Staff turnover was low which ensured a continuity of care and was an indicator of a good working environment. The collective feedback from residents was one of satisfaction with the service and care provided.

There were clear lines of authority, accountability and responsibility for the running of the centre. Policies were in place and were well written and easy to follow. They were in the process of being reviewed. Other documentation, such as resident file notes and care plans were generally well maintained. Staff files examined were complete. Medication management practices were good and kept under regular review. The directory of residents and the contracts of care had some issues which required attention. Some of the twin bedrooms did not have screening curtains which fully encircled each bed. This was a compromise to residents' privacy and dignity.

The needs of residents changed since the last inspection and accommodation was rearranged in such a manner that the number of beds in the dementia unit increased from 23 beds to 30 beds, with a resulting decrease in numbers in the main section of the nursing home. Staffing levels had increased in the evening time.

This report outlines the findings of the inspection.

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 written statement of purpose described a service which was "committed to enhancing the quality of life to all our residents" .The services and facilities outlined in this statement of purpose included "the provision of high quality resident focused nursing care, catering and activities". Care was to be delivered was "by highly skilled and experienced professionals, in modern purpose built nursing care facilities". Inspectors found that these aims and objectives were reflected in the actual service provided. All items listed in schedule 1 of the regulations were detailed in the statement of purpose. However, the statement of purpose was inaccurate in its

description of the layout of the centre in that the current number of available beds in the dementia unit is 30 whereas the statement of purpose described it as a 23 bed unit. The unit size of the dementia unit had been rearranged but the statement of purpose had not been updated accordingly nor had the inspectorate been informed of this change.

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 Mowlam Healthcare group has an organised structure of auditing clinical and governance standards. A weekly report is submitted to the provider by the person in charge. This report includes audits of the incidence of falls; the incidence of pressure sores; the number and type of complaints received; the number of hospital transfers, accidents, infection control issues and health and safety matters. This ongoing auditing system contributed to a culture of openness towards change. Staff informed the inspector they had no difficulty in discussing quality issues with management.

Residents were consulted through the residents' forum meetings for their input into the operating of the centre. A person acting as a resident advocate was recently appointed and attends the resident forum meetings which meet on approximately a two-monthly basis. Minutes were seen of these meetings and it was clear that issues discussed were attended to.

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

Written operational policies and procedures were in place for the management of complaints. The complaints process was user-friendly and accessible to all residents. It was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions

taken. However, there was little detail recorded as to whether the complainant was satisfied with the outcome.

An independent person was available if the complainant wished to appeal the outcome of the complaint.

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

A policy and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. They had received training in understanding elder abuse and implementing the centre's policy including to whom to report it. There was no evidence of any barriers to staff or residents disclosing concerns they had in relation to this matter. Residents stated they feel safe and attributed this to the kindness and attentiveness of staff. When there were suspicions of abuse they were appropriately investigated and responded to in line with the centre's policy.

Systems were in place to safeguard residents' money and this system was adjusted to ensure clarity following the last inspection.

The provider and person in charge monitored the systems in place to protect residents.

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

A health and safety officer was appointed and a health and safety committee was in place. The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place throughout; hand hygiene practices were seen to be good; notices on hand washing were in place and a contract was in place for the disposal of infected waste. The majority of staff had received training in infection control within the past two years. The risk management policy was in the process of being reviewed by the health and safety committee. This review is covering the identification and management of risks and the measures in place to control risks.

Where serious incidents had occurred it was clear there had been learning from such events. For example, changes were made in the admission process ensuring that staff coming on duty were introduced to the new resident and preventing a resident being mistaken for a visitor; references were routinely verified following an incident which occurred with an employee.

Arrangements were in place for responding to emergencies. Reasonable measures were in place to prevent accidents. For example, handrails were on corridors, grab-rails were in toilets, the floor covering was safe. However, there was a trip hazard at a joining on the patio adjacent to the dementia unit. This area was not being used at the time of inspection and plans were underway to correct the hazard.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory.

Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. The fire alarm was serviced regularly and all fire equipment was serviced on an annual basis.

There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Staff received annual training in fire safety and fire drills took place on a six-monthly basis. Staff with whom inspectors spoke with knew what to do in the event of fire. Records were maintained of all checks and training conducted. The premises were recently inspected by the fire officer and a report of this inspection was awaited.

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

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

Inspection findings

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A clear process was in place for the handling of medicines, including controlled drugs. These processes were in accordance with current guidelines and legislation. Medication management practices observed demonstrated an adherence to appropriate professional guidelines. Appropriate procedures were in place for the handling and disposal for unused and out-of-date medicines.

Residents could be responsible for their own medication and at the time of inspection one resident did so. There was a system in place for reviewing and monitoring safe medication management practices. New staff were supervised until they were familiar with the medication management systems in operation. This was confirmed by the recently recruited nursing staff.

The controlled drug register was in a binder which was insufficiently robust for such a register. The pages in the register were seen to be partly torn from the binding.

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

Residents had timely access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietetics were provided for by the provider. Chiropody and

hairdressing were accessed on a private basis. They were organised according to the diverse care needs of residents. Records were seen to be maintained of referrals and follow-up appointments. Clinical care such as falls management, wound care and management of incontinence accorded with evidence-based practice. Consent to treatment was obtained from residents and the residents' right to refuse treatment was respected, documented and brought to attention of the resident's GP as required.

Residents' health and social care needs were comprehensively assessed, and care needs were set out in individual care plans that were revised following regular review. Residents' medication was reviewed at least on a three-monthly basis.

Residents were encouraged and enabled to be actively involved in developing their individualised plan of care. These care plans were made available to residents if requested and residents were notified of care plan reviews.

Staff familiarity with care plans was good. Social care needs were identified and planned for. The assessments and care planning was in the process of being converted to an electronic process.

There were opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited their needs, interests and capacities. These varied from bingo, to shopping trips, to one-on-one interaction.

The care and support provided reflected the nature and extent of residents' dependency and needs. For example, residents with a cognitive impairment were provided with reminiscence therapy, those with restricted mobility were supported to enjoy pet therapy and those who enjoyed keeping up-to-date with current affairs were able to enjoy quite reading space and access to radio and television. The hairdresser had a regular presence in the centre and the inspector met with her on the day of inspection. Chiropody was also being provided on the day of inspection. Occupational therapy and physiotherapy were availed of by residents and these therapies assisted residents to function at their highest possible level. A policy on managing behaviour that is challenging was in place and staff were provided with training in this area. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge.

The use of restraint was subject to assessment, on-going review and monitoring. Where used, the least restrictive approach was put in place and for the shortest time necessary. Alternative, less restrictive measures, were tried before restraint was employed. Documentation was in place to this effect.

Discharges were discussed, planned for and agreed with residents. Systems were in place to ensure that all relevant information about residents was provided and received when they were absent or returned from another care setting, home or hospital.

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

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. Overnight facilities were available for relatives use. Residents had the option of a single room and access to specialist palliative care services, if appropriate.

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 discreet and sensitive manner.

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

Inspection findings

A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example, residents had a nutritional assessment on admission and repeated at least on a three-monthly basis; residents' weight was checked and recorded monthly. Residents had access to fresh drinking water at all times and the food provided was nutritious and available in sufficient quantities. It was also varied and took account of dietary requirements. Breakfast was normally served before 08:00hrs but residents had the flexibility to have a later breakfast if they so wished. Other meals and snacks were also available at flexible times and at times suitable to residents. A choice of food was provided at each mealtime and a daily menu was on display.

Residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. The number of residents on soft diets was low and nutritional supplements were used judiciously. Residents were referred to a dietician as appropriate. At the time of inspection two residents were receiving tube fed nutrition (PEG feeding). Both these residents had dietetic support and advice available to them. Kitchen staff were familiar with the dietary needs of residents and the communication system between the nursing staff and the kitchen staff, in relation to nutritional matters, was effective. Kitchen staff displayed interest in not only ensuring that dietary needs were met but that the dining experience was a pleasant one with plenty of choice. Hygiene practices in the kitchen were good and the environmental health officer reports reflected this.

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

Resident contracts were examined and seen to set out the services to be provided. However, those examined did not set out the fees to be charged and one of the contracts was not dated, nor was it signed by the residents or their representative.

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 were consulted about how the centre was planned and run through the residents' forum which met two-monthly. The person in charge and/or the clinical nurse managers met with residents on a daily basis and sought feedback. There was evidence that this feedback informed practice. For example, changes were made to laundry bags after a residents' meeting.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and diverse needs. The choices facilitated their independence. For example, occupational therapy was provided to assist residents with their independence in dressing and eating; residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents' religious rights are facilitated through regular visits by the clergy

and the facilitation of services such as mass, rosary and sacrament of the sick. Residents' capacity to exercise personal autonomy was respected. For example, provision was made for adequate storage space for clothing and personal possessions; lockable storage was provided and residents had a choice of when to get up and go to bed. Residents were enabled to make informed decisions about the management of their care through being consulted about their care plans.

Facilities for recreation were good and included inhouse activities such as bingo, art, and music sessions. Outdoor activities included access to gardens, enjoying the hens and duck which were kept in a section of the garden and being accompanied on walks out of doors with a care assistant. Community activities included trips to the local shopping centre and trips to local places of interest.

At the time of inspection one of the patio areas was not opened to the residents, partly due there being a trip hazard on the decking and partly due to a lack of attention to ensuring this facility was made available.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Most practices in the centre ensured this; for example, a number of residents, accommodated in a room registered as a twin room, were only given single occupancy to facilitate the needs of the particular resident. However, in some of the twin rooms the screening curtains did not fully encircle the beds. This issue was raised in the previous report. According to the management personnel this matter was being attended to as part of the overall upgrading and redecorating of the premises.

Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private and a room was available for residents to receive visitors in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Staff showed awareness of the different communication needs of residents. For example, staff in the dementia care unit were sensitive in their interactions with residents, when the pet therapy dog visited residents who responded positively to this type of interaction were facilitated to hold and stroke the dog. It was seen that this intervention brought much pleasure to some people and was of no interest to others. Staff were able to accommodate both types of reaction.

Systems were in place to meet the diverse needs of all residents. For example, residents with a cognitive impairment were provided with reminiscence therapy. The centre had established links with the community by facilitating the visit of pets to the centre from local volunteers; the visits of retailers for the provision of clothing to those who were unable to go out shopping; the visits of clergy, hairdresser and local musicians. Residents had access to radio, television, newspapers and information on local events.

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

A policy on residents' personal property and possessions was in place. Residents could retain control over their own possessions through the provision of adequate space for personal possessions. Laundry facilities were adequate and had improved since the last inspection. The majority of residents had their laundry carried out in the centre.

Inspectors met with the laundry staff who explained the systems in place to ensure that residents' own clothes are returned to them. Residents expressed satisfaction with laundry management.

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 post was full time; the person in the post was a nurse with experience in the area of nursing of the older person. The person in charge and her deputy demonstrated good clinical knowledge to ensure suitable and safe care for residents. For example, the management of continence was in line with contemporary-based practice, attention to residents' nutritional needs was prioritised and the incidence of falls was low.

The person in charge also demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

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

The staffing levels on this inspection were as follows:

08:00hrs to 14:00hrs = 2 nurses and 10 carers = 1:6
14:00hrs to 16:00hrs = 2 nurses and 7 carers = 1: 8
16:00hrs to 20:00hrs = 2 nurses and 9 carers = 1:6.5
20:00hrs to 22:00hrs = 2 nurses and 6 carers = 1:9
22:00hrs to 08:00hrs = 2 nurses and 5 carers = 1:10.3

The person in charge, clinical nurse managers, activity coordinators, housekeeping, kitchen, administration, and maintenance staff were in addition to the above ratios.

There was a low staff turnover, a good induction process for staff and a good education programme in place. Staff levels were reviewed on a regular basis by the person in charge. The Mowlam group has a staffing level tool and the staffing levels in Adare and District Nursing Home was comparable with their other centres. If extra staff were needed due to a particular resident's needs, it was within the authority of the person in charge to be facilitated at short notice.

An actual and planned staff rota was maintained and showed there were at least two nurses on duty at all times. This was apart from the person in charge and the clinical nurse managers. The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. This training included infection control, medication management, and managing behaviours which are challenging. All staff had received mandatory training in moving and handling, fire training and elder abuse awareness. Nurses had received opportunities to update their skills and received opportunities for professional development. For example, nurses had received updates on end-of-life care, venepuncture and the management of incontinence. Staff were aware of policies and procedures related to the general welfare and protection of residents.

Staff were supervised appropriate to their role and were aware of regulations and standards pertaining to the nursing home environment. On the day of inspection, a number of staff were having their appraisals. Staff awareness of regulations and standards was heightened through staff meetings when care issues were discussed. Staff were able to access copies of the regulations and standards at the nurses' station.

There was a safe and robust recruitment process. The provider or the person in charge satisfied themselves as to the authenticity of staff references by telephoning the referees. The documentation required for each staff member as per Schedule 2 of the Care and Welfare Regulations was kept in a secure file. Those staff files examined were seen to be complete.

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 design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities were adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings.

The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. Adequate space was available for privacy such as a small visitors' room which was decorated since the previous inspection. There was a variety of communal space available. Heating and ventilation was suitable. Water was at a suitable temperature and showers were installed with anti-scalding devices. Pipe work and radiators were safe to touch.

The premises and grounds were well-maintained and a contract was in place for its ongoing maintenance. In addition a full-time maintenance person was on the staff roster. An organised system was in place in which all matters needing repair or maintenance were recorded in a book, which in turn was checked on a daily basis by the maintenance person and a record made of the remedial work carried out.

The grounds were generally free from significant hazards which could cause injury. However, there was a trip hazard in the enclosed patio area adjacent to the

dementia care unit. The joining on the decking was broken. This area was not in use at the time of inspection; however, a number of the residents would have benefited from being able to access it freely.

The room dimensions met the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland* for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. In a number of instances only one resident was accommodated in a room registered for two persons. This was in order that the individual needs of that resident could be adequately met.

Each bedroom had an en suite shower, toilet and wash-hand basin facility. There were a sufficient number of other toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was maintained and stored to a safe standard. Records were maintained of servicing.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided.

Since the previous inspection the bed capacity in the dementia unit increased from 23 beds to 30 beds. This was achieved by incorporating beds which had previously been part of the main unit into the dementia unit. This was necessitated by the changing needs of the resident profile. In addition, the occupancy capacity in the entire centre had reduced from 84 to 77 due to the temporary use of five registered twin rooms as single occupancy rooms and the conversion of one twin room to a new visitors' room. Work had started on converting the previous visitors' room into extra dining space. Plans were underway to repaint and redecorate the dementia unit which was called the Willows.

7. Records and documentation to 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:

Part 6: The records to be kept in a designated centre
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

There was substantial compliance with the requirement to maintain records. These were generally complete, accurate and up-to-date. They were maintained in a manner that made them easily retrievable, and kept secure. The records were accessible to residents to whom they referred. Resident records (Schedule 3) were in the process of being transferred to an electronic system. General records (Schedule 4) and resident records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre.

Reports and documentation related to other inspections such as fire officer inspection and food safety inspections were maintained in the centre and seen by the inspector. Policies were centre-specific and reflected this centre's practice. All policies were in the process of being updated at the time of this inspection. The resident register was missing some detail such as the cause of death where a resident died in the centre. In another instance there was no contact phone number for a resident's next of kin.

Insurance was in place for 84 residents and the cover was the normal for the nursing home industry. The provider had insurance to cover each resident's property up to the value of €1000 against loss or damage. A facility was available whereby the resident could ask the provider to hold an item in safe-keeping in which case the provider would be liable for the value of the item, even if it exceeded €1000.

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

A record was maintained of all incidents occurring in the centre. There was an instance last year where there was a delay in sending a notification; however, since that time all notifible incidents were notified to the Authority within three days of the occurrence.

Quarterly reports were provided to the inspectorate as required.

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

The person in charge had not been on extended leave since her appointment to her post but she and the provider were aware of the need to notify the Social Services Inspectorate if the person was on leave for more than 28 days. A deputy person in charge was available to cover for such absences.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with Joan Daly, the Regional Operations Manager, Anne Blagdon Person in Charge, Eileen Kirwan Clinical Nurse Manager and the inspector to discuss the inspector's findings, which highlighted good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, management and staff during the inspection.

Report compiled by:

Margaret O'Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 May 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Adare and District Nursing Home
Centre ID:	404
Date of inspection:	15 May 2012 and 16 May 2012
Date of response:	6 July 2012

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 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The size of the dementia unit had been altered but the statement of purpose had not been updated accordingly nor had the Inspectorate been informed of this change.

Action required:

The statement of purpose must be kept under review.

Action required:

The Chief Inspector must be notified in writing before changes can be made to the statement of purpose which affect the purpose and function of the centre.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Over the last number of months the number of residents with cognitive impairment in the home has increased. Following a review of the quality of care and safety of residents it was decided to move certain residents to a more appropriate and safer environment within the home, thus enhancing their quality of life. This had included the decoration of rooms within the home and creating a more secure area. These changes are taking place in a planned manner and should be completed by end of August. A needs analysis is attached. The statement of purpose will be changed to reflect these changes and will be sent to the Authority.	31 August 2012

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 a trip hazard at a joining on the patio adjacent to the dementia unit.	
Action required: The external grounds must be suitable for and safe for use by residents and must be appropriately maintained.	
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: The trip hazard identified at a joining on the patio adjacent to the dementia unit has been repaired	Completed

Outcome 10: Contract for the provision of services

3. The provider is failing to comply with a regulatory requirement in the following respect: Contracts examined did not set out the fees to be charged and one of the contracts was not dated nor was it signed by the resident or their representative.

Action required: Contracts of care must be dated and signed to show that they were agreed with the resident within one month of the admission of that resident to the centre, as per the requirements of the regulations.
Action required: The contract must deal with the care and welfare of the resident in the centre and must include details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All new contracts of care have been amended to include fees and distributed to relevant persons Existing contracts will be updated to include the fees schedule.	 Completed 31 July 2012

Outcome 11: Residents' rights, dignity and consultation

4. The provider is failing to comply with a regulatory requirement in the following respect: In some of the twin-bedded rooms the screening curtains did not encircle the beds fully.
Action required: Privacy needs to be provided, insofar as is reasonably practicable, to the extent that the resident is able to undertake personal activities in private.
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Screening curtains to encircle the bed fully will be in all twin-bedded rooms to ensure the privacy of our residents.	30 September 2012

Outcome 16: Records and documentation to be kept at a designated centre

5. The person in charge is failing to comply with a regulatory requirement in the following respect:

The resident register was missing some detail such as the cause of death where a resident died in the centre. In another instance there was no contact phone number for a resident's next of kin.

Action required:

The directory of residents must include the information specified in Schedule 3 paragraph (3) of the Care and Welfare Regulations.

Reference:

Health Act, 2007
Regulation 23: Directory of Residents
Standard 32: Register and Residents' Register

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All details for residents' register as specified in Schedule 3 paragraph (3) is now provided in our residents' register. The missing contact phone numbers for next of kin will be updated. Our resident with no next of kin will have an identified representative.	Completed 15 August 2012

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 6: Complaints	More detail and attention should be given to ensuring a record was maintained as to whether the complainant was satisfied with the outcome of his/her complaint.
Standard 14: Medication Management	The controlled drug register was in a binder which was insufficiently robust for such a register. The pages in the register were seen to be partly torn from the binding.
Standard 25: Physical Environment	The main corridor was long and wide in places. It lent itself to having seating in the wide areas so that residents could take a rest while walking the corridor and offer residents an alternative seating area.

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspector for the very positive comments on the quality of person-centred care provided by all staff in the nursing home. The courteous and professional manner in which the inspection was conducted was much appreciated by all the residents, relatives and staff; this helped the staff feel at ease with the inspection process.

We are committed to addressing the recommendations in the report to ensure that the high standard of person-centred care is provided for all residents at Adare and District Nursing Home

Provider's name: Pat Shanahan *on behalf of* Mowlam Healthcare

Date: 6 July 2012