

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Acorn Lodge
Centre ID:	ORG-0000188
Centre address:	Ballykelly, Cashel, Tipperary.
Telephone number:	062 64 244
Email address:	acornhealthcare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Acorn Healthcare Limited
Provider Nominee:	Mary O'Connor
Person in charge:	Mary O'Connor
Lead inspector:	Louisa Power
Support inspector(s):	Mairead Harrington
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 June 2014 10:55	24 June 2014 17:00
25 June 2014 07:15	25 June 2014 15:15

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

The inspection was an announced renewal of registration inspection and was the fifth inspection of the centre by the Authority. As part of the inspection process, inspectors met with residents, relatives, visitors and staff members. Two residents were in hospital and one resident was away from the centre on holidays.

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the renewal process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents

and relatives; the feedback was positive and is referenced in the body of the report.

Previous inspection findings were satisfactory and where regulatory non-compliance has been identified, the providers have demonstrated their willingness, commitment and capacity to implement the required improvements. The previous inspection was undertaken on 18 September 2013. The inspection report and provider's response to the action plan can be found on www.hiqa.ie

The inspection findings were positive. The majority of actions that emanated from the previous inspection were satisfactorily completed and inspectors concluded that the provider operated the centre within the parameters of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and was substantially compliant in 12 out of 18 outcomes. Moderate non-compliance was found in three outcomes and minor non-compliance in three outcomes. Improvements were identified to enhance the substantive evidence of good practice. The required improvements are set out in detail in the action plan at the end of this report and include :

- Inclusion of the conditions of registration in the statement of purpose
- review of policies, including the falls, emergency and health and safety policies
- manual handling refresher training
- formal documented consultation with residents.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. Inspectors noted that the statement of purpose was made available for residents and staff to read.

The written statement of purpose described a service that provided care in "a dignified, respectful, friendly and safe environment that promotes independence and maximises autonomy". Inspectors observed that the ethos of care as described in the centre's statement of purpose was actively promoted by staff.

However, not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely the conditions of registration.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided. The format of the contract had been revised to clearly state the overall basic fee for the provision of care and services, any monies received from state support schemes and the residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was also the provider. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The person in charge had retained a strong clinical role in the delivery of services to residents. The person in charge provided evidence of ongoing professional development appropriate to the management of a

residential care setting for older people, including a leadership programme for directors of nursing. While speaking to inspectors, the person in charge demonstrated knowledge of residents, their care needs, and a strong commitment to ongoing improvement of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The staff reported that the person in charge is approachable and supportive.

Throughout the inspection, the inspectors observed that the person in charge had strong clinical knowledge and leadership. The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The residents' directory was maintained on an electronic system. Inspectors saw that the directory was up-to-date and contained all matters referred to in article 23.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspectors.

Inspectors viewed a sample of the residents' medical records (Regulation 25) and noted that the records were up to date and contained all of the required elements.

The resident's guide was comprehensive, in an accessible format and contained all the required information. Inspectors saw that copies were made available to residents and prospective residents.

Inspectors reviewed the centre-specific policies which generally reflected the care given and informed staff with regard to evidence-based best practice or guidelines. There was

evidence of ongoing staff education on the operating policies and procedures and staff demonstrated a clear understanding of these policies. However, the review date on a number of policies made available to the inspectors, including the policy on communication, had expired. The policy on the prevention and management of falls did not guide practice as it outlined an evidence-based assessment tool that was not used in the centre

The inspector viewed the insurance policy and saw that there was adequate insurance against accidents or injury to residents, staff and visitors. The providers ensure that out-sourced providers are appropriately insured to provide a service to the centre.

Reports and documentation relating to the other inspections (fire/food safety) were maintained.

All records were easily retrievable but stored in a secure manner. The centre had a comprehensive policy relating to the creation of, access to, retention of and destruction of records.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The assistant director of nursing is identified as the person to act as the person in charge in her absence. The key senior manager is a nurse who has worked in the centre since it opened in 2001. The key senior manager demonstrated good, sound clinical knowledge and that she had a good understanding of her responsibilities when deputising for the person in charge.

Judgement:

Compliant

--

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

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

Findings:
The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. The centre-specific policy on the prevention and management of abuse had been revised in October 2013 to include protective measures to be invoked and other possible abuse scenarios e.g. resident to resident, by a relative or visitor or a potential allegation against a member of management.

Training records indicated and the person in charge confirmed that all staff had attended education and training on the protection of vulnerable residents. All staff spoken with had a clear understanding of the subject and their reporting responsibilities. The inspectors saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. The inspectors interacted with the residents and relatives throughout the inspection and residents spoke of the "lovely and caring" staff and that they feel safe living in the centre.

Inspectors were satisfied that there were transparent systems in place for the management of residents' finances.

Judgement:
Compliant

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

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

Findings:
Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a health and safety statement in place dated October 2012 and the review date specified by the author was August 2013. This outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. A clinical risk register was maintained separately.

The health and safety statement was augmented by a number of centre-specific risk management policies. There was an emergency plan in place but inspectors noted that the date for review had expired. The risks identified specifically in the regulations were included in the risk management policies.

There was evidence of regular audits in the area of health and safety, most recently in March 2014. Inspectors noted that the actions identified had been implemented. A member of staff had achieved an award from the Further Education and Training Awards Council (FETAC) in the area of health and safety.

The electronic database of incidents was reviewed by the inspectors and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Inspectors noted that the majority of fire exits were unobstructed but the fire exit in the smoking area was obstructed by furniture. This was remedied immediately by the person in charge. The procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Staff receive annual fire training on an ongoing basis and demonstrated good knowledge on the procedure to follow in event of a fire. The fire alarm is serviced on a quarterly basis, most recently in June 2014. Fire safety equipment is serviced on an annual basis, most recently in April 2014. Fire drills take place every six months, most recently in February 2014.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. Assistive devices for the evacuation of dependent residents (ski sheets) were in place. The PEEP was maintained electronically as part of the resident's records and the staff and person in charge confirmed that a designated laptop is available in both wings to be used in the event of an evacuation.

A designated smoking area was provided for residents and each resident who smoked was individually assessed using a generic risk assessment. The risk assessments were augmented by an individualised care plan and there was evidence of the implementation of the identified controls. The smoking area was equipped with fire fighting and fire detection equipment, fire resistant furniture, a call bell and an observation panel.

The training matrix was made available to the inspector which confirmed that all staff had received training in moving and handling of residents but a number of staff required refresher training. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting equipment was serviced in January 2014, in line with manufacturer's guidelines. Each resident had a personalised manual handling

plan which was reviewed a required by the resident's changing needs, no less frequently than at three-monthly intervals. Inspectors spoke with staff who demonstrated comprehensive knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Handrails and grabrails were seen to be provided throughout.

The temperature of the water in the hot taps was tested by the inspectors in a number of areas throughout the centre and it did not pose a risk of scalding.

Infection control practices were guided by a centre-specific policy updated in December 2012. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, laundry and treatment room, was seen to be restricted at all times. Clinical staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. Personal protective equipment was seen to be available in the laundry. The person in charge undertook regular audits in the area of infection control.

Inspectors spoke with members of housekeeping staff employed at the centre. There was evidence of a regular cleaning routine that adequately prevented against cross contamination.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive, centre-specific and had been reviewed in October 2013. Inspectors observed that medication administration practices adhered to the centre-specific policy.

Handling of controlled drugs was safe and in accordance with current guidelines and legislation. Medications requiring refrigeration were stored appropriately and the temperature of the refrigerator was monitored. Medication management training was facilitated regularly and nursing staff demonstrated knowledge and understanding of national guidance in medication management.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was not always explicitly stated but inspectors noted that PRN medications were not administered on a regular or routine basis.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse; each record was signed and dated by the relevant GP. The date of transcription was recorded.

Medication management audits were completed regularly by the person in charge, on identified pertinent deficiencies and there was evidence that the appropriate actions were implemented. Antibiotic usage was monitored on an ongoing basis and was discussed at the quarterly clinical governance meetings.

Medication prescription sheets were current and contained all of the required elements. Authorisations were in place for administering medications in an altered format (crushed).

Medication administration sheets identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet.

Resources were readily accessible for staff to confirm prescribed medication with identifiable drug information which included a physical description of the medication in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

Inspectors saw that medication-related incidents were identified, reported and investigated promptly. There was evidence that learning from such incidents was implemented.

A review of each resident's medication regimen was undertaken and documented by the relevant GP every three months.

Unused or out of date medications were returned to the pharmacy and a written record was maintained.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the comprehensive electronic log maintained of all accidents and incidents that took place in the centre.

The person in charge had notified the Authority of all incidents and quarterly returns as required by Article 36 of the Regulations.

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in the quality of care through regular audits of resident care and the facilities.

Inspectors looked at the electronic log of all accidents and incidents that had occurred and found they were all recorded in line with best practice. Internal audits included review of infection prevention and control practices, falls, nursing documentation, nutrition and medication management. The results of these audits were made available to the inspectors and recommendations were seen to have been implemented. The person in charge had also identified a number of key performance indicators (KPIs),

including falls, infections and pressure sores, which were monitored on an ongoing basis. The results of the audits and KPIs were discussed at the quarterly clinical governance meetings.

The person in charge had initiated a survey of residents' representatives on their satisfaction with involvement in care plan reviews. The person in charge outlined the process undertaken for data collection and made completed forms available to the inspectors. However, while inspectors saw that the person in charge was present in the centre daily and residents spoken with confirmed that their requests and needs were attended to promptly (this is discussed further in Outcome 16), the system of review did not include a formal review/consultation with residents.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector viewed the comprehensive suite of centre-specific policies in relation to the care and welfare of residents, including wound care and falls management.

There was evidence that timely access to health care services was facilitated for all residents, including timely review on admission to the centre. The person in charge confirmed that a number of GPs were currently attending to the need of the residents and an "out of hours" GP service was available if required. Inspectors saw that nursing staff were familiar to each resident's needs, monitored and assessed them and sought medical review as required.

The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Inspectors noted that the staff had made great effort in the area of smoking cessation. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. This information was retained as

part of the patient's record.

In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry of old age, chiropody, occupational therapy and dietetics. An in-house physiotherapist attends the centre on a weekly basis and inspectors saw records of gait and balance assessments, records of passive and active strengthening activities.

Inspectors reviewed a selection of computerised and personalised care plans and noted that significant improvements had been made in the care planning process since the last inspection. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, mobilisation and, where appropriate, fluid intake. Residents were weighed on a monthly basis or more frequently if required and there was evidence of appropriate dietetic referral and treatment. Inspectors noted that each resident's care plan was kept under formal review no less frequently than at three-monthly intervals, in consultation with residents or their representatives. However, inspectors saw that care plans were not reviewed as required by the resident's changing needs or circumstances. For example, the care plan for a resident who was receiving medications in a crushed format had not been updated to reflect this.

The reported incidence of wounds was low and the inspector saw that evidence-based wound management documentation had been completed, including anatomical charts, wound assessment and wound progress notes. Inspectors noted that input had been sought from specialist tissue viability nurses when required.

In relation to restraint practices, the inspector observed that while bedrails and lap belts were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of restraint was discussed with residents' representatives as appropriate. There was a centre-specific policy on restraint, which was updated in September 2013. This policy included a direction to consider all other options prior to using restraint. The policy suitably detailed the ongoing monitoring and observation of a resident while a restraint was in place and this was evidenced in practice. A risk-balance tool was completed for residents prior to the use of restraint and this is reviewed every three months. A restraint register was maintained and made available for review by the inspector.

Inspectors noted that the resident's right to refuse medical treatment was respected. Such refusal was documented clearly and inspectors saw that it was brought to the attention of the resident's GP.

There was a range of activities offered including bingo, gentle exercise, story time, arts and crafts, dance and music. A number of staff were registered Sonas practitioners and facilitated regular sessions.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The premises was a single storey, purpose-built centre established in 2001. It was constructed in an "H" type configuration on a large private elevated site. The entrance was wheelchair accessible and lead to a large reception area with reception desk. Residents' bedrooms were accommodated on two wings to the left and right of the main reception area; 27 to the left and 23 to the right. All bedrooms were single, en suite with assisted toilet, assisted shower and wash-hand basin. Each wing also accommodated a linen room, sluice room, a non-assisted bathroom and a nurses' station. There were four further assisted toilets adjacent to the main reception area one of which was designated for use by visitors.

Further facilities provided for residents included a dining room, day room, drawing room, library, smoking room and prayer room; these are again distributed to the left and right of the main reception area. The main kitchen and ancillary areas, staff facilities, administration offices, cleaning store and clinical treatment room were on a separate wing directly accessed from the main reception area. The centre also accommodated a laundry.

The surrounding grounds and gardens were attractively planted and very well maintained. Gardens and plentiful seating were situated to the front of the building, residents also had access to a further secure garden area with pathways and seating that was directly accessed from the dining room and smoking room.

There was ample personal storage in all bedrooms for residents' belongings and bedrooms were seen to be personalised. Residents' bedrooms allowed for adequate manoeuvring space for the use of assistive equipment. The decor was clean, homely and the premises was well maintained throughout.

The kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspectors.

A certificate was in place stating that equipment and assistive devices provided to residents such as wheelchairs, beds and pressure relieving mattresses were serviced in early 2014. A functioning call bell system was in place.

<p>A current contract for the provision of pest control services was in place.</p> <p>CCTV was seen to be in operation in communal areas only, signs informed residents and visitors of the operation of such cameras and a policy was in place on its use.</p> <p>Access was seen to be restricted to sluice and laundry rooms.</p>
<p>Judgement: Compliant</p>

<p>Outcome 13: Complaints procedures <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection: No actions were required from the previous inspection.</p> <p>Findings: The inspectors noted that there was a centre-specific complaints policy which had been reviewed in June 2014. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was prominently displayed and also provided in the statement of purpose and the Residents Guide.</p> <p>The person in charge stated that she and the complaints officer dealt with any complaints as soon as possible and felt that residents were happy with the service they received.</p> <p>Residents and relatives with whom the inspectors spoke with confirmed that any complaints they might have were dealt with satisfactorily. Inspectors reviewed the electronic complaints log detailing the investigation and outcome of any complaints and recorded if the complaint was resolved to the complainant's satisfaction.</p>
<p>Judgement: Compliant</p>

<p>Outcome 14: End of Life Care <i>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.</i></p>
<p>Theme: Person-centred care and support</p>

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care practices and facilities in place were designed to ensure residents received care at the end of their life in a way that met their individual needs and wishes and respected their dignity and autonomy. The centre-specific policy on end of life care was made available to inspectors and was reviewed in February 2014. Inspectors noted that the policy was comprehensive and evidence based.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre on a regular basis. An oratory is available for residents to participate in quiet prayer or organised worship. The end of life policy contained comprehensive information to guide staff in end of life care for a range of religious denominations.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

Family and friends were facilitated to be with the resident at end of life. Designated overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

Of the sample of files reviewed by the inspectors, it was clear that attempts had been made where relevant to identify the wishes of the resident with regard to end of life, including place of death. All the bedrooms in the centre were single en suite. A comprehensive end of life assessment and care plan had been completed for all residents which ascertained the resident's wishes and would guide care. Residents and relatives with whom inspectors spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspectors that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. Inspectors saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a three monthly basis or more frequently if a resident's needs changed.

Family members were also given practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and the staff showed inspectors the handover bag used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to inspectors which confirmed that all staff had received training in end of life care in 2014.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy in place in relation to meeting the hydration and nutrition needs of residents which had been reviewed in February 2014. Inspectors noted that the policy informed practice among nursing and healthcare staff.

An environmental health inspection of May 2014 had not identified any areas of non-compliance. An internal food safety audit had been undertaken most recently in May 2014.

Inspectors observed mealtimes including breakfast, lunchtime and evening meal. The inspectors saw that the variety and quality of meals provided to the residents was of a high standard, freshly prepared and nutritious. Dining tables were attractively and invitingly set and a menu for the day was displayed offering choice at each mealtime. Residents were offered a choice of two sittings for lunch and evening meal.

Breakfast was a leisurely affair with residents dining up until 11:00 hrs either at their bedside or in the dining room. Lunch was served at 12:00 hrs and 13:00 hrs and the inspector observed the meal to be unhurried and a social occasion. Dining tables were attractively and invitingly set and a menu for the day was displayed. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

Evening meals were served at 17:00 hrs and 18:00 hrs. In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Snacks were also seen to be provided. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available.

Residents were encouraged to remain independent and were provided with a range of adaptive utensils to assist them; adequate staff supervision and assistance was provided in a respectful and discreet manner as necessary. Gentle encouragement was given to residents who were reluctant to eat.

A selection of prescription charts were reviewed by the inspectors and nutritional supplements were prescribed and administered appropriately. The inspectors saw that the advice of dietician and speech and language therapist was accessed, documented,

communicated and observed. It was noted that efforts were made to present modified diets in an attractive manner.

Residents with whom the inspectors spoke were complimentary of the meals and snacks served. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining room for lunch and evening meal.

The catering staff demonstrated good knowledge of modified consistency diets and fluids. Specialised diets, e.g. diabetic diets, were also communicated effectively.

Residents' weights were monitored monthly and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of explained/unexplained weight loss when computing the MUST.

The inspector noted that staff had received training in specific training in food and nutrition in February and March 2014.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors found the centre to be relaxed, homely and person-centred. There was a good level of visitor activity noted by the inspectors throughout the day. The person in charge and staff were known to visitors and visitors were given a warm welcome.

The person in charge and staff had a good knowledge and understanding of the resident's biography, choices, preferences and behaviours. Staff were seen to be respectful when speaking of and with residents.

Residents were supplied with a good range of televisions in various locations, radios and newspapers. Residents were conversant in current affairs and were afforded the opportunity to vote. Residents were facilitated to have regular access to an independent advocate. The advocate outlined to the inspectors her role within the centre. She had

established relationships with the residents, engaged with them on a one-to one basis and brought any concerns or issues to the attention of the person in charge. However, there was no written record of these interactions maintained in the centre. Inspectors spoke with a number of staff who confirmed that the structured format of the residents' committee had not been popular or beneficial.

Resident's routines were documented clearly in their care plans and staff were seen to respect these. For example, the inspectors saw that some residents liked to take a rest in bed after lunch and this was seen to be facilitated.

Inspectors spoke with a number of residents who confirmed that the nurse in charge or the person in charge offered them a choice of activities to participate in each day. The residents stated that the staff were "very nice and approachable".

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables.

Residents' clothing was laundered on-site. Each resident had a labelled clothing bag for laundry. Each resident's laundry was processed individually to ensure that residents' own clothing was returned to them.

There was a centre-specific policy on residents' personal property and possessions.

Inspectors saw evidence of a resident's personal possessions including valuables being recorded. This record was signed by the resident and kept up-to-date.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a planned roster in place. Based on their observations, a review of the roster and these inspection findings inspectors were satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the residents and the effective operational management of the service. There was a registered nurse on duty at all times and a record is maintained of current registration details of all nursing staff.

A sample of staff files was reviewed and these were compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There was evidence of effective recruitment procedures including the verification of references.

Persons providing services to residents were vetted appropriate to their role and level of involvement in the centre. A service agreement was in place setting out roles, responsibilities and supervisory arrangements.

Inspectors saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. Inspectors noted that copies of both the Regulations and the Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and Standards.

The person in charge was directly involved in the delivery and supervision of care and services to residents but there was also evidence of more formalised systems of staff supervision. Newly recruited staff completed induction training; an annual staff appraisal system was in place.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. All staff employed had attended fire training and elder abuse training. A number of staff members had not received refresher manual handling training. Further education and training completed by staff included medication management, end of life care, food and nutrition, wound care and infection control.

Judgement:

Compliant

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 all the people who participated in the inspection.

Report Compiled by:

Louisa Power
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:	Acorn Lodge
Centre ID:	ORG-0000188
Date of inspection:	24/06/2014
Date of response:	15/07/2014

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 01: Statement of Purpose

Theme:

Leadership, Governance and Management

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

The conditions of registration were not included in the Statement of Purpose.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The statement of purpose and function has been amended to include the conditions of registration.

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

Proposed Timescale: 15/07/2014

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

Theme:

Leadership, Governance and Management

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

The review date on a number of policies made available to the inspectors, including the policy on communication, had expired.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

The communication policy had been updated, but would not be enacted until it has been read and understood by all categories of staff. This is our policy with all new governance documents. The remainder of the policies will be reviewed and implemented by the end of August.

Proposed Timescale: 31/08/2014

Theme:

Leadership, Governance and Management

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

The policy on the prevention and management of falls did not guide practice as it outlined an evidence-based assessment tool that was not used in the centre.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

The policy has been amended to correct the typing error that was in place with regard to then name of the falls assessment tool that is in use.

Proposed Timescale: 15/07/2014

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:

The emergency plan was due for review in June 2013.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

The emergency plan has been reviewed and updated.

Proposed Timescale: 15/07/2014**Theme:**

Safe Care and Support

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

Some staff require refresher training in manual handling.

Action Required:

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

The majority of staff have had manual handling training completed within the last two years. Refresher training has been arranged in September for the remainder of staff.

Proposed Timescale: 30/09/2014**Theme:**

Safe Care and Support

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

The risk management policy was due for review in August 2013.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Our risk management policy has been reviewed and updated since the inspection.

Proposed Timescale: 15/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

The maximum dose for PRN medication was not always explicitly stated.

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 had significant engagement with our prescribers regarding prescribing practices as part of our continuous quality improvement in Acorn Lodge. This is ongoing. We will remind the prescribers of the need to state the maximum dose for PRNs as required by the inspection and ensure that this is documented in individual prescription sheets.

Proposed Timescale: 30/09/2014

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:

Resident's care plan was not reviewed and updated in line with changing needs and circumstances and did not reflect the current status of the resident.

Action Required:

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

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

On the day of inspection, a change to the format of a medication had been made, which although recorded in the prescription sheet had not been recorded in the medication care plan. This has since been updated.

Proposed Timescale: 15/07/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was no documented evidence of formal consultation with residents.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

As the inspector has outlined in her report, residents are not happy to attend formal resident council meetings. Our advocate is available to assist residents with making complaints, raising concerns and with decision making as required. She also meets with residents informally to explain her role and discuss any needs they may have for her assistance. These meetings are confidential unless they form part of a formal process, for example with a complaint, decision making and so on.

Into the future the Advocate will produce a report quarterly confirming her attendance at Acorn Lodge and the fact that she has met with Residents. This Report will not identify any of the Residents.

Proposed Timescale: 15/07/2014