<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ard na Rí Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0405</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Holycross</td>
</tr>
<tr>
<td></td>
<td>Bruff</td>
</tr>
<tr>
<td></td>
<td>Co Limerick</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061-382286</td>
</tr>
<tr>
<td>Fax number:</td>
<td>061-389946</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:derekpaterson@eircom.net">derekpaterson@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>□ Private □ Voluntary □ Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daveen Heyworth</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Daveen Heyworth</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 August 2010 and 11 August 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Day 1 Start:</strong> 09:30hrs  <strong>Completion:</strong> 17:30hrs  <strong>Day 2 Start:</strong> 09:30hrs  <strong>Completion:</strong> 14:30hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Margaret O’Regan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Ann O’Connor</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>□ Registration □ Scheduled □ Announced □ Unannounced</td>
</tr>
</tbody>
</table>
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.

**Registration inspections** are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence. In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under
section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider’s fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider’s fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider’s understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.
About the centre

Description of services and premises

Ard na Rí nursing home is a centre for older people. It is a two-storey building which has 25 residential places. There were 24 residents on the day of inspection, all of whom were over 65 years of age. The building is operating as a nursing home since 1985. The accommodation comprises five single rooms and 10 twin rooms. Two of the twin rooms have en suite shower, toilet and wash basin. The centre has four assisted toilets and three assisted showers which are in addition to the en suites. There are two sitting rooms, a dining room, a kitchen and a recreation room. A chair lift is available to access upstairs. Mobile residents are accommodated on the first floor. Hand rails are fitted on hallways and in circulation areas.

Locker storage and toilets are available for staff. The laundry is separate to the main building and most residents avail of this in-house laundry service. The conservatory at the front of the building is the designated smoking room.

The nurse’s office is located centrally and all staff meet there for a report at the beginning of each shift. Within this office is secure storage for residents’ files and medications.

There is a small secure garden area and ample car parking at the rear of the building.

Location

Ard na Rí Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick.

| Date centre was first established: | 1985 |
| Number of residents on the date of inspection | 24 plus 1 resident in hospital |
| Number of vacancies on the date of inspection | 0 |

| Dependency level of current residents | Max | High | Medium | Low |
| Number of residents | 0 | 11 | 10 | 3 |
Management structure

The centre is operated as a partnership between Daveen Heyworth and Derek Patterson since 2004. Daveen is the person acting on behalf of the partnership and the named applicant for registration purposes. Daveen is also the Person in Charge and all staff report to her. Maureen O’Donoghue is Deputy Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the first inspection of Ard na Rí Nursing Home carried out by the Health Information and Quality Authority (the Authority). The provider had applied for registration under the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). This registration inspection took place over two days, 10 August 2010 and 11 August 2010. It was an announced inspection. This report outlines the findings.

Inspectors spoke with residents, relatives, staff members and both providers. They observed work practices and reviewed policies, procedures and documentation. A fit person interview was carried out with the provider who is also the person in charge. The provider completed the fit person self assessment document in advance of the inspection. This was reviewed by the inspectors, along with all the information provided in the registration application form and supporting documents. The provider showed a good knowledge of the regulations and standards and was aware of her responsibilities under the legislation and demonstrated a commitment to continuous improvement.

Inspectors found evidence of good leadership. All residents had a care plan. Their health needs were met and there were a variety of organised and informal activities available.

The person in charge had ensured that staff members had read and understood the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for
Residential Care Settings for Older People in Ireland as pertinent to their role. All of the management systems had been reviewed in light of the new regulations and standards. New initiatives had been taken in such areas as establishing a residents’ forum, increasing staff training and updating the policies and procedures.

There were a number of areas which required improvement. Some of the policies and procedures were not centre-specific and the space available for residents to meet with their visitors in private was limited.

These issues are discussed in the report and included in the action plan at the end of the report.

Comments by residents and relatives

Residents
Inspectors interviewed four residents at length and spoke with many others during the inspection. In addition ten residents completed questionnaires and forwarded them to the Authority prior to the date of inspection.

Residents were unanimous in their praise for the care provided to them. Their comments included: “I am very well cared for. The nurses are wonderful, you couldn’t say anything else”. Another resident said “at 92 years of age I am delighted to be here where I am” and another stated “The staff are friendly and they get me anything I want”.

Residents spoke to inspectors of their daily routine and indicated they had a choice of when to get up, go to bed, and which activities they wished to get involved in. Residents spoke of enjoying the games and music session, the bingo, the painting and craftwork. Other residents told inspectors they read a lot, with one resident enjoying poetry in particular. A number of residents commented on the enjoyment they got from chatting with the staff and with other residents. One woman enjoyed the garden and watching the birds eating from the bird table.

Residents’ comments about the food included: “I get excellent food”, “it is lovely in the morning, lovely brown bread” and a resident said that she could get “tea, biscuits or whatever. If we wanted fruit, we would get it”.

Residents also told inspectors that visitors were made feel welcome and that staff members gave them a cup of tea or coffee.

When residents were asked if there was anything they would like changed they stated there wasn’t and that the current arrangements were “very satisfactory”. Another stated the centre “is well run and that is essential”.

Relatives
Inspectors had the opportunity to meet with eight relatives and also received two questionnaires from relatives which were posted to the Authority. All relatives were positive in their comments with regards to quality of care and attention their relatives
were receiving. Relatives in particular appreciated the individual arrangements the management made to accommodate residents' interests. For example, one resident who wasn't interested in group activities was provided with a key board in her room as she was interested in music and was able to play the keyboard.

A number of relatives were impressed with the manner in which their relatives were encouraged to be involved in the life of the centre and at the same time given the choice and the dignity to not get involved if this was their wish. Relatives commented that their family members had “more visitors in the centre than at home” and they were always welcomed in the centre with an offer of tea and friendliness.

Relatives found the management to be approachable and easy to talk to. They felt they were kept well informed of their relatives' care and were happy that the health care provided was of a high standard and given in a courteous and dignified manner.
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

Both providers had worked to ensure that they met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Daveen Hayworth, one of the providers, is also the person in charge and responsible for the management of the centre. Derek Patterson, the second provider, attends to administration duties and maintenance tasks. Daveen has considerable experience as a person in charge, having managed Ard na Rí nursing home for six years and previously working in care of the elderly in another centre for four years. The deputy person in charge covers duty for the person in charge as the need arises. The person in charge or her deputy is on call at all times. She meets with staff at the beginning of each shift and takes this opportunity of introducing or reviving a policy with the staff.

The ratio of staff to residents was good, as was the skill mix of staff. The providers had developed a statement of purpose which was in line with the requirements of the regulations.

The centre was seen to be clean and tidy and well organised.

There was evidence of continuous improvements in the centre and changes were made as a result of undertaking the fit person self assessment. These changes included the provision of a new stair lift, changes to floor coverings, the provision of a locked fridge for the storage of medicines and a new drug trolley. Plans are in place to upgrade the bedrooms over the next three years to ensure they comply with the standards.

The ethos of the centre is that the “resident is at the centre of the care plan”. This was achieved by

- information collected for care plans
- consultation between the resident and staff when care plans are being devised
- attitude of staff towards involving the resident in the care plan
- timely and frequent review of the care plan.

Fire escape routes were checked daily by the nurse on duty and recorded and the person in charge checked the fire doors weekly. A certified electrician last carried out a quarterly check on the fire alarm panel and the fire alarms in July 2010. A contract was in place for these checks. A fire safety register was maintained and seen by inspectors. An emergency plan was in place and phone details of who to contact in an emergency were within easy access.

The directory of residents was reviewed by inspectors and was found to contain the information required by the regulations. Information was entered regularly and the register was up-to-date.

Staff were familiar with the regulations and standards and a copy of these were available to them at the nurse’s station. Quarterly returns of accidents and serious incidents had been submitted to the Authority as required by legislation.

Residents’ finances were securely stored in a pre-printed envelope which stated its contents and these details are also maintained in a record book. These envelopes were stored in a secure box. A record was maintained of each lodgement and withdrawal and signed by two members of staff.

There was a health and safety statement in place which had been fully reviewed by the provider in June 2010. It contained environmental risk assessments for each part of the premises. The person in charge maintained the records of accidents and incidents. Inspectors reviewed the records and found that they contained details of each event, the circumstances and the action taken to prevent a recurrence. The insurance certificate was reviewed by inspectors and was seen to be valid.

### Some improvements required

The complaints procedure was displayed publicly in the hallway. However, it did not clearly identify the nominated person who dealt with complaints and it did not contain an independent appeals process. The complaints policy was inaccurate, was not dated nor had a review date.

There was no process for reviewing the quality and safety of the service. Although the person in charge ensured that records were maintained on the medication management process, complaints, and accidents and incidents, the provider did not undertake any auditing of this information to identify trends and use the information to improve the quality and safety of the service.
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

Inspectors observed staff promoting the privacy and dignity of residents. Staff ensured that bedroom doors were closed, and in shared rooms the screening curtain was drawn when carrying out personal care. Residents were seen by inspectors to participate in their own care. For example, inspectors observed staff enabling residents to mobilise independently around the grounds with the aid of walking frames. One resident was seen to be transferred by wheelchair for part of his journey and then encouraged to walk the remainder. Inspectors enjoyed a very tasty lunch in the company of residents. These residents were seen to be encouraged to be as independent as possible. Condiments and milk and sugar were on the tables for residents to use as required. The dining room was bright and clean. There was a choice of main course and a choice of dessert.

A residents committee was in place and meetings were organised by a member of the care staff. Suggestions and changes which have taken place since the introduction of the residents’ meetings include a change in the type of biscuits served, a change in the menu and a take-away meal organised for one resident. Residents told inspectors they were consulted about the food served and the activities available and stated they felt involved in the running of the centre. Advocacy services were made available to residents.

There was a balance between offering security to residents and facilitating residents to have the freedom to move around freely. There was a secure outdoor garden area. Residents stated they felt safe and protected in the centre. Staff appeared to manage behaviours that were challenging in a competent manner and were aware of individual residents’ triggers which affected their behaviours.

There were interesting things for residents to do each day. All staff members had a role in organising both formal and informal activities. The inspector saw an exercise session taking place in the afternoon and many of the residents took part. Residents chatted and encouraged each other. A notice board was in place detailing the activities taking place on a daily basis. The person in charge told inspectors of the importance of a normal routine and residents were encouraged to participate in
activities such as folding napkins or helping to set the tables. An inspector saw one resident engaging in these activities and enjoying them. Community groups visited regularly and residents were encouraged to go on outings with their families. Residents choose which daily or weekly newspaper they wanted and this was confirmed to inspectors by residents.

Staff ensured residents exercised choice in many aspects of their lives. Residents told inspectors that they decided when to get up and when they went to bed. The person in charge said that activities were based on the expressed interests of residents and the cook told an inspector that the menus were developed with residents. When reviewing the care plans, inspectors noted that the residents’ preferences were reflected in the activities and the menu plan.

Inspectors noted that all residents were well cared for in their personal appearance. Staff were seen to address residents in a gentle and respectful manner. There was good humoured talk between them and staff were familiar with residents’ backgrounds, interests and what was important to them.

Residents’ religious practices were supported. Residents and staff told inspectors that a local priest visited every week and said mass for residents. Relatives stated they were happy with the manner in which they were kept informed of their relative’s wellbeing and their plan of care. Laundry arrangements were satisfactory with most residents opting to have their clothes laundered in the centre.

**Some improvements required**

Residents met with relatives in the sitting room or their bedrooms. Some used the conservatory; however, the conservatory was also the designated smoking room. Space available to residents to have a private meeting was limited.

Staff members were able to give inspectors an explanation of what constituted abuse and of their responsibilities in preventing abuse. Records were seen which documented the attendance of staff at training on the detection and prevention of elder abuse. However, not all staff had received training in this area.

The screening curtain in one bedroom did not offer adequate screening as it did not encircle the bed.

**Minor issues to be addressed**

Life story books had been introduced but were not yet widely used.

Staff spoke of plans to develop a self service system at meal times. The regular use of bibs should be evaluated in the process of improving the overall dining experience.

Communal toiletries were seen in the bathrooms when such items should be individually labelled or stored in the resident’s locker.
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, which is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents availed of opportunities to access a secure outdoor garden area where seating was available. Independent residents had access to the code to the door, which led out to the car parking area. To aid residents’ cognitive skills, carers helped residents with crosswords on a daily basis. Reminiscence therapy helped enhance the mood of residents. This included the use of old photographs, making scrapbooks of matters which interested residents, and the running of a Sonas programme. This was particularly helpful for some residents who had dementia.

GPs visited the centre regularly. Residents had the option of changing their doctor when they moved to Ard na Rí and this occasionally happened. Residents were seen on a three-monthly basis by their GP and this was documented in their charts.

The person in charge had an in-depth knowledge of good nursing practices. She was familiar with good pressure-sore prevention practices and good wound management practices. Each resident was assessed on admission and three-monthly thereafter, or more frequently if indicated. Each resident had a care plan and these were seen to be comprehensive and detailed social and personal care needs in addition to health care needs. Residents and their families were involved in the care planning process. Residents’ weights were recorded on a monthly basis. The incidence of falls was low, as evidenced by what was recorded in the accident book and from what was established from inspectors when they spoke with residents and relatives.

Infection control practices were satisfactory. Hand hygiene notices were displayed, training had been provided on infection control, the incidence of methicillin resistant Staphylococcus Aureus (MRSA) was low. The person in charge told inspectors there was no incidence of MRSA in the centre at the time of inspection. A contract was in place for the collection of infected waste and the collection and disposal of used needles and syringes. Hand gels were in place throughout and staff were seen to use them. Personal protective clothing was seen to be used.

Vaccination to prevent illness such as the seasonal flu and pneumonia were offered to all and availed of by most residents. This was documented in residents’ charts.
Regular blood tests were conducted for residents; the results were forwarded to the centre and to the resident's GP. Copies of these results were seen in residents' files. Fluid balance charts were maintained for residents where indicated. The services of Milford Hospice were available as needed to augment the nursing care of residents requiring palliative care.

Inspectors examined five care plans. They were easy to follow, detailed and contained comprehensive assessments. The health goals were based on recognised assessment tools such as the Barthel, Waterlow and the mental test score. The plans provided a good description of the resident and his/her care needs. They included details of the resident's preferred activities, hobbies and interests. Changes to care plans were recorded. Residents and relatives had access to the care plan, as confirmed to inspectors by residents and relatives.

There were several support services available to residents and staff. These included an ophthalmic service which provided ophthalmic care to residents via its mobile service, the community psychiatry services, the services of Milford Hospice to support the staff in providing palliative care, the dietetics service from the Mid West Regional Hospital (MWRH) and the tissue viability nurse from the MWRH. The person in charge organised dental and physiotherapy services to residents when they needed them; this was at an additional cost to the resident. Chiropody service was available every six weeks. Residents were facilitated to attend clinic appointments and when families were unable to take their relative to such appointments the person in charge ensured staff from the centre accompanied the resident. Records of residents’ referrals to outside services were seen by inspectors.

There were detailed medication management policies in place to address the ordering, prescribing, storing and administration of medicines. Inspectors observed medications being administration and observed practices were in line with professional guidelines. Medications were stored securely in a locked medicine trolley in the nurse's office. Controlled drugs were stored separately in a locked cupboard.

Inspectors reviewed the nutritional assessment and management process. This included dietary requirements and food preferences. Residents’ weights were monitored on a monthly basis and recorded. Inspectors saw these records. The cook told inspectors that when a resident was admitted, a nurse initially told her about any dietary requirements. The cook then met with the resident to speak about their food preferences.

Residents were encouraged to take plenty of drinks during the day to maintain hydration. A choice of drinks, jugs of water and juice were seen to be readily available in communal areas. Inspectors also heard staff offering tea or coffee regularly during the day.

An inspector reviewed the end of life policy and discussed its implementation with the person in charge. The policy focussed on the needs of the resident and the relatives. Relatives were encouraged to contribute to the care of the resident if they wished.
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

The communal and bedroom areas were homely and domestic in character. The walls were decorated with photographs and paintings of local scenes. Residents had personal effects in their rooms. A variety of comfortable seating was provided in the day rooms and in the entrance hall area. Hand rails were provided along corridors. Personal, lockable storage cupboards were provided to residents in their bedrooms. Residents had easy access to assisted toilet facilities and assisted bathrooms. Residents informed inspectors that they had a choice of having a shower or a bath.

A good level of cleanliness was maintained. Different colour-coded mops were used for the different areas. Chemicals were stored in a locked cupboard. Storage space was limited; however, it was well organised and tidy and did not pose a problem. There was a call-bell system in place in residents' bedrooms, inspectors tested the call bell and a staff member responded promptly to it.

Inspectors reviewed records which confirmed the regular servicing of equipment such as electric beds, nebulisers and wheelchairs. One bed which could be lowered to very near the ground was available for a lady who had difficulty in getting out of bed. A digital sit-on weighing scales was available to weigh residents.

The building was wheelchair-accessible with a ramp and railings in place. There was a secure outdoor garden area and a number of residents took charge of looking after the greenhouse and the bird table.

Some improvements required

A bedpan washer was not available to wash the basins of the commodes and to wash urinals.

Significant improvements required

A risk assessment had not been conducted to ascertain the level of risk attached to the wide openings of the first floor windows.
Minor issues to be addressed

There was a yellow bin available for the storage of infected waste material. No such waste was produced at the time of inspection. However, a lock was not in place on this bin.
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

The person in charge ensured a good level of communication was in place. This included a staff hand-over meeting at the change of shift in the morning and evening. Staff told inspectors of the issues discussed at the morning meeting, which included a review of residents and items that need to be followed up by the next shift. Staff members talked to inspectors about regular staff meetings. They said that the National Quality Standards for Residential Care Settings for Older People in Ireland and the inspection process had been discussed at meetings. In addition, the person in charge discussed changes to policies at the hand-over meetings.

Residents’ records were stored in individual folders, and kept securely in the nurses’ station.

The person in charge and the provider sought the views of residents through meeting and speaking with residents on a daily basis. A suggestion box was in place and residents and relatives were encouraged to use it. The person in charge and residents told inspectors that the local priest visited weekly. A residents’ forum was also in place.

Inspectors observed staff members communicating with residents in a very respectful manner during the inspection. Staff members were aware of the name that residents preferred to be addressed by. Staff were aware of the communication needs of residents with cognitive issues. Inspectors saw them taking time to listen to those residents, and to reassure them and put them at ease.

A Residents’ Guide was available to residents which contained a summary of the statement of purpose, a summary of the complaints procedure and the contact details for the Chief Inspector of the Social Services Inspectorate with the Health Information and Quality Authority.
Significant improvements required

There were written policies available as is required under schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A number of them had been purchased from a company specialising in this type of work. However, several of the policies were not centre-specific. Neither were they appropriately referenced or dated, nor did they contain a review date. The complaints policy did not clearly outline the independent appeals process.
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

Inspectors found the staffing levels and staffing mix were sufficient to meet the needs of residents. The person in charge told inspectors that staffing levels were based on the assessed health, social and personal needs of residents. Inspectors observed staff being attentive to residents and performing their duties in a timely manner. Staff members and residents told inspectors that they felt there was enough staff and that they could respond to residents’ needs promptly.

The provider and the person in charge were committed to improving services through staff training and skill development. There was a training plan and inspectors reviewed the training records. All staff had received the mandatory training in elder abuse detection and prevention, fire training and moving and handling training. The majority of staff had received training in infection control. Other training offered to staff included end of life care, dementia care management, first aid and CPR.

Staff turnover was low and there was a policy in place on the recruitment of staff.

Some improvements required

Staff files contained references, details of qualifications, photographic identity and proof of Garda vetting. However, they did not contain evidence that the staff were mentally and physically fit for the purposes of the work they perform, as is required by the regulations.
Closing the visit

At the close of the inspection visit, a feedback meeting was held with Daveen Heyworth and Derek Patterson, providers, to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

REPORT COMPILED BY

Margaret O’Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

7 October 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Ard na Rí Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0405</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 August 2010 and 11 August 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 November 2010</td>
</tr>
</tbody>
</table>

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 (as amended) 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:

A risk assessment had not been conducted to ascertain the level of risk attached to the wide openings of the first floor windows.

Action required:

The risk management policy must cover all environmental risks and the precautions in place to control these risks.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The above issue has been addressed and appropriate action taken.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

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

There were written policies available as is required under schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, several of the policies were not centre-specific. Neither were they appropriately referenced or dated, nor did they contain a review date.

Action required:
Provide written operational policies and procedures in accordance with best practice and current regulations.

Reference:
- Health Act, 2007
- Regulation 27: Operating Policies and Procedures
- Standard 13: Healthcare
- Standard 29: Management Systems

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policies are currently being reviewed and rectified accordingly.</td>
<td>30 June 2011</td>
</tr>
</tbody>
</table>

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

The person in charge/provider ensured that records were maintained on the medication management process, complaints, and accidents and incidents. However, the provider did not undertake any auditing of this information to identify trends and use the information to improve the quality and safety of the service.
**Action required:**

The registered provider must establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents.

**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:**

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This issue is being reviewed and action is being taken.</td>
<td>30 June 2011</td>
</tr>
</tbody>
</table>

---

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

The complaints procedure was displayed publicly in the hallway. However, it did not clearly identify the nominated person who dealt with complaints and it did not contain an independent appeals process. The complaints policy was inaccurate, was not dated nor did it have a review date.

**Action required:**

The complaints procedure shall contain an independent appeals process, the operation of which is included in the policies and procedures. There must be a nominated person available in the centre to deal with all complaints. The complaints policy must be dated and reflect the practice in the centre.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The complaints policy is being reviewed and the recommendations added.</td>
<td>31 January 2011</td>
</tr>
</tbody>
</table>
5. **The provider is failing to comply with a regulatory requirement in the following respect:**

Space available to residents to have a private meeting was limited.

A bedpan washer was not available to wash the basins of the commodes and to wash urinals.

**Action required:**

In as far as is practicable, a suitable private area which is separate from the residents’ own private rooms must be made available for residents to meet with their visitors in private.

**Action required:**

Appropriate sluicing facilities must be provided, having regard to the number and needs of residents.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Bed-pan washer ordered.</td>
<td>28 February 2011</td>
</tr>
<tr>
<td>Space to residents is being looked at by an architect. This has been discussed with residents and families to see what is best suited to our facility.</td>
<td>30 November 2011</td>
</tr>
</tbody>
</table>

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

Records were seen which documented the attendance of staff at training on the detection and prevention of elder abuse. However, not all staff had received training in this area.

**Action required:**

All necessary arrangements must be made, by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.
Please state the actions you have taken or are planning to take with timescales: | Timescale:
---|---
Provider's response: | 31 March 2011
The above issue is being currently addressed and all staff that have not received training will do so in the coming months.

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

Staff files did not contained evidence of mental and physical fitness of staff for the purposes of the work they perform.

Action required:

Evidence must be kept on file that each member of staff is physically and mentally fit for the purposes of the work that they are to perform.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales: | Timescale:
---|---
Provider's response: | 31 March 2011
The above cert is presently being requested from all staff.

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

The screening curtain in one bedroom did not offer adequate screening as it did not encircle the bed.
**Action required:**

Residents must be provided with privacy, insofar as is reasonably practicable, to the extent that the resident is able to undertake personal activities in private.

**Reference:**

- Health Act, 2007
- Regulation 10: Residents’ Rights, Dignity and Consultation
- Standard 4: Privacy and Dignity

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>31 December 2010</td>
</tr>
<tr>
<td>The above issue is being currently addressed.</td>
<td></td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 4: Privacy and Dignity</td>
<td>Communal toiletries were seen in the bathrooms when such items should be individually labelled or stored in the resident's locker.</td>
</tr>
<tr>
<td>Standard 2: Consultation and Participation</td>
<td>Life story books had been introduced but were not yet widely used. Further consultation should take place with residents with regards to their interest in developing their own life story books.</td>
</tr>
<tr>
<td>Standard 19: Meals and Mealtimes</td>
<td>Staff spoke of plans to develop a self-service system at meal times. The regular use of bibs should be evaluated in the process of improving the overall dining experience.</td>
</tr>
<tr>
<td>Standard 26: Health and Safety</td>
<td>A yellow bin was available for the storage of infected waste material. No such waste was produced at the time of inspection. However, a lock was not in place on this bin.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

None received.

Provider’s name: Daveen Heyworth

Date: 24 November 2010