

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Altadore Nursing Home
Centre ID:	OSV-0000004
Centre address:	Upper Glenageary Road, Glenageary, Co. Dublin.
Telephone number:	01 284 2233
Email address:	admin@altadorenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	JKP Nursing Home Limited
Provider Nominee:	James O'Reilly
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	3

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 July 2014 08:45 To: 01 July 2014 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 was an announced inspection which took place over one day and was for the purpose of informing an application to renew the registration of Altadore Nursing Home. The provider had applied for registration for 37 places. This report sets out the findings of the inspection.

Overall, the inspector found that the provider met many of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland to a high standard.

The centre was established in 1989 as a family business. There are three directors,

James and Kathryn O Reilly work full-time. James is the nominated person on behalf of the provider. The person in charge is Kathryn O Reilly. They are supported in their role by staff nurses.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Residents were consulted about the operation of the centre and there was open communication in the centre. Residents and relatives knew the management on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse and other relevant areas. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. Three actions identified at the previous inspection in May 2013 were addressed and three actions were in the process of being addressed. One action had not been addressed.

The provider is aware that the building does not currently meet the requirements of the Regulations and has begun the development of an extension and redevelopment plan of the existing to address this. He aims to complete this project before the end of 2014.

Areas for improvement identified included:

- Premises issues
- Dining experience

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 2013 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were completed on several areas such as care planning, falls, medication management and restraint. There was evidence of improvements being identified following these audits and interventions put in place to address them. These included a reduction in the use of restraint since the previous inspection.

Data was also collected each month on the number of key quality indicators such as the

use of antipsychotics, use of restraint, antibiotic use and the number of wounds to monitor trends and identify areas for improvement. The person in charge also reviewed the comprehensive assessments and risk assessments and ensured there was a care plan to guide the care to the resident.

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider works full time in the centre and supports the person in charge. Appropriate resources were allocated to meet residents needs.

While this is a family run business and the provider and person in charge meet daily, the governance arrangements are informal and may not support the expansion of the services later in 2014. The provider and person in charge spoke of their plans to strengthen the management structure in line with increased capacity in the new building.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A resident's guide is available to each resident which describes the services.

The inspector read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by two staff nurses and a nurse educator on a part time basis to support staff.

The person in charge is a manual handling trainer and a trainer in the protection of vulnerable adults. She had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Authority's Standards.

The person in charge demonstrated strong leadership and good communication with her team. She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. She was an organised manager and all documentation requested by the inspector was readily available. The person in charge had deputising and on call arrangements in place.

The inspector observed that she were well known to staff, residents and relatives with many referring to her by her first name. She had both maintained her continuous professional development and had recently completed courses in care of the older person, governance, leadership and tools for safe practices and all other courses mentioned in outcome 18. The senior nurse who deputises for the person in charge had recently completed a course in management.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Records were stored securely.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Chief Inspector of the absence of the person in charge.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells. There are systems in place to safe guard resident's money. The policy guided practices. Comprehensive and complete records of resident's financial transactions were maintained.

There is a policy on and procedures for managing behaviours that challenge. Staff had appropriate skills to respond to and manage this behaviour. The inspector reviewed the records of residents and found that each episode of behaviour was documented, including the antecedent, behaviour and consequence. Residents care plans would guide care. There was evidence that the GP and Psychiatric services were involved in the care as required. The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The restraint register was reviewed monthly. There was a system in place to monitor all residents using restraint.

Judgment:
Compliant

Outcome 08: 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(s):

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

Findings:

The inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. However, there were areas for improvement. The intumescent strips on the fire doors were replaced after the previous inspection. There was evidence that emergency lighting was serviced.

The inspector read the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression,

assault, residents going missing, self-harm and accidental injuries to residents and staff.

A health and safety committee continued to meet and the minutes of the last meeting were reviewed by the inspector. All environmental issues which were identified on a daily basis were recorded in the health and safety book and discussed at the meeting. However, as outlined below it was noted that not all risks were identified. There was a health and safety statement in place which had been reviewed in 2013 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. However this could be further developed. Some measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets. However, there were areas for improvement and these included the following:

- The inspector found that the water at hand basins was too hot to the touch and may pose a scald risk to residents. The recorded temperatures were between 47.6 degrees centigrade and 55.4 degrees centigrade. This was identified at the previous inspection and had not been addressed.
- The inspector found that there were no restrictors on some of the windows which may pose a risk to residents.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Overall fire safety was well managed. There was one area for improvement, in that one of the residents bedroom door was held open with a wedge. There was not risk assessment or control measures in place to mitigate this risk.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. There were dates for further fire training in 2014.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby staff checked fire exits daily and this was documented.

Written confirmation from a competent person that of all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.

All staff had been trained in manual handling and appropriate practices were observed by the inspector.

The inspector found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was involved in medication safety and review in the centre. The pharmacist reviewed records bi monthly and also provided education sessions to residents and staff. Competency assessments were also completed with staff. The inspector observed a medication round and found that medication was administered in line with the policy and best practice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector was satisfied that residents healthcare needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives.</p> <p>Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available as required. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.</p> <p>The inspector reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.</p> <p>Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector.</p>

Falls Management

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall.

Restraint Management

The inspector found that there was an emphasis on reducing the use of restraint. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bedrails. There was evidence of alternatives available.

Wound

There were no pressure ulcers in the centre. The inspector read the care plans of a residents with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was this used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices. See outcome 15.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The physical environment in the centre still did not meet the requirements of the Regulations. The provider was aware of the requirements in the Authority's Standards

which needed to be put in place in relation to the premises by 2015. The inspector observed that building work had commenced at the time of the inspection to address the deficits. The provider said they hoped to have completed the building this year.

The inspector observed and staff confirmed that two of the residents bedrooms did not have adequate lighting due to the building work currently in progress. The provider said that the relatives were informed of the decision, however this was not documented. The provider said this would be addressed in six weeks and in the interim these residents enjoyed time in the day rooms during the day. This was observed by the inspector.

Two single bedrooms were below the minimum requirements of 9.3 square meters for a single room as per the Authority's Standards. The provider said he was addressing this in the refurbishment programme.

There was no cleaners' rooms in the centre for the storage of cleaning equipment and chemicals. The inspector spoke to domestic staff who were knowledgeable on cleaning processes in place.

Sluicing arrangements required improvement, there were plans to address this in the new building.

There was inadequate storage space. The inspector observed residents equipment stored in on the corridor used by residents.

Facilities for staff had improved since the previous inspection. A space for staff to eat was provided as were lockers provided. Staff members continued to use a dining area adjacent to the kitchen which they had to access through the kitchen. All staff wore personal protective equipment when entering the kitchen.

There were inadequate staff changing facilities for catering staff.

There was a lack of private space available on the units where residents could go if they required some quiet time.

The external grounds were well maintained but the residents did not have access to a secure garden area. Some residents could only use the outside area with the support of staff. Residents said they would like to use the gardens more often.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. The inspector found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives. Hand rails were provided in circulation areas.

A small passenger lift in addition to the chair lift was provided and both were maintained.

There were records to show that assistive equipment such as hoists, baths and pressure relieving mattresses had been serviced regularly. Service contracts were in place for equipment. All residents were provided with a call bell to enable residents to summon

assistance when they required.

The kitchen was found to be well equipped. The inspector observed a plentiful supply of fresh food.

Judgment:

Non Compliant - Moderate

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

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

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

Findings:

Complaints were well managed. The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display at in the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. There were no complaints since the previous inspection. Residents and relatives were aware of the name of provider and person in charge and spoke about how they were so approachable.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

Residents received a high standard of end-of-life care which was person centred and

respected the values and preferences of the individual and resulted in positive outcomes for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by the inspector. The person in charge had not identified any area for improvement in the self assessment, however she informed the inspector that the care plans were being reviewed to ensure they met the needs of residents.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. The nurses explained these were a work in progress. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. The majority of residents resided in single rooms. There was only one twin room, which was being used as a single room.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the local palliative care team when required. Two residents were accessing the service. The service was accessible upon referral by the GP and the inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that staff had received training in end-of-life care in 2013 and 2014 and further training was planned.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Mass and service from other religious denominations took place monthly.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. Residents are invited to sit and pray if appropriate. Residents can have their favourite music on at any time.

Inspectors read the information available for distributing to families following the death of a loved one. This document provided a lot of useful information including details of how to register a death.

The person in charge had put together an end of life box for the use of staff during this time of residents life. This included all equipment as required by the staff. This included signage which was displayed to inform all staff, relatives and residents that a resident had died.

Appropriate bags were used to handover personal possessions. All returned property was documented and signed in the property checklist.

Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process. Residents wishes were facilitated. A number of the staff attended resident's funerals. A post death review was recently developed and would be completed by staff following a death to review the areas of good practice and any areas for improvement.

Judgment:
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(s):

No actions were required from the previous inspection.

Findings:

Overall food was provided in quantities adequate for residents needs. Food is wholesome and nutritious. However assistance at meal times required improvement.

The self assessment for nutrition was submitted prior to the inspection and reviewed by the inspector. There were no areas for improvement identified.

The inspector observed the breakfast and main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. Regular fluids were provided during the day. Portion sizes were appropriate and second helpings were offered. All residents expressed satisfaction with their meals.

The inspector spent time in the dining room and visited residents who also chose to eat the main meal in their bedrooms and found that the dining experience was dignified, pleasant and relaxed for the more independent residents, the dining experience of residents who required assistance required improvement. There was one dining area where residents who required assistance sat which was not adequate in size. The inspector observed staff standing over residents assisting them with a meal and assisting more than one resident at a time with their meal. This was having negative outcomes for residents. This may not be an enjoyable experience for residents. The meal time provided opportunity for social interaction between staff, residents and

relatives.

The menu had been reviewed by the dietician in 2014 and the report showed that the advice and recommendations had been taken on board.

Relevant information pertinent to the meal time was in place and was reviewed monthly by the person in charge. The inspector met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, the person in charge was introducing a variety of snacks, such as smoothies, scones and fruit.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and SALT speech and language review. The treatment plans for residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However staff provided fortified meals as a first choice as required.

The inspector noted and resident and staff confirmed that there was a lack of ventilation in the dining room at the meal time and staff were observed to be sweating. The provider said this was being addressed in the new building later this year.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy apart from meal times and contact with family members was encouraged.

There was no residents' forum within the centre. The provider and person in charge said that residents did not wish to establish a committee or residents forum. Many residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, provider or any staff member. The person in charge and all staff were seen to interact well with residents during the inspection. A system was in place whereby the provider's mother also a director held discussions with residents on a weekly basis. The person in charge told the inspector that any issues raised by residents for example, in relation to food were addressed. The chef met the residents after meals to seek their feedback and this was observed by the inspector.

Residents did not have access to independent advocacy services, however volunteers met with residents regularly and any issues raised would be discussed with the person in charge.

Relatives said if they had any query it was addressed immediately. They also said they were kept up to date on their family status and any changes. Many residents went out with their families and friends during the day which they said they enjoyed.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to for example, bed and the time they got up. Some of the residents went to mass in the local area weekly with the support of staff.

Residents voted in the recent election and candidates visited the centre.

The inspector noted that televisions and telephone phone had been provided in residents' bedrooms. Residents had access to newspapers daily and the activity staff read sections of the paper to residents.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. However the inspector found and residents and relatives stated that there was limited activities at the weekend. This was actively being addressed by the provider. There were six part time activity staff employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were being provided throughout the centre. The hairdresser visited twice weekly. Residents commented they enjoyed the experience. There was evidence that residents engaged in activities such as music, SONAS (a therapeutic programme specifically for residents with dementia), exercises, quizzes and hand massage. One of the directors provided weekly serenity and meditation which residents said they enjoyed. Social care assessments were in the process of being completed in respect of all residents and residents had care plans to guide the social care services delivered.

Judgment:

Non Compliant - Minor

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(s):

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The inspector spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations and a list of residents' property was maintained.

Judgment:

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider and described the workforce as like a family.

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there

were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector found that there were procedures in place for constant supervision of residents in communal areas.

There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, infection control, pain management, Dysphagia, the use of the malnutrition universal screening tool, for example.

A training plan for 2014 was shown to the inspector. This included cardio pulmonary resuscitation (CPR) and end of life. All care assistants except two had completed FETAC Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided. Training was also provided for residents in areas such as medication management, fire safety and nutrition.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

The provider had ensured that volunteers were vetted appropriate to their role.

Staff told the inspector there were open informal and formal communication within the centre. The inspector found that there were many informal arrangements to discuss issues and residents' needs as they arose. However, these forums were not formalised. For example, the clinical governance meetings were not taking place on a regular basis.

While nurses provided supervision of staff and residents on a daily basis and the nurse educator provided training for staff on an individual basis on occasion, the records were reviewed. However, there was no formal process to supervise all staff. The provider said he was currently reviewing the appraisal system in place.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Linda Moore
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:	Altadore Nursing Home
Centre ID:	OSV-0000004
Date of inspection:	01/07/2014
Date of response:	13/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: 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 of the risks were not identified and control measures in place as outlined in outcome 8.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Our hot water system was installed in 1990 and has separate hot and cold taps as opposed to thermostatic mixers in each ensuite. We installed a mixer valve at our hot

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

water cylinder which can limit the maximum temperature output. We have put control measures in place to maintain safety and minimize risk and we will continue to monitor this.

Our new building underway includes for the latest design which incorporates thermostatic mixer taps at all wash hand basins. Next year we intend to begin extensive refurbishment works to our existing building and we can then bring the existing hot water distribution in line with our new building during those works.

Our bedroom windows opening sections are at a height of 1600mm above ground level. This height is well above recommended safe heights for openings which recommend protection below a height of 800mm.

We are however looking into a restrictor that can be retrofitted to our windows and will have these fitted as soon as the company can supply. The company are visiting on the 31/7/2014 and I hope they will supply and fit a solution within one month.

Proposed Timescale: Temperature Control Measures - Completed.

New Mixer taps - Refurbishment in 2015.

Window restrictors - One Month.

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:

One of the bedroom doors was held open with a wedge.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We have discussed and re-educated staff on the problems a bedroom door wedge causes regarding fire safety control. Staff were aware of this, voicing it was the wish of this resident to keep their door ajar. It was explained to staff that in the event of a fire it would be unlikely all staff would remember to remove this wedge and therefore that resident's door would not be closed properly. This wedge has been removed from use.

Proposed Timescale: 22/07/2014

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:

Improvements in relation to the premises were required as outlined in outcome 12.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

As mentioned by the inspector, we have commenced our redevelopment programme. This began in November 2013 and the main phase is due to complete January 2015. The completion of this phase will mean that Altadore Nursing Home will be fully compliant with all outstanding physical environment issues previously mentioned in our HIQA reports. Next year after we complete the main phase of works we intend to carry out refurbishment works to areas of the existing building and this will include increasing the size of some bedrooms.

Proposed Timescale: Currently underway and throughout 2015.

Proposed Timescale: 31/07/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Appropriate assistance was not provided to residents at the main meal time.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The experience for our residents during mealtimes was discussed with staff. In particular we focused on the experience of those residents in our assisted dining room who require more assistance at mealtimes. Our staff were reminded that they should sit with residents rather than stand when possible and that Staff would assist one resident at a time when giving assistance or preparing meals and condiments.

There is ample ventilation available in our existing dining room and the assisted dining room. Both rooms have large window sections which can be opened by staff. It is not clear why this wasn't happening on the day of inspection. This has been discussed with staff.

Proposed Timescale: 22/07/2014

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:

Residents were not provided with opportunities for meaningful activities at the weekends.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Altadore nursing home is very proud of the comprehensive social activity programme we provide within our nursing home. We provide a full time programme and regularly will have a choice of activities running concurrently in different sitting rooms. Saturdays and Sundays are very family/visitor orientated days and the level of visitors in the home using the sitting rooms affects the type of activities we can provide.

Our staff do enable and provide activities for residents at weekends and we continue to review feedback from our residents and families regarding the provision of our social programme. We will review employing an activity co-ordinator to work Saturdays when our new facility is completed and additional communal/activity spaces are available for this.

Proposed Timescale: Ongoing

Proposed Timescale: 31/07/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Formal supervision of staff was not in place.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

As noted by the inspector our clinical team regularly discussed any issues or resident

needs as they arose. Our Director of Nursing and her nursing team will formalise their clinical governance meetings with records to be kept of these.

In Altadore, given our relatively small size we have always had a very close supervision and appraisal of all staff. Most of this happens in an informal undocumented way. As requested we will introduce a written appraisal review annually. We will continue to employ our system of consistent supervision and appraisal but will document this annually with a written appraisal.

Proposed Timescale: Ongoing

Proposed Timescale: 28/07/2014