Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	Glenageary Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0038773

About the designated centre

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

Altadore Nursing Home is located on the Upper Glenageary Road in Dun Laoghaire. It can accommodate 58 residents, both male and female over the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term respite, long term care and convalescence care.

The centres comprises of 52 single rooms and three twin rooms, all of which are en suite. There are communal areas available to residents, such as activity rooms, sitting rooms and outside terrace areas. The person in charge is supported by an assistant director of nursing, nursing staff and other support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

How we inspect

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 3 May 2023	08:55hrs to 17:30hrs	Bairbre Moynihan	Lead
Thursday 4 May 2023	09:00hrs to 14:15hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents to gain an insight into their lived experience in Altadore nursing home. Overall, residents were generally positive in their feedback, particularly about the premises and how safe they felt, however, residents identified that improvements were required with the food.

The inspector arrived in the morning to carry out a two day unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the person in charge and following an introductory meeting was guided on a tour of the premises.

The centre is registered to accommodate 58 residents with five vacancies on the day of inspection. The centre is laid out over four floors. The basement did not contain any resident accommodation but contained a number of ancillary rooms, for example; the laundry and a treatment room. The ground floor contained 22 single en-suite rooms. The first floor contained 26 single-en-suite rooms and the second floor contained four single en-suite rooms and two twin rooms. The centre also had a penthouse which had one twin room and an adjoining sitting room and assisted bathroom. Assisted toilet and shower facilities were available on each floor. The ground and first floor had communal space for residents including sitting rooms, a library, activities room, dining rooms and a reading room on the first floor which was surrounded by glass and comfortable seating where residents had a good view of the entrance to the centre and could observe the coming and goings. This area led out onto an outdoor terrace. The first and second floor both contained seating areas in the lobby area which were bright and spacious. Residents and limited access to ground level communal outdoor space at the time of inspection due to ongoing building works. Scaffolding was surrounding the building and an outdoor area outside the activities room provided limited safe access for residents to mobilise. The inspector was informed that the building was due for completion at the end of May 2023.

The registered provider had employed three activities co-ordinators. The list of activities was displayed on both days of inspection, however on the first day of inspection the list displayed was from April 2022. An up-to-date activities schedule was displayed on the second day of inspection. The residents' noticeboard had been lowered so residents could view it and included information on advocacy arrangements and contact details. A small number of residents were observed viewing a live stream of mass on the morning of the first inspection and an activities co-ordinator was providing hand massage to residents while they were getting their hair done. On the afternoon of the first day of inspection residents attended a talk on nutrition. Other residents attended the activities room for chat with the activities co-ordinator. A number of residents informed the inspector about a walking group in the centre and how they enjoyed it. The walking group met twice weekly and residents were accompanied by an activities co-ordinator. Walks took place within the grounds of the centre. The inspector was informed that a men's shed had

formed recently and one meeting had taken place with a small number of residents involved. This is facilitated by an external group therapist and management stated that it is a quality improvement initiative within the home. Additional activities that residents particularly informed the inspector about were the group exercises and the movie night. The movie night commenced following suggestions at the resident forum meeting. Regular resident education sessions were provided on for example; applying human rights in a healthcare setting, fire safety and medical health and well-being. An arts and crafts workshop was provided by an external provider over eight sessions. The hairdresser attended the centre every Wednesday and Thursday.

Residents views were sought through resident forum meetings.The meetings were attended by an independent observer who was external to the nursing home. Meetings took place three monthly. Meeting minutes reviewed identified recurring issues raised by residents; for example; bells were not being answered in a timely manner. A small number of residents also raised this issue with the inspector. In addition, residents dissatisfaction with the food was evident from minutes reviewed. However, the chef had attended the last meeting and some areas were addressed through a change of suppliers and more fresh fruit was being provided at mealtimes. A resident did inform the inspector that there has been an improvement in the food recently. Following the residents' meeting it was agreed that the chef would attend the dining areas every Wednesday to seek feedback from residents.

The dining experience was observed on both days of inspection in both dining rooms. The menu for the day was on display at the entrance to the dining area. The dining room on the ground floor was busy with the majority of residents attending there. Residents were provided with assistance where required. Residents in the first floor dining room did not require as much assistance and were supervised by a staff member. Fewer residents attended this dining room and there was a much more relaxed atmosphere. Meeting minutes reviewed indicated that the centre will be challenged for dining room space when the additional five rooms are operational in the centre. Residents were provided with a choice at mealtimes and residents stated that if there was something they did not like on the menu they were provided with an alternative. Residents on modified diets were provided with the same choice. Residents informed the inspector that improvements were required with the variety of food and the registered provider had commenced addressing residents feedback at the time of inspection.

The inspector was informed and visitors confirmed that there was no restrictions on visiting their relative/friend other that wearing a mask and signing the visitors book. Visitors were observed in the centre on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of service being delivered.

Capacity and capability

This unannounced inspection was carried out to monitor ongoing compliance with the regulations and standards. Overall, effective governance and management systems were evident in the centre, ensuring good quality person centred care was delivered to residents. In addition, the majority of the actions outlined in the previous compliance plan from the inspection from March 2022 had been implemented and sustained. One non-compliance was identified in this inspection in Regulation 27: Infection control. This was the same finding on the inspection in March 2022. Additional improvements were required under Regulations 15: Staffing, 16: Training and staff development, 21: Records and 23: Governance and management and a number of regulations from the domain of Quality and Safety which are discussed below.

The registered provider was Glenageary Nursing Home Limited. The registered provider had three company directors one of whom was the registered provider representative. The centre was acquired by a group in 2021 that owned and managed a number of centres throughout Ireland. There were clear lines of accountability and responsibility. The person in charge reported to a person participating in management who was also the registered provider representative who reported in turn reported to the chief executive officer. The registered provider representative was onsite for both days of inspection and attended the feedback meeting at the end of the two day inspection. The person in charge was supported in the role by an assistant director of nursing and a clinical nurse manager, both of whom were supernumery, staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff. Staffing rosters reviewed reflected the staffing in the centre over the two days of inspection. However, vacancies existed which are discussed under Regulation 15: Staffing.

Staff had access to mandatory training. All staff had completed safeguarding, manual handling and cardio-pulmonary resuscitation training. The majority of staff had completed training in transmission and standard based precautions. Additional face to face training in safeguarding was arranged for May. Records on training on managing behaviours that challenge was not available for the inspector to review on the day of inspection. Following the inspection, the inspector was informed that all clinical staff and activities staff had completed this training. A small number of gaps existed in staff training which is discussed under regulations 27 and 28.

The inspector reviewed a sample of staff files. Of the sample reviewed Garda (police) vetting was in place prior to commencement of employment at the centre. The professional registration of staff was in place and up-to-date for those that required it. However, gaps were identified which are discussed below.

The annual review of quality and safety of care was completed for 2022. The report included the registered providers plans for 2023 for example; the implementation of an online audit tool. In addition, the annual review contained an action plan from resident questionnaires and a plan to reduce the incidence of falls in 2023. Systems

of communication were in place. A quarterly quality and patient safety meeting was taking place between management and senior management in the group. Agenda items included infection control, resident meetings and audits. Tracking and trending of incidents or complaints were not an agenda item. The inspector was informed that handover meetings with staff took place twice daily at 0800hrs and 1400hrs and a formal meeting took place six monthly. However, these minutes were not provided to the inspector. The registered provider had a suite of audits in place. Audits provided to the inspector included call bell audit, a hand hygiene audit and environmental audit. The call bell audit took place monthly and included the response time with one bell monthly audited. 100% was achieved in this audit, however, while on the day of that audit results would indicate that bells were answered in a timely manner, resident meeting minutes reviewed, residents feedback to the inspector and the inspectors own observations over the two days of inspection indicated that this was not always the case. While trending of incidents was completed such as residents who had a number of falls and the time falls, no action plan for trends identified was completed. Notwithstanding this all incidents requiring notification were notified to the office to the chief inspector in line with the regulation.

All written policies and procedures required under the regulations were available and up to date. Policies had been updated since the last inspection to include personnel who were currently in the centre.

Regulation 15: Staffing

On the day of inspection staffing was not in line with the statement of purpose. For example:

- Four healthcare assistant vacancies existed. The inspector was informed that the registered provider was awaiting the commencement of two healthcare assistants. The deficit of healthcare assistants was identified by staff to the inspector.
- The registered provider had three activities co-ordinators, however, none of the three staff worked full-time hours. This is not in line with the statement of purpose which stated that the centre had 3 WTE of activities co-ordinators. Management informed the inspector that external facilitators attended onsite to provide activities, however, these additional activities did not equate to 3 WTE.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files. Gaps were identified which included:

- Three out of the five staff files reviewed had gaps in their employment history.
- One file contained no references.
- One file did not have a reference from the staff member's most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the centre had a number of assurance systems in place these required further strengthening in order to be assured of the quality and safety of care:

- Tracking and trending of falls was taking place but no actions accompanied trends identified.
- While the centre had a suite of audits in place infection control audits were not comprehensive enough to identify the issues identified on inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the office of the chief inspector within the required timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under schedule 5 in the regulations were available for review on the day and were all up-to-date.

Judgment: Compliant

Quality and safety

Overall residents were supported to have good quality of life in Altadore nursing home which was respectful of their wishes and choices. Residents had access to a high level of medical and nursing care. Furthermore, residents had timely access to health and social care providers. Notwithstanding this, regulations requiring action were identified including regulations 17: Premises, 27 Infection control, 28: Fire Precautions, 7: Managing behaviours that is challenging, 8: Protection and 9 Residents' Rights.

The registered provider had no restrictions on visiting. Both residents and visitors confirmed this. Visitors were required to wear a mask and confirm they have no symptoms of COVID-19 at the entrance to the centre. COVID-19 notices from 2020 and 2021 remained in place at the entrance and was not in line with current guidance.

Altadore nursing home was generally well-maintained. All corridors were nicely decorated with pictures and paintings. Six rooms on the ground floor were renovated approximately six years ago. At the time of inspection an extension was being completed with the addition of five single en-suite rooms. This work had been ongoing since November 2022. Residents reported that the noise had been a disruption in the beginning but there was little noise now. The building work was impacting on the residents use of an enclosed outdoor area. In addition, the centre was challenged for parking spaces as a number of spaces were taken up with building equipment. A person to oversee the building from the group was onsite daily and liaised with management with timing around noise or any disruptions that were likely to affect residents. No aspergillosis risk assessment was completed by the registered provider prior to commencement of the building works. In addition no dust control measures were in place. Management informed the inspector that it was not required at present as no ground was broken. However, an infection control specialist was not consulted for advice in line with national standards.

The centre was generally clean on both days of inspection with few exceptions. Two housekeeping staff were on-duty on both days. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. The registered provider was in the process of re-structuring the routine of the laundry and an additional person had recently commenced to aide this re-structuring. This was ongoing at the time of inspection. Monthly monitoring of antibiotic usage was taking

place. The registered provider had renovated a room as a treatment room following on from the last inspection. The inspector was informed that this was not operational at the time of inspection. However, this along with other areas for improvement will be discussed under regulations 17 and 27.

The registered provider had reviewed the information booklet for residents since the last inspection. This contained all the requirements of the regulation. In addition, this formed part of an information pack for residents that included information on fire safety and wellness.

The risk management policy was up-to-date and contained all the information required under the regulation. In addition, the safety statement was reviewed and updated since the inspection in March 2022.

Systems were in place for monitoring fire safety. Signage to guide staff on the evacuation routes was clear and on display in a number of locations throughout the centre. The fire system met the L1 standard which is in line with current guidance for existing designated centres.The fire alarm, emergency lighting and fire extinguishers had preventative maintenance conducted at recommended intervals. Daily checks of escape routes were generally carried out as required with few exceptions. Fire drills were taking place with the fire consultant every six months. Outside of this the inspector was informed that fire drills were taking place monthly but no documentation was available to review. Staff were knowledgeable on the evacuation procedures and were able to describe to the inspector the compartments and vertical and horizontal evacuation. Notwithstanding the good practices, improvements were required which are discussed below.

Care plans were mostly person-centered and based on appropriate assessment of resident's needs. Care plans were routinely reviewed at four monthly intervals. Staff were familiar with residents needs and described individualised interventions.

The use of restrictive practices in the centre was high with 53% of residents using a bed rail. Management stated that this was residents' choice. A risk assessment was undertaken prior to applying a restrictive device or practice. However, there was no evidence that less restrictive alternatives were trialled in line with national guidance for promoting a restraint free environment. The inspector was informed at the feedback meeting that half bed rails were not available but that these were ordered. Management stated that at the time of inspection there were no residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse.
A sample of Garda (police) vetting disclosures reviewed indicated that they were in place for staff prior to commencing employment in the centre. The centre was not a pension agent for any residents but they held petty cash for a small number of residents. Areas for improvement is discussed under Regulation 8: Protection.

Residents had access to newspapers and WIFI in the centre. Activities were observed over the two days of inspection. Some residents informed the inspector that they did not take part in activities and preferred to read books. The centre had an outdoor terrace on the first and second floor with comfortable seating available. Residents were observed mobilising around the centre, chatting to other residents and going outside with relatives and friends for a walk.

Regulation 11: Visits

The centre had an open visiting policy. Visitors were not required to make a booking. Both visitors and residents confirmed this. Furthermore, the centre had a number of areas where residents could receive their visitors in private other than their bedroom.

Judgment: Compliant

Regulation 17: Premises

While the centre was generally well maintained improvements were required in order to ensure compliance with schedule 6 of the regulations. For example:

- There was a mobile curtain rail in one of the twin rooms. This did not afford the resident privacy and dignity while carrying out personal care as it did not enclose the end of the bed.
- The registered provider had installed a visiting screen in the lounge on the first floor to enable visiting during the COVID-19 pandemic. This screen remained in place, was not in use now and required removal to ensure the full size of the lounge could be utilised.
- A bedroom registered as a single room contained two beds, however the inspector was informed that it was only occupied by one resident. Management provided an explanation for this, however, this required removal so that the centre is in line with the floor plans, statement of purpose and its' registration.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had a residents' information pack available for residents. The information pack contained all the requirements set out in the regulation.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the five specified risks and measures and actions in place to control the risks as outlined in the regulation.

Judgment: Compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure procedures are consistent with the national standards for infection prevention control in community services. For example:

- None of the hand hygiene sinks in the centre met the required specifications. In addition, two sinks had a dual purpose for heating residents' tea in the evening and hand hygiene. Management stated that sinks had been ordered and they were awaiting installation. Furthermore, the laundry room and housekeeping room contained no hand hygiene sinks.
- There was inappropriate placement of clinical waste bins at the entrance to the centre and the treatment room. In addition, none of the three sluice rooms observed contained a clinical waste bin.
- The registered provider had recently renovated the treatment room in the basement. The inspector was informed that this room was not ready for use. However, it contained stock including boxes of dressings stored on the floor and personal belongings, belonging to residents. This posed a risk of cross contamination. Furthermore, while the inspector was informed that the room was not in use, staff members informed the inspector that it was in use to perform wound dressings on residents.
- Building works had been ongoing onsite since the end of 2022. Infection prevention and control expertise was not sought prior to commencement of the project in line with national standards.
- Equipment such as hoists were observed to be unclean with dirt and debris on the base of standing hoists. In addition, heavy dust was observed on the base of a weighing scales. The weighing scales was stored near where the extension was taking place so it is unclear if the heavy dust was from the ongoing building works.
- Signage at the entrance to the centre regarding COVID-19 was dated, not in line with guidelines and required review.
- Staff were observed taking their break in resident areas for example; the

reading room and in the treatment room. This was also identified in meeting minutes reviewed. Management stated that during the COVID-19 pandemic that this practice commenced to enable social distancing however, the practice continued and the risk of cross infection, along with staff utilising resident space had not been considered.

- The cleaning schedule for carpets and upholstered furnishings were requested on inspection but not received. The inspector was informed that these were cleaned monthly however, staining was noted on furnishings. This was brought to the attention of the person in charge.
- The inspector was informed that on occasion due to a shortage of mop heads the same mop was used in both a resident's bathroom and bedroom.
- 10 staff had not completed hand hygiene training within the last year.

Judgment: Not compliant

Regulation 28: Fire precautions

While some arrangements were in place to protect residents against the risk of fire including fire fighting equipment and means of escape, actions were required:

- Two fire drills had been completed in 2022 and one in 2023 with the fire consultant. The inspector was informed that fire drills were taking place monthly outside of this, however, no documentation was available for the inspector to review. Fire drills should be practiced routinely to the point that residents can be safely evacuated at all times of the day and night.
- No fire drill had taken place of the largest compartment with night time staffing levels. Furthermore, the inspector spoke to a number of staff and few staff were able to identify the largest compartment.
- A fire door on the ground floor did not close. Management were aware of this and stated that a new door was ordered.
- Four staff fire training was just out of date. The inspector was informed that fire training was booked for the four staff for 10 May 2023.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition and falls.

Based on a sample of care plans viewed appropriate interventions were in place for

residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. The general practitioner along with a practice nurse attended onsite weekly, on a Wednesday. Residents were reviewed on request outside of the weekly visit if required. Outside of normal working hours an out of hours service was used. The practice nurse was reviewing residents' bone health and was ensuring that residents who were still eligible for access to national screening services attended as required.

The inspector was informed that health and social care providers were readily accessible if required. A physiotherapist attended twice weekly at an additional cost to the resident. An occupational therapist attended if required from a private company. Speech and language therapy was provided by the HSE with approximately a two week waiting period. A dietitian attended from a private company at no cost to the resident. Tissue viability advice was provided from a local acute hospital. In addition, a mobile xray unit was available if requested.

There was evidence from review of residents' files that residents were referred and reviewed to medical, nursing and health and social care providers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of bed rails was high, with 28 of 53 residents using restrictive bed rails on the day of inspection. This was not in line with the centre's policy or the national policy on promoting a restraint free environment.

Judgment: Substantially compliant

Regulation 8: Protection

While the registered provider was not a pension agent for any residents, the systems for supporting residents with their personal finances required strengthening to ensure that they were secure. For example;

- The inspector identified a discrepancy between the log of residents' finances

in the log book and what was contained in a spreadsheet. An explanation was provided to the inspector, however, regular audits of residents' pocket money and belongings was required to ensure residents' money and possessions are protected.
- The processes in place were not in line with the centres' policy on residents' personal property, personal finances and possessions.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Actions were required by the registered provider to ensure residents' rights were respected:

- Meeting minutes reviewed of resident meetings and comments in the satisfaction survey identified areas of concern raised by residents. For example; unanswered call bells and beds not made. However, no time bound action plan accompanied the minutes. In addition, the concerns were noted in two sets of minutes viewed by the inspector, indicating that they had not been addressed. Furthermore, residents informed the inspector about these areas of concern.
- Issues raised at residents meetings were not addressed under the complaints process. For example; missing laundry.
- A complaint reviewed, meeting minutes reviewed and residents informed the inspector that improvements were required with the food. The registered provider was aware of this and was addressing the issues at the time of inspection.
- All staff were continuing to wear medical grade masks despite the change in national guidelines. Management stated that this would be reviewed following the spring booster vaccine. However, a risk assessment for this decision was not completed balancing the rights of residents against the risk of acquiring COVID-19. Furthermore, the registered provider had surveyed 14 residents and the majority of residents stated they found it difficult to understand staff with masks on and would like the masks removed.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Altadore Nursing Home OSV-0000004

Inspection ID: MON-0038773

Date of inspection: 04/05/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We had two new HCAs commence on 15/5/23 and 1/6/23. We are awaiting a further HCA to commence by the end of June 2023. We have completed further HCA interviews and have organized a pipeline of further HCAs. We have increased our WTE to 3 activities now. This will ensure that we are in line with our Statement of purpose.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All references have been obtained by HR for all staff members. A staff member's reference was filed incorrectly. A meeting was held with HR re the importance of ensuring all files audited regularly to ensure all references are in the correct location. HR will ensure going forward that there are no gaps in employment history. We are carrying out a full review of all staff files to ensure compliancy with the regulation. HR will ensure that all staff members have a reference from their most recent employer going forward.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A falls committee to be introduced and to take place monthly to track and trend falls.
The infection control audit has been updated to a more comprehensive audit in line with good practice .

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The curtains have now been applied and the portable dividers have been removed.

The visiting screen has been removed.

The bedroom with the extra bed (Bedroom 110) has been removed.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The hand sinks are included for change in our upcoming renovation plan. Our plan is to insert new handwashing sinks in both the laundry and cleaning room. The plan is to ensure that the sink on the first and second floor are for handwashing only.

The clinical bin has been removed from the front door and placed with a non-clinical bin.

Clinical waste bins have now been reinstalled in the three sluice rooms.

Our dressings have been removed to our usual storage room. Resident's belongings were also removed.
Nurses reminded of the importance of carrying out wound dressings in resident's bedrooms.

There is scheduled nightly cleaning of all hoists. Hoists are cleaned after use. More equipment cleaning wipes have been made available throughout the home. Weighing scales also cleaned after use.

The out-of-date signage sheet at the entrance has been removed.

Staff have been informed of the importance of having their breaks in the designated area to ensure residents spaces remain for resident use only.

Carpet and all upholstery cleaning documentation is now included in our new cleaning system.
All carpets and upholstered furniture will be cleaned at regular intervals in order to ensure a high standard of cleanliness and infection control .

Stock check of mop heads to be continued by our housekeeper manager to ensure that there is never a shortage of mopheads. Cleaners educated about the importance of ensuring the same mop head is not used for the bedroom and bathroom.

All staff have HSEland hand hygiene training and practical training on induction. Unfortunately, these ten new staff's certs were held by the HR department and not transferred to the management's hand hygiene certificate folder. Therefore, they were not available for inspection of this folder. A Meeting was held with HR re the importance of ensuring a copy of all certificates are placed in the management folder also

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Training took place on the 10th May and 7th of June.

Fire drills to include the largest compartment and staff have been educated on this.

Fire drills will be held monthly outside of the fire safety training. We will ensure that we carry out the fire drills in all the different compartments to include both night and day staff.

As stated above the fire door was ordered but the incorrect size had been received initially. The correct fire door has been delivered and is now installed.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
All restraints including bedrails are used in consultation with the resident, next of kin and GP. The choice to use or not use a bedrail is respected. Our plan is to launch a new initiative on the reduction of bedrails. The Assistant Director of Nursing is attending the train the trainer for restrictive practice in July 2023 and a quality improvement plan is in place regarding same. The Director of Quality and safety is supporting the Director of nursing establish a quality circle on restrictive practices .

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Monthly audits of residents' pocket money and valuables are now taking place and changes made to ensure that all process are in line with the centers policy for management of residents personal property .

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The concerns which arise from the resident meetings are communicated during daily handover to staff members and followed up. Going forward, these action plans and follow-up will be documented clearly.

The issues which arise from the resident's meetings will be documented under the concerns/complaints process.

Residents' safety is our priority and as all residents are now fully vaccinated and Spring booster received, the removal of masks has now occurred.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	12/06/2023
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	Substantially Compliant	Yellow	30/06/2023

	and are available for inspection by the Chief Inspector.			
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	31/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	07/06/2023

	emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	12/06/2023

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	12/06/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	12/06/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	12/06/2023