

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ailesbury Private Nursing Home
Centre ID:	ORG-0000002
Centre address:	58 Park Avenue, Sandymount, Dublin 4.
Telephone number:	01 269 2289
Email address:	info@anh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	A N H Healthcare Limited
Provider Nominee:	Robert Fagan
Person in charge:	Alison Woods
Lead inspector:	Louise Renwick
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	6

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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 January 2014 09:45 To: 20 January 2014 16:00

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

Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
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 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 was a monitoring inspection, and as part of the inspection the inspectors met with residents and staff members. The inspectors also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While areas for improvement were identified, overall inspectors found that there was a high level of compliance, with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The healthcare needs of residents were adequately met. Residents had access to a general practitioner (GP) and to a range of other health services. Inspectors observed that staff knew the residents well and treated them with respect and dignity by staff. The centre was well maintained inside and out.

During the inspection, the inspector found that there were four areas of non-compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) which included:

- medication transcribing
- Complaints procedure
- aspects of the premises
- emergency lighting checks.

These are further discussed in the body of the report and in the Action Plan.

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 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:

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of services. Inspectors observed that the person in charge was well known to staff, residents and relatives. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. She participated fully in the governance of the centre in a number of ways which included supervising the delivery of care, carrying out audits and managing risk.

The person in charge is a registered nurse and is responsible for two designated centres, run by the same provider. She attends each centre regularly and is in close contact with both centres by phone and email. She is supported in her role by an assistant director of nursing and a senior administrative staff.

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:

Inspectors found that overall the records maintained within the designated centre were complete, accurate, and easy to retrieve. Staff were able to demonstrate competent use of the electronic care planning system, evidence of plan updates were maintained as per the requirements of the regulations, and there was clear evidence that the records as outlined under Schedule 3 of the regulations were maintained in a safe and secure manner.

Inspectors reviewed a sample of staff files and found that they complied with the requirements of the regulations. For example, there was evidence of appropriate vetting, proof of identity and relevant qualifications for each of the staff files reviewed.

Inspectors found that the designated centre was adequately insured against accidents or injury to residents, staff and visitors, and the insurance certificate was clearly on display in the main reception.

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:

Inspectors found that there were sufficient measures in place to safeguard and protect residents from being harmed or abused. Inspectors read the centre's policy on protection of vulnerable adults and found it to be sufficiently detailed to guide staff. Inspectors were satisfied that staff had sufficient knowledge regarding the procedures to be undertaken in the event of an allegation of abuse. Inspectors reviewed the training records and found that all staff had up to date training in this area. Residents spoken to at the time of the inspection said that they felt safe in the designated centre.

Inspectors read the procedures for storing residents' valuables and found it to be sufficient. Residents' possessions were found to be securely stored and records were maintained for each transaction.

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that overall the health and safety of residents, staff and visitors was promoted and protected within the designated centre. There was a safety statement in place and inspectors read evidence of health and safety audits, and observed work being carried out during the course of the inspection to deal with issues that had been identified through this auditing process. Inspectors observed good practices of infection control during the course of the inspection. Staff had attended the mandatory training in moving and handling and safe practice was observed throughout the course of the inspection.

An active risk register was in place in the designated centre, and inspectors found evidence that it was updated regularly. Inspectors read risk assessments for residents and found them to be complete and reviewed regularly.

There were clear records kept in relation to fire safety in the designated centre. For example, inspectors found evidence of regular fire drills and fire equipment checks. Inspectors found evidence that checks on the emergency lighting system were not

carried out at the required quarterly intervals. This was discussed with the provider during the course of the inspection, and the provider assured inspectors that this will be addressed in the new fire contract that is currently being considered by the provider. Inspectors did not receive evidence of this agreement at the time of writing the report.

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:

Overall inspectors found that the residents were protected by the designated centre's policies and procedures on medication management, however some minor improvements were required.

Issues raised at the previous inspection in relation to the crushing of medication had been sufficiently addressed. Inspectors reviewed administration records and found them to be clear and concise, and there was good evidence that administration records had been reviewed regularly by both the general practitioner and the pharmacist. Inspectors read training records and found that there was evidence of continual professional development for nursing staff in relation to medication management.

Improvements were required in the designated centre in relation to the transcribing of medications. Inspectors reviewed the internal system in place for recording and double checking of all transcriptions, but found that it was not robust enough to ensure staff were working in line with the designated centre's own policy on medication management and within professional guidelines with regards to transcribing of medication.

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:

Inspectors found that the quality of care and experience of residents was monitored and developed on an ongoing basis within the designated centre. Inspectors found that the designated centre had a new system in place for audits and read the programme for audits set out for 2014 and found them both to be satisfactory.

Inspectors found good evidence that there was learning brought about as a result of audits and reviews in the designated centre. For example a health and safety audit carried out in January had generated an action plan and resulted in changes to the storage of oxygen on the premises. This change that came about as a result of the health and safety audit was not documented in order to demonstrate the learning and positive changes to practice.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Under this outcome inspectors found that the welfare and well being of residents was maintained to a high standard. Inspectors read a sample of residents' files and care plans, and found residents' needs were adequately assessed and care plans developed to respond to these needs. Inspectors found evidence that residents had good access to allied healthcare professionals, and residents spoken to during the inspection said that they could easily access physiotherapists, occupational therapists and speech and language therapists.

Inspectors reviewed the management of clinical issues such as wound care, nutritional care, falls management, the management of behaviours that challenge and the use of

restraint and found that they were all well managed and guided by clear policies. Inspectors observed practices during the course of the inspection and found them to be satisfactory.

Inspectors found that resident had opportunities to participate in meaningful activities and there was a full-time activity co-ordinator post to facilitate the weekly activities. Residents spoken to during the course of the inspection gave positive feedback in relation to activities available in the designated centre.

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the designated centre was presented in a clean, comfortable and homely way. The bedrooms were personalised with residents own belongings and possessions, and residents informed inspectors that they were very happy with their bedrooms.

Inspectors viewed the two sluice rooms, and found them to be satisfactory. The designated centre had an external contract for the laundering of clothing and linens, and the person in charge informed the inspectors that this system was working well. There was adequate changing facilities for staff in an outside building.

Inspectors found evidence that processes were in place for ensuring that all equipment was properly serviced at regular intervals.

There were five multi-occupancy bedrooms which consisted of three four bedded rooms and two three bedded rooms. As mentioned in previous inspections, the multi-occupancy bedrooms will not meet the requirements in the Standards by 2015, and no costed plan has been put in place and presented to the Authority to address this issue at the time of this report. This was discussed with both the provider and the person in charge during the course of the inspection.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there was evidence of good practice in relation to the management of complaints within the designated centre, however it was not the identified complaints officer as outlined in the centre's own policy that managed complaints. Inspectors did find good evidence that complaints had all been sufficiently managed by another senior staff member. Inspectors also found that there was no evidence to show that the nominated person for reviewing all complaints had done so on a regular basis. Some improvements were required therefore to clearly identify the complaint officer within the policy and procedure, and a system to clearly document that complaints are reviewed regularly by the nominated person.

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:

Overall, inspectors found that residents' privacy and dignity was respected by staff. Inspectors observed staff interacting with residents in a courteous manner and observed good interactions between staff and residents who chatted with each other in a comfortable way. There was an open visiting policy and contact with family members

was encouraged. As stated under Outcome 12, there were a number of multi-occupancy rooms which had adequate screening in place in the shared rooms to ensure privacy and dignity. Residents spoken to said that they felt very happy living in the designated centre.

Inspectors read minutes of the monthly residents' meetings and found evidence that residents were consulted with about how the centre was planned and run. Residents' religious and civil rights were supported. Mass was celebrated twice a week in the designated centre, and other religious Ministers visited regularly. Inspectors observed Mass being celebrated during the course of the inspection.

Residents who wished to vote in elections were supported to do so in the centre, and the person in charge informed inspectors that all residents were registered to vote.

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:

Inspectors found that there was adequate space provided for residents' personal possessions in the designated centre. Inspectors read the policy on residents' personal property and possessions and found it to be sufficient.

Inspectors found that there were sufficient arrangements in place for regular laundering of clothing and the safe return of clothes to residents. A new tagging system for clothing had been introduced by the person in charge following an issue with residents' clothing going missing, and staff spoken to were satisfied that this new system was working effectively to ensure the safe return of clothing to residents. Inspectors found that residents were promoted to retain control over their own possessions.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents within the designated centre. Inspectors reviewed staff files and found that there was an adequate system in place to recruit, select and vet new staff in accordance with best recruitment practice. Inspectors looked at staff training records and found that all staff were up-to-date with the mandatory training. Inspectors reviewed the planned and actual rosters and found there to be sufficient staffing numbers, staff mix and supervision to ensure the needs of residents were met. Residents and relatives spoken to gave positive feedback in relation to the staff and expressed satisfaction with the level of staffing in the centre.

Inspectors read the designated centre's policy on volunteers and found it to be sufficient.

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Ailesbury Private Nursing Home
Centre ID:	ORG-0000002
Date of inspection:	20/01/2014
Date of response:	12/03/2014

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 08: Medication Management

Theme: Safe Care and Support

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

Practices in relation to transcription of medication is not in line with the centre's policy or professional guidelines.

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:

We have updated our medication transcribing procedures in order to comply with both our own policy and best practice. Our medication prescription now has two extra

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

columns which requires individual nurses to insert their initials and unique identification code which highlights any medications that have been transcribed.

Proposed Timescale: 12/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There are multi-occupancy rooms in the designated centre.

Action Required:

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

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

As discussed with the inspectors on the day of the inspection, we have plans to redevelop Ailesbury but due to economic constraints we are not in a position to make any material changes to the Nursing Home as it stands currently. We will be forwarding proposed plans to the Authority by this day week.

Proposed Timescale: 18/03/2014

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:

There is no evidence to show that the nominated person reviews all complaints regularly to ensure the complaints officer has managed them in a satisfactory manner.

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:

A person in the centre, who is independent to the complaints officer, has been nominated to review complaints regularly to ensure that they have been managed in line with our policy and to a satisfactory manner by our complaints officer. All complaints will be monitored by the nominated person on a quarterly basis in conjunction with the complaints audits. Our complaints policy has been updated to reflect same.

Proposed Timescale: 12/03/2014

Theme: Person-centred care and support

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

The procedure must clearly identify the complaints officer.

Action Required:

Under Regulation 39 (5) you are required to: Make available a nominated person in the designated centre to deal with all complaints.

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

The centre's standard operating procedure for complaints has been updated to clearly identify who the complaints officer is. It is displayed in a prominent location in the centre and is easily accessible to anyone who wishes to read it.

Proposed Timescale: 12/03/2014