



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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|----------------------------|----------------------------------|
| Name of designated centre: | Acorn Lodge |
| Name of provider: | Acorn Healthcare Limited |
| Address of centre: | Ballykelly, Cashel, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 11 October 2023 |
| Centre ID: | OSV-0000188 |
| Fieldwork ID: | MON-0041695 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Acorn Lodge is a single storey, purpose-built centre established in 2001, and the registered provider is Acorn Healthcare Limited. The centre is registered to accommodate 50 residents both male and female over the age of 18 years. Residents are accommodated in single bedrooms, each containing en suites. Bedroom accommodation is provided in two wings and each wing also accommodates a linen room, sluice room, a non-assisted bathroom and a nurses' station.

The aim of the centre is to provide person centred care and services to residents, and caters for residents of all dependencies; low, medium, high and maximum care needs. These include persons requiring extended or long term care as well as those who require respite care or convalescence, dementia and cognitive impairment; residents with physical and sensory impairments and residents who may also have mental health needs. In addition, the centre caters for residents requiring Percutaneous Endoscopic Gastrostomy (PEG) feeds or special diets, subject to and in conjunction with, the support of the residents' General Practitioner (GP). There is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, administration, catering, and maintenance staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 46 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|--------------|---------|
| Wednesday 11 October 2023 | 21:00hrs to 23:40hrs | Mary Veale | Lead |
| Wednesday 11 October 2023 | 21:00hrs to 23:40hrs | John Greaney | Support |

What residents told us and what inspectors observed

The overall feedback from residents was one of a high satisfaction with the quality of care in the centre. Inspectors' greeted and chatted to a number of residents and spoke in more depth with 11 residents to gain an insight into their night time experience living in Acorn Lodge. On the night of inspection there were 46 residents living in the centre.

The inspectors arrived unannounced at the centre during the evening time and were greeted by a member of the healthcare assistant team. Following a brief introductory meeting with the nurse in charge to discuss the format of the inspection, the inspectors walked through the centre and spent time talking to residents and staff. Inspectors spend time observing the night time routine, staff interactions with residents and care environment. The person in charge was on leave but returned to the designated centre to assist with the inspection and to support the staff when staff notified the person in charge that the inspection was in progress.

On arrival to the centre the inspectors were greeted by a resident who was sitting in the reception area, the resident informed the inspectors that they liked to go to bed around 10pm. The inspectors observed two visitors leaving the centre at their time of arrival. The majority of residents were observed to be in their bedrooms from 9pm. Some residents were observed to be sleeping, some residents were reading newspaper and others were watching television. The inspectors observed a number of residents were being assisted to bed by health care staff.

The inspectors observed a calm and content atmosphere in the centre throughout the inspection. Inspectors found that staff were working in a relaxed and organised manner to provide care and support to the residents. Inspectors were informed that the staff worked in teams together throughout the night. That the nurse greeted all the residents at the beginning of their shift, two healthcare assistants worked together to provide assistant to residents on one wing while the nurse administered medication and the third healthcare assistant provided refreshments. The nurse and healthcare assistant then worked together to provide personal care to the residents on the other wing. The inspectors were informed by the nurse that they worked with a healthcare assistant on the opposite wing to the earlier part of the night so as they had good oversight of the personal nursing care of the residents throughout the night shift.

The inspectors were informed that the nurse on day duty had finished their shift at 9pm. Prior to the end of their day shift the nurse administered the medications to residents on the Dualla wing, and to two residents on the Ballykelly wing who requested their night medication early. Residents whom the inspectors spoke with confirmed the administration of medication by the day nurse on Dualla wing and residents were very familiar with their medication administration time on Ballykelly wing. The inspectors observed that the nurse began administering medications on

Ballykelly at 21: 25 and completed the medication round at 21:55. One resident told the inspectors that they liked to have a nightly beverage prior to taking their night time medication to ensure a restful night sleep.

The inspectors observed many examples of kind, discreet, and person-centred interventions between staff and residents throughout the time of the inspection. The inspectors observed that staff knocked on resident's bedroom doors before entering and spoke in a soft tone. Residents were very complimentary of the staff and the care they received at night time. Residents said they felt safe and trusted staff. Residents told the inspectors that staff were always available to assist them with their personal care during the night. One resident said that if they ring the bell at night, staff respond immediately. The inspectors noted that the call bell response time by staff was between 1 min to 1: min 30 seconds during the inspection times. The inspectors observed that the staff were not rushed and were very attentive checking in with the residents asked were they ok and did they need help. There were no residents expressing behaviour that was challenging on the night of inspection.

It was evident that residents' night time choices were respected. For example; some residents stayed up late, some residents liked to have their bedroom lights off and others had a night light on. Residents informed the inspectors that the staff assisted them to go to the toilet during the night if needed. One resident told the inspectors that they preferred to go to the toilet independently and kept a torch under their pillow so as they could find the switch to turn on their light. Many residents told the inspectors that the staff checked that they were ok on a number of occasions throughout the night and that this did not interrupt their sleep. The inspectors were informed by a number of residents that the person in charge would call to them occasionally on night duty to ensure that they were ok. The inspectors observed that the residents all looked well, were well groomed and their rooms were tidy. The staff confirmed with the inspectors that it was unusual for a resident to transfer to hospital at night time. The person in charge told the inspectors that the residents were monitored very closely and if the residents condition deteriorated requiring medical attention the nursing staff would organise a medical review or transfer to hospital during the day time where possible. On the evening of inspection there were four bed rails in use which was in line with the most recent notification submitted to office of the Chief Inspector.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to seek assurances that there were sufficient staff and skill mix of staff on night duty to provide safe and effective

care to the residents living in the centre. Overall, this is a well-managed centre with a clear commitment to providing good standards of care and support for the residents. This night time inspection focused on Regulation 5: individual assessment and care planning, Regulation 9: residents rights, Regulation 15: staffing, Regulation 23: governance and management and Regulation 29: medicines and pharmaceutical services. On this inspection, the inspectors found that actions was required by the registered provider to address Regulation 21: records, Regulation 23: governance and management, and Regulation 29: medicines and pharmaceutical services.

Acorn Healthcare Limited was the registered provider for Acorn Lodge. The registered provider representative was also the person in charge and worked full time in the centre. The person in charge was supported by a team consisting of an assistant director of nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

There were sufficient staff and skill-mix on duty to meet the needs of residents living in the centre on the night of inspection. On the night of the inspection there were 46 residents living in the centre and four vacancies. There were two nurses on duty in the centre until 21:00 and one nurse on duty until 07:00. One nurse began day duty at 07:00 and a second nurse began day duty at 08:00. There were three healthcare assistants on duty from 20:00 to 08:00. Inspectors were assured that there was enough staff and a sufficient skill mix on night duty as call bells were answered promptly, residents were satisfied with the level of care provided, staff were knowledgeable of the needs of older persons in their care and were observed to be respectful of their wishes and preferences.

Management systems in place to monitor the centre's quality and safety required review. Since the previous inspection, improvements were found in the centres audit schedule. For example; care planning, falls, wound care and medication management audits had been completed which were objective and identified improvements. However, improvements were required in the procedure for administration of controlled medicines which is discussed further in this report under Regulation 23: governance and management.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the night of the inspection. There was one registered nurses and three health care assistants in the centre at night. Inspectors were assured that the number and skill-mix of staff was appropriate, to meet the needs of the residents on the night of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety training, safe guarding vulnerable adults, managing behaviour that is challenging and infection prevention. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- There were repeated findings in relation to the practice of transcribing prescriptions that was not in accordance with relevant policies and procedures. When new medicines were added to a prescription, the transcribing nurse or second nurse did not always attach a signature to verify that the transcribed medicine accurately reflected what was prescribed by the GP. Additionally, the transcribed medicine was not always signed by the prescribing GP.

Judgment: Substantially compliant

Regulation 21: Records

A record of each medicine administered was not signed by a second person in accordance with the Nursing and Midwifery board of Ireland professional guidelines. For example;

- Nursing staff on night duty were not adhering to the centres procedure for the administration of controlled medicines. The nurse on night duty did not check the administration of a control medication with a second nurse as outlined in the centres policy. The inspectors were informed that the night duty nurse administered the controlled medication, and the nurse arriving on day duty then documented in the medication administration chart that they

had checked the medication as the second nurse.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Acorn Lodge. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 29: medicines and pharmaceutical services.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, occupational therapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the inspectors were informed that GP's called to the centre regularly. Residents had access to a consultant geriatrician and a psychiatric team. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The inspectors viewed a sample of residents electronic nursing notes. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. The inspectors focused on residents sleep and rest care plans. Sleep and rest care plans were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred sleeping and rest care and had been updated to reflect changes required in relation to changes in sleep patterns or routines. The information outlined in the care plans viewed correlated with the information the residents told the inspectors and what the inspectors observed.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in their care and had choice in the time they wish to go to bed and when they could get up. The centre promoted the residents independence and their rights. All residents had their own bedroom with access to a telephone, television, radio and a television streaming channel. Residents had access to newspapers, magazines and books.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Improvements were required in the procedure for

checking and administration of control medicines. Improvements were also required in transcription practices. These are discussed further in this report under Regulation 23: governance and management, and Regulation 29: medicines and pharmaceutical services.

Regulation 29: Medicines and pharmaceutical services

The centre's medication management policy outlines that transcribing of medicines should only be completed in an emergency. The inspectors found evidence that this policy was not followed, and that nurses were operating outside of best-practice guidelines:

- the transcribed Kardex were not always checked by a second nurse.
- the transcribed Kardex were not always signed by the GP.
- new medicines were transcribed onto the Kardex, with no signatures to indicate who had completed the transcribing.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were comprehensive and person-centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to sleep and rest. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents rights were upheld. Residents had access to newspaper, television and radio. Residents had sufficient facilities for occupation and recreation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Quality and safety | |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Acorn Lodge OSV-0000188

Inspection ID: MON-0041695

Date of inspection: 11/10/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All Nursing Staff to undergo refresher training where transcribing procedures were highlighted. This included the procedure where a 2nd Nurse attaches a signature to verify that the transcribed medicine accurately reflects what was prescribed by the GP. We continue to work with GPs for their co-operation. This is now part of our Audit Schedule.</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All Night Staff to undergo refresher training on the procedure for administration of controlled medications. Moving forward, the Nurse on duty will check the controlled medication with a second Healthcare worker who will escort the Nurse to the Resident’s bed-side and confirm administration by documenting in the Medication Administration Chart. This is now part of our Audit Schedule.</p> | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p> | |

pharmaceutical services:

All Nursing and Night Staff to undergo refresher training on Medication Management.

We continue to liaise with our GPs in the hope that they will co-operate in our efforts for compliance. This is now part of our Audit Schedule.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 15/12/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 15/12/2023 |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident | Not Compliant | Orange | 15/12/2023 |

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| | concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | | | |
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