

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Athlunkard House Nursing Home at St. Nicholas
Centre ID:	ORG-0000729
Centre address:	Athlunkard, Westbury, Clare.
Telephone number:	061 345 150
Email address:	info@athlunkardnh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killure Bridge Nursing Home Partnership
Provider Nominee:	Patricia McCarthy
Person in charge:	Stephanie McMahan
Lead inspector:	Mary Costelloe
Support inspector(s):	Finbarr Colfer
Type of inspection	Unannounced
Number of residents on the date of inspection:	91
Number of vacancies on the date of inspection:	12

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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 April 2014 09:30	14 April 2014 17:00
15 April 2014 09:00	15 April 2014 15:00

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 inspection which took place over two days was carried out to inform an application for change of entity. Inspectors also followed up on a notification of change in the person in charge and on issues that were required to be addressed following the last inspection which took place in February 2014. As part of the inspection the inspectors met with residents, relatives, the person in charge, the provider and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

There was evidence of good practice in all areas. Many improvements were noted

since the previous inspection including a significant reduction in the number of falls, reorganisation of staffing including the supervision of the communal day areas, the management of care for residents with swallowing difficulties, reviews and updating of policies and development of a health and safety committee. The inspectors still had concerns that all staff were not aware of the interim fire safety arrangements in place in relation to some residents bedroom doors that were required to be left open.

On the day of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspectors observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Areas for improvement are included 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:

The inspectors reviewed the updated statement of purpose dated April 2014. It complied with the requirements of the Regulations and described the services to be provided. The person in charge undertook to submit a copy of the updated version to the Chief Inspector.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The administrator advised the inspectors that completed contracts of care were now in place for all residents. The inspectors reviewed a sample of completed contracts of care, they included the fees to be charged and outlined the services to be provided. The inspectors noted that a social charge was included in each contract but it was not clear what services were being provided for this additional charge.

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:

Compliant

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

The person in charge was Stephanie McMahon. She had been appointed in January 2014. She had the required experience and qualifications for the role. She worked full time Monday to Friday and was on call out of hours and at weekends.

A clinical nurse manager (CNM) and the provider who was also a nurse supported the person in charge in her role and deputised in her absence. The provider told the inspectors that they were actively trying to recruit a CNM2 to further support the person in charge.

The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development. She had completed Further Education Training Awards Council (FETAC) level 6 'Train the Trainer' in restraint management, dementia care, venapuncture and subcutaneous fluids therapy, cardiac pulmonary resuscitation and wound management. She told the inspectors that she planned to undertake gerontology and management training courses.

The person in charge told the inspector that she had weekly meetings with the provider and felt well supported in her role.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that records as required by the Regulations were maintained. All documents as requested were made readily available to inspectors.

Written operational policies as required by Schedule 5 were available. Some policies had recently been updated while the person in charge was in the process of updating others. Systems were in place to ensure that staff read and understood policies. Staff spoken with were familiar with the policies which guided practice in the centre.

There was an up to date insurance policy in place.

The register of residents was reviewed and found to be in compliance with the Regulations and had been kept up to date.

The inspectors reviewed the updated residents guide which was found to include the required information.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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:

No actions were required from the previous inspection.

Findings:

The person in charge and the provider were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge and had previously notified the Chief Inspector as required in the past.

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:

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were policies on preventing and responding to allegations or suspicions of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. The person in charge was clear on how she would manage and investigate an allegation of abuse. Residents spoken to told inspectors that they felt safe in the centre.

There was a transparent system in place for the management of residents' finances. The

person in charge kept small amounts of money for safe keeping on behalf of some residents. The inspectors saw that this was securely stored and balances checked were correct. Deposits and withdrawals were witnessed and signed by two people and receipts were maintained.

All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors noted that the management of risk had improved since the previous inspection but still had concerns that some staff were not aware of the interim fire safety measures in place to protect residents in the event of fire.

There was an up to date health and safety statement available. The inspectors reviewed the risk register and found that it had been reviewed and updated following the last inspection. All risks identified at the last inspection and risks specifically mentioned in the Regulations were included. The person in charge had set up a health and safety committee represented by all grades of staff, the committee had met twice and minutes of the meetings were recorded. The person in charge told inspectors that she was satisfied that staff now had more of an awareness of risk related issues and that systems were in place for the regular review and updating of the risk register. The person in charge had discussed all identified risks with the provider and some control measures had been put in place.

The inspectors reviewed the emergency plan. The plan included guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated. The person in charge told inspectors that she was in the process of reviewing and updating the emergency plan policy.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2013 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 26 March 2014. Systems were in place for daily checks on the means of escape and main fire alarm panel, these checks were being recorded. All staff spoken to told the inspector that they had received

fire safety training however some staff did not know the interim fire safety arrangements in place in relation to residents bedroom doors that were being left open. The provider had risk assessed each resident who required to have their bedroom door left open. There were 26 doors identified by a sign on the residents door and the bedrooms were identified on a resident register which was kept beside the fire panel. The provider told inspectors that he had spoken with his engineer and was considering various options including the provision of automatic door release systems, he undertook to put a plan of works in place.

Training records reviewed indicated that all but recently employed staff had received formal fire safety training. Fire safety training was scheduled for all new staff and those staff that required annual updates on 22 April 2014. There were no records of recent in house fire drills, however, the person in charge told inspectors that staff responded appropriately to the fire alarm which had recently activated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspectors observed good practice in relation to moving and handling of residents during the inspection.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspectors noted that infection control practices were robust. There were comprehensive recently updated policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

An inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors found evidence of good medication management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management. Issues identified at the previous inspection had been addressed.

The inspectors found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. A specific issue identified on the previous inspection had been addressed.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspectors reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP).

Inspectors noted that some medications that were required to be crushed were not always individually prescribed as such.

Systems were in place to record medication errors, there were no recent medication errors.

Systems were in place for the safe return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out in house. The inspectors reviewed recent audits and no significant issues had been identified.

The inspectors noted that the medication management policies guided practice and all nurses had attended recent medication management training.

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:

No actions were required from the previous inspection.

Findings:

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

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the immediate and follow up action taken.

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:

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the provider and person in charge had put systems in place to monitor the quality of care and experience of the residents on an ongoing basis. Weekly audits were carried out on resident dependency levels and monthly audits were carried out on areas such as falls, wounds, restraint, medication management, complaints, nutrition/weights and pain. Staff confirmed that findings had been discussed with them and improvements made particularly in the areas of falls and restraint management as a result. For example, there had been a significant reduction in the number of falls. Staff outlined improvements to practice that had been put in place such as the use of bed alarm and chair alarm mats, use of low low beds, use of hip protectors and increased supervision of residents which included a documented hourly check on all residents. A falls warden had been appointed on each floor.

Reviews of some information collected had not yet been used to improve the quality of care but the provider outlined her plans to provide a more structured review process in the centre.

Residents and staff spoken to told inspectors that they could raise any issue with the management team and that issues raised were always acted upon in a timely manner.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Concerns raised in relation to residents with swallowing difficulties at the previous inspection had been addressed.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, with wounds, at high risk of falls, nutritionally at risk, behaviour that challenged and with specific medical conditions.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. There were no formal systems in place to record evidence of residents/relatives involvement in the development and review of their care plans.

The inspectors were satisfied that nutrition and weight changes were closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if required. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and/or SALT. Files reviewed by the inspectors confirmed this to be the case. Since the last inspection the person in charge had put in place a detailed nutrition folder which was now available in each dining area and in the kitchen. The folder contained comprehensive details of each resident's individual nutrition needs including special diets and consistency of diets. It also contained information/guidance for staff on safe swallowing strategies and dysphagia. All staff had received recent training from the SALT on dysphagia. Meal times were being supervised by nursing staff and nutritional supplements were now being administered as prescribed by nursing staff. Staff spoken with confirmed that they had attended training and were knowledgeable regarding residents specific nutritional needs.

The inspectors reviewed the care plans of some residents who had wounds and found wound care to be well managed. The inspectors noted that there were adequate records of assessment and appropriate plans in place to manage the wounds.

The inspectors noted that the management of restraint continued to be in line with evidence-based practice. A robust policy guided practice. Appropriate assessments were in place including the consideration of alternatives. Additional equipment such as low-low beds, alarm mats and crash mats had been provided and frequent audits were carried out to monitor the practice. Staff had received training in restraint management.

The inspectors were satisfied that behaviours that challenged were well managed. Care plans were in place for behavioural issues and behavioural logs were completed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, alarm mats and crash mats had been put in place for some residents.

Staff continued to provide meaningful and interesting activities for residents. There was a activities coordinator dedicated to each floor. The daily and weekly activities schedule was displayed. There were large Easter themed posters displayed which clearly outlined the range of planned activities due to take place over the Easter holidays including live music sessions three times a week, Easter bonnet competition and Easter religious ceremonies. The inspector observed residents enjoying and taking part in a variety of activities during the inspection including bingo, sing a longs, and dancing. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place. Photographs of the residents enjoying recent activities were displayed on both floors. The person in charge told inspectors that she had identified a training need for both activities coordinators and planned on arranging training on specific areas including Sonas training (therapeutic programme specifically for residents with Alzheimer's disease).

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was purpose-built, well maintained and nicely decorated. It was warm, clean and odour free throughout.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. A lift was provided between floors.

There was a variety of communal day spaces including day rooms, dining rooms and smoking rooms on each floor. The communal areas had a variety of comfortable furnishings and were domestic in nature.

There were adequate numbers of assisted toilets located adjacent to the day room areas. There was an assisted bathroom with specialised bath and assisted shower for residents use.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. Inspectors found that bedrooms were clean, bright and had ample personal storage space. All bedrooms had en suite bathroom facilities. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents spoken to stated that they liked their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. Inspectors viewed the service and maintenance records for the equipment and found these were up-to-date.

Inspectors visited the kitchen and found it to be clean, spacious and well equipped. Separate staff changing and toilet facilities were provided for catering staff.

Inspectors viewed the laundry, cleaners' room and sluice room. All were provided with

key coded locks, found to be well equipped and maintained in a clean, well organised manner.

A visitor' room, visitor's toilet, hairdressing and treatment room were located on the ground floor.

Staff changing, toilet and dining facilities were provided on the first floor all of which were appropriately equipped.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas.

Inspectors found that the building was secure. The main entrance door was fitted with an automatic locking system. CCTV cameras were in operation on the front entrance area, external areas and main corridors in order to provide additional security. An electronic bracelet system was in place for residents assessed as being at high risk of absconsion.

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:

No actions were required from the previous inspection.

Findings:

The inspectors found that complaints were generally well managed.

There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints policy required further updating to include the name of the designated person to ensure that all records relating to complaints were maintained and all complaints were appropriately responded to. The complaints procedure was updated during the inspection, it was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspectors reviewed the complaints log. Systems were in place to record details of all complaints along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not 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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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

There was a recently updated comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the home care team and local hospice care team. The inspectors saw that referrals and recommendations were maintained in some residents files. A number of staff had recently attended end of life training.

Most residents were accommodated in single bedrooms and staff told the inspectors that a single room was always offered if the resident/ family wished. Residents' religious and spiritual needs were met, religious sacraments were available to all residents as desired. The policy included clear direction to staff regarding various different religious customs. Families were accommodated to stay overnight and were provided with refreshments and food.

The person in charge had linked with the Irish Hospice Foundation bereavement and education centre. Information and bereavement leaflets were available if required.

The inspectors reviewed a number of residents' files and noted that end of life care plans were not in place for all residents. Staff told the inspectors that end of life care plans had up to now not been developed until residents were nearing end of life stage. The person in charge stated that she planned on developing end of life care plans with all residents and that end of life wishes would be regularly reviewed and updated in consultation with residents and their families.

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:

No actions were required from the previous inspection.

Findings:

Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard and many residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspectors spoke with the chef on duty who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the day of inspection. Inspectors saw a variety of home-cooked food being served throughout the day including homemade soups, scones and cakes. The menus were displayed and choice was offered at every meal.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in both ground floor and first floor dining rooms, some meals were served in the day room areas while others preferred to have their meals in the privacy of their own bedrooms. The table settings were attractive with condiment sets, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. Staff and residents engaged in conversation over meals. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently.

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:

No actions were required from the previous inspection.

Findings:

Inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries stored in their bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

Residents' religious rights were facilitated. Mass was celebrated weekly in the centre, the rosary was recited each evening and Easter religious ceremonies were being celebrated in house. The person in charge told inspectors arrangements would be put in place for residents of different religious beliefs.

A separate visitor's room with comfortable furniture was provided. There were large numbers of families visiting on each day during the inspection and inspectors spoke with some of them. Relatives spoken to said that they could visit at any time, were always made feel welcome and were offered refreshments.

Daily national and weekly local newspapers were available to residents. Many of the residents were observed reading the papers and conversing with staff with regard to the daily news items. Many of the residents told inspectors that they enjoyed reading the daily papers.

Residents maintained links with the local community and they told inspectors how they were encouraged to attend family occasions. The person in charge and the residents outlined to inspectors the links made with the local community. Over the Christmas period, children from the local national schools visited and played music and sang Christmas carols. Local choirs and dancers also visited. Local musicians visited and entertained the residents three times a week. The hairdresser visited weekly and provided a full hairdressing service to residents.

There had been no recent resident committee meeting, however the person in charge told inspectors that a meeting was planned for 1 May 2014. The person in charge also stated that she was planning to appoint a resident advocate and make information on advocacy available.

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:

No actions were required from the previous inspection.

Findings:

There was a separate laundry room for washing/drying and sorting of residents clothing. Systems were in place for the safe return of residents clothing. Residents told the inspectors that they were satisfied with the laundry arrangements and service provided.

Adequate personal storage space including a wardrobe and chest of drawers was provided in resident's bedrooms as well as a secure lockable storage space provided for personal possessions. Residents confirmed that clothing was folded, ironed and returned neatly in their wardrobes.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector noted adequate staffing levels at the time of inspection. Staffing rotas reviewed and staff spoken with confirmed these staffing levels to be the norm. The person in charge had reviewed staffing levels, work planning and organisation following the last inspection. She had since developed a daily staff allocation sheet which included supervision of the communal day areas. The inspectors noted that these areas were supervised throughout the inspection days.

The person in charge told the inspector that the staffing levels and skill mix were based on the assessed needs and dependency levels of residents. Dependency levels were reviewed and updated on a weekly basis.

The provider and person in charge told inspectors that they continued to actively recruit

additional staff including a CNM2 to support the role of the person in charge.

At the time of inspection there were 49 residents living on the ground floor and 41 residents on the first floor. There was one resident in hospital. On the day of inspection there were four nurses and fourteen care staff on duty in the morning. There were three nurses and four care staff on duty at night time. During the night time there was one nurse allocated to each floor and the third nurse was available to assist on either floor. The person in charge was normally on duty during the day time.

The inspectors reviewed the staff recruitment and selection policy and a selection of staff files. Staff files did not contain all the required documentation as required by the Regulations such as three written references, evidence that references were verified and there were gaps in employment history.

Staff training records and records of induction training were maintained in staff files. The inspector reviewed the records which contained details of the core areas that staff were expected to understand during their induction. Staff told inspectors that they were satisfied with the level of induction training received.

There were systems in place for completion of staff appraisals on an annual basis. This formed the basis for a discussion about staff development, training needs and how staff could contribute to improving quality in the service. Records of the appraisals were maintained on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that all staff had attended recent training in medication management, infection control, basic nutrition, restraint management, falls prevention, palliative care, challenging behaviour and dysphagia.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Athlunkard House Nursing Home at St. Nicholas
Centre ID:	ORG-0000729
Date of inspection:	14/04/2014
Date of response:	12/05/2014

Requirements

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

Outcome 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:

Each contract included a social charge but it was not clear what services were being provided for this additional charge.

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:

The contract of care has been updated. Information has been added to include what the social charge covers and describes the general costs for particular extra services where they are utilised by residents.

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

Proposed Timescale: 12/05/2014

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:

Some staff did not know the interim fire safety arrangements in place in relation to residents bedroom doors that were being left open.

There were no records of recent in house fire drills

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Two Fire Training days have been facilitated where 37 staff had updated fire training. Another fire training date will be held in July where all staff will then have had up to date fire training for 2014.

Going forwards all Fire Training will be facilitated Annually during the month of April, where all staff will have an awareness of their obligations to attend.

During this training it was highlighted that there are residents whose doors are open when they are in the room for specific identified reasons.

The residents who have been identified with having these needs are clear on an updated list which is kept at the fire panel on the ground floor.

Staff are aware to make reference to this on an ongoing basis and in the event of a fire they are aware that these doors must be closed in an urgent manner.

This has also been communicated through daily report handovers and communicated in the communication diary's on each floor of the nursing home.

Going forwards all staff will be reminded of the above during respective staff meetings.

A fire Drill was carried out on the 12/05/2014

Proposed Timescale: 31/07/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Some medications that were required to be crushed were not always individually prescribed as such.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

An audit was carried out of all residents who require crushed medications-where there were deficits they have now been amended therefore all required prescriptions for crushed medications are up to date.

Going forwards there will be a monthly medication audit which will highlight any deficits in relation to the crushing of medications so same can be followed up promptly.

Proposed Timescale: 31/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

There was no formal systems in place to record evidence of residents/relatives involvement in the development and review of their care plans.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

The current system in place for ensuring family involvement is in the process of being re-evaluated and updated to ensure that all families and residents are involved in the care planning process.

Going forwards there will be a formal system of reviewing same on a three monthly basis and/or as residents needs change.

Where residents can be involved in the process themselves, this will be promoted.

Proposed Timescale: 31/07/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The complaints policy required further updating to include the name of the designated person to ensure that all records relating to complaints were maintained and all complaints were appropriately responded to.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

The complaints policy has been updated to include the person in charge as the Complaints officer; The independent Appeals person is identified and the designated person who will ensure that all complaints are recorded and appropriately responded to will be the Nursing home Provider Patricia McCarthy.

Proposed Timescale: 31/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Staff files did not contain all the required documentation as required by the Regulations such as three written references, evidence that references were verified and there were gaps in employment history.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

The Director of Nursing and the Nursing Home administrator are currently reviewing all staff files. References which were identified as being outstanding on the day of the inspection were accounted for on the evening of the close of inspection. Any gaps of employment will be verified and documented on the staff member file and will be established during the interview process.

Proposed Timescale: 31/07/2014