

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Aclare House Nursing Home	
<b>Centre ID:</b>	0001	
<b>Centre address:</b>	4-5 Tivoli Terrace South	
	Dun Laoghaire	
	Co. Dublin	
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<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered provider:</b>	Breege Muldowney	
<b>Person in charge:</b>	Joseph Muldowney	
<b>Date of inspection:</b>	02 and 03 November 2009	
<b>Time inspection took place:</b>	<b>02 Nov Start:</b> 08:45 hrs <b>Completion:</b> 17:00 hrs <b>03 Nov Start:</b> 09:30 hrs <b>Completion:</b> 15:00 hrs	
<b>Lead inspector:</b>	Angela Ring	
<b>Support inspector(s):</b>	Valerie Mc Loughlin	
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b>  <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>	

## About inspection

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

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

Inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Aclare House Nursing Home has three storeys made up of two existing houses adapted to form one building. There are two staircases, one of which has a chair lift going up to the second floor. There are bedrooms on each floor and the ground floor has a kitchen, laundry and sluice room. The centre can accommodate twenty six residents in seven single rooms, three single en suite rooms, seven twin bedrooms and one twin bedroom en suite. There is a day room and dining room which are interconnected and a conservatory with access to a secure courtyard and garden.

### Location

Aclare House Nursing Home is situated on a quiet road near Dun Laoghaire town.

<b>Date centre was first established:</b>	1988
<b>Number of residents on the date of inspection</b>	24 (2 residents in hospital)

### Management structure

Breege Muldowney is the Provider and Joseph Muldowney is the Person in Charge. Susan Hegarty, the nurse manager, works part-time and reports to the person in charge. The nurses, care assistants, catering and cleaning staff report to the person in charge.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>
<b>Number of staff on duty on day of inspection</b>	1	2	4	1	1	1

## Summary of findings from this inspection

This was an announced inspection.

Inspectors met with residents, staff and relatives. They reviewed documents including staff rosters, policies, safety statement and resident care plans. They spent time sitting with residents and observing practice to gain a greater insight into residents' experience of the service.

Overall, inspectors concluded that this centre provided high quality care to its residents. The management and staff were committed to the residents and there were good working relationships between staff and management.

Many factors contributed to the residents' quality of life. Relatives and friends visited the centre regularly and there was a sense of warmth and familiarity between staff, residents and relatives. The centre had a homely atmosphere where residents were encouraged to be independent and were very involved with the local community. Many of the residents went out each day to pursue their hobbies and interests and to the local town. Residents' health needs were well monitored and met.

There were some significant improvements required in the management of medication, care planning, and risks associated with residents who smoked, in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and *National Quality Standards for Residential Care Settings for Older People in Ireland*. These issues are addressed in the action plan and recommendations at the end of the report.

### Residents' and relatives' comments

Residents and relatives provided feedback to inspectors during the inspection and a number also completed questionnaires. The questionnaires provided valuable information on their experiences in the centre. Overall, the information received from residents and relatives was very positive about all aspects of care.

Residents said there was flexibility about what time they get up and go to bed. Many of them praised the person in charge, the provider and nurse manager. One resident said "I find the people very nice, the staff would do anything for you, I feel safe here, the staff knock coming into my room". Another said "The managers are great, Susan is more than a nurse, she is a great help to me". A friend of a resident who visited daily described the staff as "great, lovely, top class, I couldn't find any fault, they are always offering me tea". The wife of a resident described the staff as "excellent, superb and very respectful". Another described them as "very attentive and caring. One visitor said "The staff care for my friend not just in a respectful way but in a kind and compassionate manner". The relatives and friends of residents all agreed that they felt welcome at all times. Many of the residents said they would speak to the person in charge if they had a complaint, one resident said "I can complain if I have a problem and know that issues are resolved quickly".

Many of the residents said they left the centre during the day. One resident said "I was out for my walk this morning". Other residents' comments included "I go down to the village for my pension in a taxi each week" and "I go home on the bus every few weeks to see my son".

Residents talked about meals and said "If I don't like what's on they give me something else" and "The food is brilliant, the chef tries out different things". A relative described the food as "very good and nicely presented".

When asked about improvements they would make, some residents and relatives felt that there was not enough staff on duty at night. Another resident said that she would like to go out on more trips during the day. Three relatives said that there was inadequate supervision in the day room and that residents did not get out to the garden very often.

One relative said "I can sleep in peace knowing Mum is being looked after by caring staff, she is not just a number". Another said "I have visited a lot of nursing homes over recent years, Aclare House may not be as modern and streamlined but it has by far the most homely atmosphere. The residents can be difficult but the staff never seem to lose their kind, smiling approach".

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.**

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The provider and person in charge demonstrated a strong commitment to the operation of the centre and showed a good level of understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They both worked full-time and were on call at all times. In their absence, the nurse manager took responsibility for the centre. The person in charge and provider were registered psychiatric nurses and this allowed them to respond effectively to any residents with mental health issues. There was a registered general nurse on duty at all times.

There was a sign-in book at the entrance of the building. The centre's registration, complaints policy, residents' information booklet, and fire procedures were also available in the front hallway. Inspectors reviewed a recently developed statement of purpose which met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The provider had introduced a new contract of care for residents which identified the fees to be paid. The residents' register was up to date with details of the recent transfer of two residents to hospital. The insurance certificate was valid and residents' possessions were covered for the appropriate amount.

The inspector reviewed the recorded incidents. The majority of them related to residents falling in their bedrooms. The person in charge explained that there were very few injuries sustained by these residents. The system to prevent and manage falls was of a good standard, there were no restraints used and the use of sedation and psychotropic medication was very low. Inspectors observed staff encouraging residents to be as independent as possible when walking. The staff checked each resident's whereabouts using an hourly checklist to support residents' safety in case they may have fallen in their rooms or left the centre without notifying staff. One of the residents had several falls recorded in the incident book. A care assistant

explained the measures that staff took to prevent him from falling such as regular supervision, keeping the room free from clutter and ensuring his possessions were within his reach. The inspector met this resident who was confused and liked to stay in his room. He had his walking frame near him and did not wish to wear shoes. There were no restraints used such as cot sides or lap belts. On review of this resident's medication, he was receiving no sedatives or medication that could contribute to falls. Inspectors reviewed this resident's care plan which adequately addressed his poor mobility and inability to maintain a safe environment himself.

A private company was employed by the provider to monitor the fire alarm. There were adequate procedures and precautions to minimise the risk of fire. Fire procedures were posted up at several points in the centre. The fire exits were clear and easily visible on all floors and there was a fire officer's report available for the building. Extinguishers were located on all levels and each had an up-to-date maintenance record. Training on fire drills and evacuation was recorded in the staff training records, and the staff could confidently speak about the procedures to be followed in the event of fire. Staff also told inspectors that there were fire blankets under every bed and that these were checked regularly.

Many residents controlled their own finances and went to the post office to collect their pensions. The provider explained the procedures to manage residents' finances and told inspectors about the involvement of an accountant in monitoring these procedures.

All complaints received since July 2009, were recorded in a complaints book and the person in charge said that he had not received any written complaints to date. The complaints recorded related to residents having problems with another resident's behaviour. The person in charge recorded his response to the complaint and the measures he had taken to rectify the situation.

### **Some improvements required**

Even though there was some evidence of auditing the nursing documentation, such as pressure ulcer prevention and falls prevention procedures, there were no formal systems in place to collect data for auditing and quality assurance purposes.

### **Significant improvements required**

There was no risk assessment for residents who smoke. A safety statement was developed for the centre in July 2006 which the provider updated in July 2009. This identified some of the risks and the responses to them. The safety statement addressed issues on fire, security, gas, falls, maintenance, infections, chemicals, waste and equipment. However, the safety statement failed to adequately address the risks associated with residents smoking in the centre. Residents smoked outside in the garden where there was no shelter if the weather was poor. One resident was seen smoking on the stairs on several occasions during the inspection; another resident was seen smoking in his room. This posed a risk of fire to the resident and other residents. One of these residents had a care plan relating to smoking and the

other did not. The provider explained that he kept the cigarettes and lighter for one resident who was unable to manage them himself for safety reasons.

The inspectors requested that care plans be drawn up immediately to address the risks associated with two residents who smoked in non-designated places in the centre. The care plans received adequately addressed the procedures put in place to minimise the risk associated with smoking in non-designated places.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

There were several activities available which were of interest to residents. During the inspection, inspectors saw residents enjoying exercise to music, SONAS (a therapeutic activity focused on communication), reading newspapers and pet therapy. The care staff explained how they incorporated activities for residents into the daily routine and some staff had received training on SONAS and massage. One of the care assistants acknowledged the need for a flexible approach and said "The residents have different likes on different days". Some of the residents spoke about getting their nails polished by the beautician who visits the centre each week and getting their hair done by the hairdresser. The local mobile library visited the centre once a month.

Several residents told the inspectors that they went out during the day to the village or to visit their homes. Some attended day care in psychiatric services and many of them went out to the shops to buy cigarettes and newspapers. The administrator was also observed bringing a resident to the shop which supported his independence as he was unable to go alone. Residents explained that they got a bus or the person in charge organised a taxi for them when they wanted to go out. One of the residents explained that since her admission to the centre she had become a member of the active retirement group in Dun Laoghaire which she enjoyed as she had made friends there. She also described going swimming and to the library.

One resident's care plan identified that she was nervous going out on her own when she was first came to the centre, but she was now able to go to the library alone after a staff member accompanied her on several occasions until she had gained sufficient confidence. A resident explained his role in maintaining the garden in the centre and described his interests in photography, golf and going out to cafes.

Mealtimes were an enjoyable social occasion. Staff brought up the meals from the kitchen on the ground floor. They assisted some of the residents in a respectful manner by sitting down and chatting with them in an unhurried way. One of the residents cleared and wiped the tables after lunch and was very proud of her work. Some residents chose to have their meals in their bedrooms.

Residents and relatives said they enjoyed the food and there was always an alternative if they did not like what was on the menu. Relatives said they were offered refreshments when they visited, and this was observed by inspectors. The menu was displayed on each table in the dining room and the food served corresponded with the menu. Inspectors could not join the residents for lunch on the inspection day as there was inadequate space in the dining room but they sampled the food and found it to be hot, tasty and well-cooked. One of the residents refused to eat his lunch and was offered a piece of fruit and some bread as an alternative; staff showed genuine concern at his refusal to eat. The inspector reviewed this resident's care plan; he scored a low risk on a nutritional risk assessment in July 2009; however, a care plan had been developed for his poor nutritional intake and his weight was being recorded monthly.

There was a comprehensive policy on nutrition, hydration and dysphagia (swallowing problems). The nurse manager explained to the inspector that the nutritional advisor involved had given two information sessions to staff about its contents as part of its implementation and this had been very successful.

Residents confirmed that their religious beliefs were accommodated through regular events. Two residents expressed regret that mass did not take place weekly in the centre.

#### **Some improvements required**

There was no record of the residents' preferred routines, expectations, likes and dislikes. There were no individual assessments of residents' interests and activities that they would like to pursue in the centre. Therefore there was no reliable, formal process by which residents' preferences influenced the activities programme.

### **3. Healthcare needs**

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### **Evidence of good practice**

Inspectors found that the residents' healthcare needs were adequately met and monitored. Vital signs and blood sugar levels were recorded weekly for residents where necessary. The residents have access to their own general practitioner (GP) if they wished. One resident, with a chronic illness, contacted her GP directly when she needed to see him. The residents had individual medical notes which were updated regularly by the GP and these included a medication review.

Residents told inspectors that they looked forward to the physiotherapist's weekly visits to the centre. Chiropody and dentist services were arranged as required. One resident's eyesight had been tested by an optician and another resident had been seen by a speech and language therapist. A social worker from the psychiatric services met with some residents on the day of inspection as part of their mental health service.

The person in charge explained that there are good links with psychiatric consultants and community psychiatric nurses, as there were a number of residents with mental health issues. This was evident from reading the reports in the relevant resident's medical notes.

No resident was receiving controlled medication on the day of inspection; however, there was appropriate storage and procedures in place to manage it if necessary.

#### **Some improvements required**

Incident forms recorded that some residents occasionally displayed challenging behaviour, such as shouting at staff. The care plans for these residents did not include guidelines for managing this behaviour or identify the triggers that may cause it.

Inspectors saw a resident displaying challenging behaviour on the day of inspection. The provider and person in charge responded promptly and appropriately to this incident when it was brought to their attention. Immediate action plans were requested for the care of this resident to ensure that his needs were consistently

met, and the risks to other residents and staff were minimized. The care plans received adequately addressed the care of this resident and safety of other residents.

### **Significant improvements required**

The inspectors reviewed nine residents' care plans. The person in charge was in the process of changing to a new system of care planning. The older version of care plans were not comprehensive and did not give adequate details of residents' assessments and needs. Some of the newer versions of care plans were person-centred, with all the necessary information required to care for the resident in a holistic manner as well as information about residents' interests and capabilities. Care plans were not easily accessible to residents but there was some evidence that residents were involved in the development of their care plan, as they had signed their name on it. As some of the care plans were not signed or dated, there was no evidence they had been reviewed. Some information was left blank in the biographical section and assessment screen. The dependency levels of residents were not assessed using standardised, reliable assessment processes.

Even though there were risk assessments completed on likelihood of falls, malnutrition and pressure ulcers, there were no care plans developed to address the problem areas identified in the risk assessment. Inspectors noted that when a resident had an incident such as a fall, his/her care plan was not updated to reflect this and what measures were taken to prevent its reoccurrence. There were no individualised manual handling assessments of residents to identify their mobility and transfer needs.

Inspectors noted a number of practices that did not meet the requirements in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The medication policy reviewed by inspectors was not centre specific and did not outline the centre's procedures for prescription, administration, storage and disposal of medication.

There was a good relationship established between the centre and a local pharmacy that supplied medication in a blister pack format. The nurse explained the procedures for supply and administration of medication. Inspectors noted that one resident's medication was crushed. This did not comply with the centre's own medication policy that required crushed medication is prescribed by a GP. Another resident's medication was being given covertly in her food, and this issue was not addressed in the policy.

One of the inspectors noted an error in the prescription of a medication which was prescribed as twice per week instead of once every two weeks. In fact, the resident was receiving the correct medication at the correct frequency but this inaccuracy could have caused a drug error. Inspectors brought this to the attention of the person in charge who rectified the issue immediately with the GP. One of the inspectors met with the GP while he was visiting the residents and discussed the current system of medication prescription, supply and administration. He agreed to work with the person in charge to improve the current system and reduce the risk of errors.

#### **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

#### **Evidence of good practice**

Inspectors reviewed the day room, dining area, conservatory, sluice, laundry, bathrooms, kitchen and some residents' bedrooms. The day room, dining room and conservatory were pleasantly decorated with ornaments, plants, books and pictures. Some residents explained to the inspectors that they preferred to stay in their room during the day. Some of the bedrooms were personalised with residents' possessions while others were not.

The provider and person in charge had good infection control practices and it was very clean. A cleaning staff member spoke knowledgeably about the procedures she followed to ensure she complied with best practice. There were sufficient hand washing facilities and hand gels placed inside and outside the centre. Some staff had attended training in infection control and further training had been organised for November.

The laundry facilities were described by residents as excellent and one of the relatives said that her husband's clothes were kept "immaculate" by the staff. The laundry was in compliance with best practice in infection control; soiled clothing was segregated and washed at correct temperatures.

Waste was disposed of appropriately, with locked clinical waste and separate bins used for soiled items.

Equipment was well maintained, with records kept of recent servicing for items such as stair lift, gas, hoists, electricity, washers and dryers. Staff explained the procedures for reporting faulty equipment and said they were satisfied with the prompt response from the maintenance person. The maintenance staff member came to the centre once a week, and more often if required.

There were vacant/occupied signs on bathroom and toilet doors and staff were observed knocking and waiting for permission prior to entering residents' rooms. The residents confirmed that this was usual practice.

There were good security facilities with internal phones on all floors and a keypad panel at the entrance. The night staff carried personal alarms for their safety and there was security lighting outside.

The kitchen was clean, well stocked and well managed. There was a three-week rotational menu and cakes were homemade each day. The chef had been working in the centre for several years and demonstrated a good knowledge of the dietary requirements for a resident on a diabetic diet and a resident on a renal diet. She explained the procedures she followed to meet residents needs. She said that she spoke regularly to residents and relatives about dietary preferences and each resident was asked what they would like to have half an hour before lunch and dinner.

The person in charge explained the procedures in place to ensure that records are kept for seven years in locked storage and this was shown to inspectors.

### **Some improvements required**

The centre had capacity for 26 residents but the dining room could only accommodate a maximum of 16 residents. This meant that the number of residents able to avail of the dining room was limited. The remainder of the residents ate in the sitting room, conservatory or their bedrooms if this was their choice.

The sluice room was used as a storage area for toiletries and cleaning equipment as there were inadequate storage facilities. The provider explained that plans were in place to build onto the existing premises in order to provide increased dining area for residents, staff facilities and storage.

The staff used the staff toilets to change their uniforms as there were inadequate changing facilities for staff.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

There was information available to residents throughout the centre, such as the complaints procedure, information booklet, statement of purpose and previous Health Service Executive (HSE) inspection reports. There were also information leaflets on the H1N1 virus, prevention and detection of elder abuse and infection control. A booklet was available for residents which contained all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

There was an easily accessible list of advocacy services available to residents if they wished to avail of the service. A residents' committee meets every month and the inspectors reviewed the minutes of these meetings. The group consisted of residents, a relative of a resident with dementia and a staff nurse. The person in charge explained the changes that have taken place as a result of the residents' meetings such as having children visit, organising an artist to visit and getting involved with the Citizens Advice Bureau.

There was a payphone available to residents although it was situated in a communal area with no seating available. However, the portable phone, was given to residents if they wished to make a call. Local and national newspapers and magazines were available to residents.

Relatives reported that they had good communication with staff and management and they were kept informed of their family member's progress. Staff communicated and interacted very well with residents and they demonstrated a good knowledge of each resident's preferences and life history. Residents could also identify staff by name and praised each one of them.

### **Some improvements required**

Policies were comprehensive, and in line with the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. However there was no system or procedure in place to ensure that policies were implemented, reviewed and audited.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

The provider explained that staffing levels were calculated according to each resident's dependency levels. There were enough staff on duty on the day of inspection to meet the needs of residents even though some residents and relatives told the inspectors that there was an inadequate number of staff in the evenings and at night. Many relatives and residents commented on how competent and friendly the person in charge was. The nurse manager was very clear about her role and described her responsibilities such as staff supervision, monitoring residents' health and welfare and taking over management when the person in charge was not there.

The provider explained that she had recently introduced an induction programme for new members of staff and appraisal forms which will be completed with the nurse manager. There were records of monthly staff meetings with the person in charge. There was a very low turnover of staff.

There was a recently developed centre specific recruitment and vetting policy which met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The inspectors reviewed three staff files and found they met the legal requirements of identity, curriculum vitae (CV), contract of employment and job description. While references were not available on the day of inspection, they were subsequently submitted to the inspector. Staff files were well maintained and the provider demonstrated that she was in the process of getting Garda clearance for each member of staff. There were records of each nurse's registration with An Bord Altranais for 2009.

Inspectors reviewed the training records for staff and they included training on the prevention and detection of elder abuse, infection control, medication, fire, nutrition, manual handling and dementia.

## Some improvements required

The staff rota did not include the person in charge or the nurse manager, which resulted in the staff being unaware of their presence on duty.

There was poor supervision in the sitting room where most residents were seated during the day. Three of the relatives told the inspectors that they were concerned that their relatives were left unsupervised on some occasions in this room. They were concerned that residents may fall over if left unsupervised.

### ***Report compiled by***

Angela Ring

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

03 December 2009

## Provider's response to inspection report

<b>Centre:</b>	Aclare House Nursing Home
<b>Centre ID:</b>	0001
<b>Date of inspection:</b>	02 and 03 October 2009
<b>Date of response:</b>	15 December 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

The safety statement did not address risks of residents smoking in the centre. There were no risk assessments on residents who smoke.

#### Action required:

Revise the risk management policy to cover all risks throughout the centre and the precautions in place to control the risks identified.

#### Reference:

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>We have drawn up care plans for residents who posed a risk associated with smoking in non designated areas and the precautions put in place to reduce the risk identified. We are currently reviewing our smoking policy in the nursing home.</p>	<p>Ongoing February 2010</p>

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The medication policy did not address the procedures for prescription, administration, storage and disposal of medication. Staff were not adhering to the guidelines in the policy in relation to crushing medication and covert administration. There was one prescription error noted.</p>	
<p><b>Action required:</b></p> <p>Provide written operational policies and procedures on medication management in accordance with current regulations.</p>	
<p><b>Action required:</b></p> <p>Put systems in place to ensure that policies and procedures inform and guide staff practice.</p>	
<p><b>Action required:</b></p> <p>Ensure all medications are prescribed, administered and recorded in accordance with professional guidelines.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 25: Medical Records Standard 14: Medication Management</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>The current medication management policy has always addressed the procedures for prescription. Administration to include crushing, and covert medication, and disposal of medication.</p> <p>Staff will ensure they will comply with the medication policy. Our pharmacist and director of nursing will do regular audits to ensure full compliance with medication management.</p>	<p>Completed</p>
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<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was inadequate supervision of residents in the day room.</p>	
<p><b>Action required:</b></p> <p>Ensure procedures are in place to take all reasonable measures to prevent accidents to any person in the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Procedures have always been in place to take reasonable measures to prevent accidents to any persons in the centre.</p> <p>On the day of the inspection, staff were unsure if it was appropriate to be in the day room while inspectors were there communicating with residents. However current rosters are being reviewed to reflect closer supervision levels in the centre.</p>	<p>Completed</p>

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The quality of assessments and care plans was inconsistent. There was no evidence of care plans being regularly reviewed. Some of the care plans did not address issues identified in the assessment.

**Action required:**

Set out residents' needs in an individual care plan developed and agreed with the resident.

**Action required:**

Keep residents' care plans under formal review as required by residents' changing needs or circumstances and at a frequency no less than at three-monthly intervals.

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident's Care Plan

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

**Timescale:**

Provider's response:

Care plans are regularly reviewed as per regulations; however we acknowledge it has been difficult to identify the reviews in some care plans.

A new care plan system has been put in place for all residents to reflect individual needs of residents.

All nursing staff have attended a work shop on same.  
Care plans are reviewed as residents' needs change or on a three monthly basis. All care plans are developed and agreed with the resident. If a resident is unable to take part in this process their representative will be invited to partake in their place. This will be documented in their care plan.

Completed

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

The policies and procedures were not centre specific.

**Action required:**

Review the operating policies and procedures to ensure they are specific to the requirements of the centre.

**Reference:**

Health Act, 2007  
 Regulation 27: Operating Policies and Procedures  
 Standard 29: Management Systems

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

**Timescale:**

Provider's response:

All our policies are now being changed to become centre specific. Operating policies and procedures are being reviewed regularly and will continue to do so.

3 months  
 End of march

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

There were no formal systems in place for the collection of data for auditing and quality assurance purposes.

**Action required:**

Develop formal systems to collect data for auditing and quality assurance purposes.

**Reference:**

Health Act, 2007  
 Regulation 35: Review of Quality and Safety of Care and Quality of Life  
 Standard 30: Quality Assurance and Continuous Improvement

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

**Timescale:**

Provider's response:

We are currently developing a formal system of auditing and quality assurance purposes.

3 months  
 End of march

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

There were no individualised assessments on residents' dependency level and manual handling needs.

**Action required:**

Complete individualised assessments on residents' dependency level and manual handling needs.

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 10: Assessment

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

**Timescale:**

Provider's response:

We have completed manual handling assessments on all our residents, and are in the process of completing dependency levels for all residents as part of our new care plan.

One month  
End of January

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

The premises did not meet regulatory requirements in relation to changing facilities for staff.

**Action required:**

Provide suitable changing facilities for staff.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 26: Health and Safety

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

**Timescale:**

<p>Provider's response:</p> <p>Planning permission is in process for same.</p>	<p>Will be determined in three months</p>
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## Recommendations

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

Standard	Best practice recommendations
Standard 23: Staffing levels and Qualifications	Ensure the staff rota includes the person in charge and the nurse manager.  Provider's response: This has been completed.
Standard 18: Routines and Expectations	Record residents' preferences in relation to activities and their interests and capacities.  Provider's response This is being incorporated in our new care plans. We have developed a questionnaire for residents and relatives identifying hobbies, interests, likes and dislikes, significant dates and peoples in their lives etc.

**Any comments the provider may wish to make:**

**Provider's response:**

Having reviewed the draft inspection report with our staff we will continue to strive to provide a high quality of service, appropriate treatment and that clients are treated with courtesy and respect. We will continue to monitor and review the manner in which we carry out our duties.

We found both the inspectors to be extremely pleasant and were very professional in the way they completed their task, and we sincerely thank them for that.

Our only concern was that we found the time for us to complete and return the pre-inspection documents was inadequate.

**Provider's name:** Breege Muldowney

**Date:** 15 December 2009