<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Athlunkard House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0729</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Athlunkard Westbury Co. Clare via Limerick, Co. Clare</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061345150</td>
</tr>
<tr>
<td>Fax number:</td>
<td>061349055</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Patricia.mccarthy@hotmail.com">Patricia.mccarthy@hotmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>Private</td>
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<tr>
<td>Registered provider:</td>
<td>Killure Bridge Nursing Home Partnership</td>
</tr>
<tr>
<td>Person authorised to act on behalf of the provider:</td>
<td>Patricia McCarthy</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Oliver O’Halloran</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>9 August 2011</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 09:15 hrs <strong>Completion:</strong> 17:40 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Marian Delaney Hynes</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Registration Unannounced</td>
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About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority 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 process confirms publicly and openly that registered providers are, in the terminology of the law, “fit persons” and are legally permitted to provide that service.

Other elements of the process designed to assess the provider’s fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider’s capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the National Quality Standards for Residential Care Settings for Older People in Ireland. Resident’s comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.
About the centre

Location of centre and description of services and premises

Athlunkard House Nursing Home is a new development by Killure Bridge Nursing Home Partnership. It is a purpose built residential centre with places for 103 residents. Patricia Mc Carthy is the person nominated to act on behalf of the provider, she is also the nominated provider of two other nursing homes, Kilminchy Lodge in Co. Laois and Ashley Lodge in Co. Kildare. The provider has applied to register 51 places at present.

Athlunkard House is on two levels and located in the grounds of the former Westbury Estate. The centre is located on the outskirts of Limerick city in Co. Clare beside St. Nicholas church. There are a variety of shops nearby.

The original stone farm building has been retained and restored to provide a feature to the front of the building. The front entrance is through a bright foyer which opens into a large reception area.

There are 51 single bedrooms with en suite assisted shower, toilet and wash-hand basins. All bedroom accommodation is located on the ground floor.

There is a variety of communal day spaces provided. There are assisted toilets located adjacent to the day room areas. The nurses’ station is located centrally. There are two sluice rooms, a cleaning room and a kitchenette, located off the bedroom corridors. The main kitchen is situated on the ground floor beside the dining room.

A visitor’s room, hairdressing room, treatment room and a separate laundry is provided. Separate toilet facilities are provided for visitors, catering and nursing staff.

There are two enclosed landscaped garden courtyards which can be accessed directly from the day areas.

There is a lift and three sets of stairs provided between floors. The building is wheelchair accessible and there is ample car parking provided at the side of the building for staff and visitors. Wheelchair parking spaces are provided at the front entrance area.
Date centre was first established:  Not yet open

Number of residents on the date of inspection:  0

Number of vacancies on the date of inspection:  N/A

<table>
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<th>Dependency level of current residents:</th>
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Management structure

The proposed management structure for Athlunkard House centre is as follows. Patricia Mc Carthy is the person authorised to act on behalf of the Provider, Killure Bridge Nursing Home Partnership. Oliver O'Halloran is the Person in Charge. Flor McCarthy is the Director of Operations, he will have responsibility for structural and maintenance issues. The Person in Charge will report directly to the Provider on all clinical and staffing issues and to the Director of Operations with regard to the physical environment. The Provider proposes to appoint a senior nurse to deputise on behalf of and support the Person in Charge. Nursing, care staff, housekeeping and catering staff will report to the Person in Charge.

<table>
<thead>
<tr>
<th>Number of staff on duty on day of inspection:</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>
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</tbody>
</table>

* There were no staff on duty as the centre was not yet open.
This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

Inspectors met with the provider, person in charge, director of operations and engineer during the day of inspection. Athlunkard House is on two levels and has a total capacity for 101 residents. However, the provider had applied to register 51 places at this time. The centre is not yet open.

Inspectors reviewed the centre’s policies and procedures as well as proposed documentation such as care plans and medical records. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Athlunkard House is a new purpose built residential care centre which had been built and designed to comply with 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. The management team had been involved in the development of the centre from the design and planning stages. Consideration was given to their personal experiences of operating and working in residential centres.

Improvements were required around risk management and lighting to corridors. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
Section 50 (1) (b) of the Health Act 2007

Compliance with 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. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
- Regulation 5: Statement of Purpose
- Standard 28: Purpose and Function

Inspection findings
The provider had recently updated the statement of purpose and it was reviewed by inspectors. The statement of purpose accurately described the service that was to be provided in the centre. However, some minor amendments were required in order to meet all of the requirements of the Schedule 1 of the Regulations. These were discussed with the provider who agreed to amend and submit it following the inspection. An updated statement of purpose which complied with the requirements of the Regulations has since been submitted by the provider.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
- Regulation 35: Review of Quality and Safety of Care and Quality of Life
- Standard 30: Quality Assurance and Continuous Improvement

Inspection findings
Inspectors were satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis.

The provider and person in charge told inspectors that they would be putting a system in place to gather and audit information relating to falls, accidents and incidents, complaints and use of restraint on a quarterly basis. They stated that audit findings would be available for discussion with all appropriate staff to ensure learning and improvements to practice. The provider told inspectors that audit tools had been developed in the other two centres and would be utilised in Athlunkard House.
### Outcome 3

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**References:**
- Regulation 39: Complaints Procedures
- Standard 6: Complaints

**Inspection findings**

The provider and person in charge both had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

Inspectors reviewed the complaints policy which was found to be clear and generally in line with the requirements of the Regulations. The policy required some updating as it incorrectly stated that appeals could be made to the Authority and the name of the nominated person to deal with complaints was not included.

The person in charge showed inspectors where he proposed to display the complaints procedure in the main reception area. The complaints procedure required some further development such as the name of the nominated complaints officer and the name of the person to whom appeals could be made. This was discussed with both the provider and person in charge who agreed to update and submit following the inspection. An updated complaints policy/procedure which contained the required information were submitted following the inspection.

### 2. Safeguarding and safety

### Outcome 4

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**
- Regulation 6: General Welfare and Protection
- Standard 8: Protection
- Standard 9: The Resident’s Finances

**Inspection findings**

The provider and person in charge were knowledgeable regarding their responsibilities in the event of an allegation of elder abuse.

They told inspectors of the measures that would be put in place to protect residents from being harmed or abused. They showed inspectors the comprehensive policy on the detection and prevention of elder abuse. The provider told inspectors that training in the detection and prevention of elder abuse would be scheduled for all staff prior to opening of the centre and would be provided on an ongoing basis for all staff. The provider also told inspectors that all staff would be recruited in line with the recruitment policy and be required to have Garda Síochána vetting.
**Outcome 5**
The health and safety of residents, visitors and staff is promoted and protected.

**References:**
- Regulation 30: Health and Safety
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety
- Standard 29: Management Systems

**Inspection findings**
Inspectors noted that risk management procedures were inadequate and would require attention prior to opening the centre.

A centre-specific health and safety statement had been developed for Athlunkard House. The safety statement was dated August 2011 and ready to be implemented.

There was no risk management policy in place and risk assessments had not yet been completed for the new building.

Inspectors noted the following potential risks:
- the door thresholds leading from the day rooms to the enclosed garden areas were high and posed a risk of trips and falls
- the doors to the cleaning room, sluice rooms, laundry and dispensary room were not secured, were not risk assessed and so posed a potential risk to residents and visitors
- the doors to the three stair wells leading to the unused first floor were not secured, were not risk assessed and so could pose potential risk to cognitively impaired residents
- fire extinguishers were stored on stands directly on the floor throughout the building which posed a risk of trips and falls
- there was no separate changing room provided for catering staff posing an infection control risk
- there was no ventilation provided in the pharmacy/dispensary room and the lighting was insufficient for staff to safely prepare medications or read prescriptions.

There was an emergency plan in place for the centre. Inspectors reviewed the plan and noted it required further development such as the inclusion of clear guidance for staff as to what their specific roles might be in the event of various emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated. An updated emergency plan was submitted following the inspection.

The provider told inspectors that fire safety and evacuation training as well as moving and handling training would be scheduled for all staff prior to opening the centre.
The director of operations showed inspectors the fire alarm and fire equipment certification. He told inspectors that he intended to put service contracts in place for the quarterly service of the fire alarm and annual service of the fire equipment.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Inspectors discussed the need for additional grab rails in some showers and toilets. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building and a lift was provided between floors.

### Outcome 6

*Each resident is protected by the designated centres’ policies and procedures for medication management.*

### References:

- Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
- Standard 14: Medication Management

### Inspection findings

The inspectors found that while the proposed medication practices were generally satisfactory some improvements were required.

The inspector reviewed the medication policy which was found to be comprehensive and gave clear guidance to nursing staff on areas such as medication administration, ‘as required’ medication (PRN), transcribing of medications, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors.

The prescribing policy did not state that the residents address, dosage of medication or the time of administration was required on the prescription sheet. The proposed prescription sheet had no section for the residents address to be inserted. An updated comprehensive prescribing policy was submitted following the inspection.

The person in charge showed inspectors the double locked press in the dispensary room which was proposed to store medications requiring strict controls and told inspectors that a refrigerator had been ordered for the storage of medicines requiring strict temperature control. He said that he had been in contact with a local pharmacist and was in the process of developing a medication incident report form. He told inspectors that he planned to complete ongoing audits of medication management.
3. **Health and social care needs**

**Outcome 7**
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**References:**
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

**Inspection findings**
The provider and person in charge told inspectors that residents’ overall healthcare needs would be met and that they would have access to appropriate medical and allied healthcare services. The person in charge showed inspectors the comprehensive pre admission assessment which he planned to use - he said this was to ensure that all residents’ needs could be met prior to the residents’ being admitted. He said that they had initiated contact with local general practitioners (GP’s) and other specialised services such as physiotherapy, chiropody, dietician and occupational therapy (OT). The person in charge told inspectors that all residents would be encouraged to retain their own GP if they so wished. There was an out-of-hours GP service available.

The person in charge showed inspectors the proposed nursing risk assessment templates which he stated would be completed for each resident and reviewed on a three-monthly basis. They included comprehensive nursing assessment, falls risk, dependency assessment, nutritional assessment, risk of developing pressure ulcers, wound assessment, moving and handling assessment, incontinence assessment and social assessment.

Inspectors reviewed the proposed care planning documentation which was found to be comprehensive. It outlined the problem identified, goal, action required, review date and signature. There was no reference on the documentation regarding
consultation with the resident or relative. The person in charge said he would amend the documentation to include evidence of consultation with the resident.

Inspectors reviewed the policy on behaviour that challenged and found it to be comprehensive, well researched and gave clear guidance to staff. The person in charge told inspectors he planned to use the ABC assessment tool and also spoke of the service from the Psychiatry of Later Life team who were available to assess and review any resident as required.

There was a comprehensive and clear policy on the use of restraint. The person in charge showed inspectors the proposed release time form, consent form and the suggested alternatives to the use of restraint which he said would be documented in the care plans.

The provider told inspectors that she intended to employ a dedicated activities coordinator. She stated that activities would be planned and based on the assessed need of individual residents. She stated that they would be particularly mindful of including all residents and especially those with cognitive impairments. She showed inspectors the three small sitting rooms in the original restored stone dwelling. The open stone fireplaces had been retained and she spoke of her plans to furnish these areas in keeping with the traditional nature of the house. She envisaged that these rooms would be used as reminiscence and therapy rooms.

**Outcome 8**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Inspection findings**

The person in charge outlined to inspectors how the facilities in the centre would enhance end-of-life care for residents. This was supported by a comprehensive end-of-life policy. The person in charge outlined how they would access the Milford Hospice and home care teams for palliative care via GP referral. The person in charge had experience and training in palliative care having worked in the local hospice.

Single rooms had been provided to ensure privacy and dignity and families could be facilitated in the visitors’ room. A kitchenette was provided beside the visitors’ room and families would be able to have refreshments and snacks. The person in charge told inspectors that the oratory could be used by residents and families and that arrangement would be made for residents of different religions.
## Outcome 9

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

### References:
- Regulation 20: Food and Nutrition
- Standard 19: Meals and Mealtimes

## Inspection findings

There was large central dining room located beside the kitchen. The dining room was bright, tables seating up to four residents and comfortable chairs with high backs and arm rests were provided. Table settings and furnishings were attractive.

The kitchen was large and well equipped with stainless steel equipment. The provider told inspectors that it had not yet been inspected by the Environmental Health Department.

The provider told inspectors that catering staff had not yet been appointed but that she planned on developing a two/three week rolling menu in consultation with the chef, person in charge and based on residents food preferences. She said that residents requiring special diets or a modified consistency diet would be catered for. She said that choice would be available at every meal and that residents would be able to choose their preferred dining area.

Inspectors reviewed the policy on monitoring residents’ nutritional intake and food and nutrition. The person in charge told inspectors that all residents would be nutritionally assessed and weighed monthly. He told inspectors that weight loss would be closely monitored and that referrals to the GP and dietician would be made if required.

The provider confirmed that snacks and drinks would be available from the kitchen throughout the day and night. Fresh drinking water dispensers were located in all the communal day rooms.

### 4. Respecting and involving residents

## Outcome 10

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

### References:
- Regulation 28: Contract for the Provision of Services
- Standard 1: Information
- Standard 7: Contract/Statement of Terms and Conditions
Inspection findings
The provider showed inspectors the proposed contract of care which she stated would be completed with all residents within one month of admission. The contract of care was generally in compliance with the requirements of the Regulations but required minor updating to include the type of room to be occupied and a typing correction regarding the laundering of clothes.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents’ Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
The provider and person in charge told inspectors of the planned setting up of a resident’s forum which they stated will be chaired by an independent person. They told inspectors that minutes of meetings will be documented and circulated to all residents. The provider stated that she intended to act upon any issues that may arise and viewed it as a way of improving the service and quality of life for residents.

A separate comfortably furnished visitor’s room had been provided to allow residents to receive visitors in private. The provider told inspectors that there would be an open visiting policy and that residents would be encouraged to visit and attend family occasions. She also said that families would be invited to attend special occasions in the centre such as birthday parties, Christmas and mid summer parties.

All residents will have single bedrooms to ensure privacy and dignity is maintained. Bedrooms had been fitted with telephone and television access points.

The provider told inspectors that residents’ religious and political rights would be facilitated. She stated that arrangements would be put in place for residents of different religious beliefs if required. She had made arrangements with the local priest to hold mass weekly in the centre and was researching the possibility of getting an audio link from the local church.

The provider told inspectors that residents would be facilitated to vote and explained that arrangements would be made to allow residents to vote in-house.
Outcome 12
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents’ Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
The provider told inspectors that a button tag system had been ordered to ensure that all residents clothing was discreetly identifiable. She showed inspectors the individual laundry boxes to be used to ensure the safe return of residents clothing.

Inspectors had some concerns regarding the layout of the laundry. It was unclear if the segregation of soiled and clean clothing/linen could be carried out without posing a risk of infection. Before the end of the inspection the director of operations showed inspectors plans which he had drawn up to implement processes for the separation of soiled and clean laundry.

All bedrooms had adequate personal storage space including a lockable storage space provided.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
A person in charge had been appointed. The person in charge was a registered nurse, he told inspectors that he will work full-time and will normally be on duty Monday to Friday.

The person in charge had completed a Diploma in First Line Management, Higher Diploma in Gerontology, Master of Health Sciences (Nursing) and a Post Graduate Diploma in Public Health Nursing. He had previously held the post of person in charge and had numerous years experience at senior nursing management level.
The person in charge had a good knowledge of the Regulations and Standards and his statutory responsibilities were sufficiently demonstrated both during the interview and by the documentation available. Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to older people and people with cognitive impairments. All documentation requested by the inspectors was readily available.

The provider told inspectors that a senior nurse would be recruited to support and deputise on behalf of the person in charge.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
There was a comprehensive staff recruitment, selection and vetting policy in place. The provider told inspectors that recruitment of new staff was planned to commence shortly. The provider stated that she had already identified/selected some nursing staff but that they would not be employed until nearer the opening date.

Inspectors reviewed the staff induction policy/checklist which included the core areas that staff were expected to understand during their induction. The provider and person in charge stated that records of induction training would be maintained on staff files.

The person in charge told inspectors that he planned on introducing a formal staff appraisal system and that he would discuss training needs and staff development with staff on an ongoing basis.

Both the provider and person in charge told inspectors that staffing levels would be based on the number and assessed dependency levels of residents. The provider stated that residents will be admitted on a planned and phased basis and that staffing levels will be increased accordingly based on the assessed needs and number of residents. The provider showed the inspectors a proposed staffing roster for up to 10 residents. It included one nurse and two care assistants during the day and one nurse and one care assistant at night time.
6. Safe and suitable premises

**Outcome 15**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**References:**
Regulation 19: Premises
Standard 25: Physical Environment

**Inspection findings**
The building had been designed to comply with the requirements of the Regulations. However, inspectors noted some areas for improvement.

The building was set out on two floors, bedroom accommodation was provided on the ground floor off the central communal day areas. Bedroom accommodation met residents’ needs for privacy, leisure and comfort. All bedrooms were single with assisted shower en suites. Each bedroom was furnished to a high standard with specialised bed, wardrobe, vanity unit, locker and chair. All bedrooms had call bell facilities, reading light and television and telephone point. The doors from bedrooms were wide and designed so that beds could be moved easily for example in the event of fire.

A variety of communal day and dining space was provided centrally. The day and dining rooms were bright, comfortably furnished. Some had large windows which overlooked the front entrance and reception hall while others overlooked the landscaped secure courtyard gardens. There was a large day room connected to the oratory and a large dining room located either side of the reception area. There were three living rooms which were domestic in scale located in the original stone building to the front of the centre. There was a further day room, smoking room and visitor’s room overlooking the courtyard areas. The designated smoking area had been fitted with mechanical extract ventilation.

There were three assisted toilets located adjacent to the day room areas. There was one assisted bathroom with specialised bath and assisted shower for residents use.

The corridors were wide and allowed residents to easily walk about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided to all corridor areas to promote independence.

There were two sluice rooms, one cleaning room and a laundry located on the ground floor. All were equipped to a high standard.
The main kitchen was located on the ground floor beside the main dining room. The kitchen was fully equipped with stainless steel equipment. Separate food stores, cleaning room and staff toilet facilities were provided. There was a small kitchenette located on one of the bedroom corridors.

A visitor’ room, visitor’s toilet, hairdressing and treatment room were located on the ground floor.

Staff changing, toilet and dining facilities were provided on the first floor all of which were appropriately equipped.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas. One of the garden courtyards had a bowling green and a paved chess board area. The provider told inspectors of her plans to provide raised flower beds.

There was limited signage provided throughout the building. The bedroom corridors were long and all bedroom doors looked the same, therefore it would be difficult for residents to find and know their own room. The management team told inspectors that they were still considering the most appropriate type of signage to provide in the building.

Corridors in the bedroom areas were dark and the lighting provided cast shadows. This poor lighting posed a risk to residents of tripping or falling. Research has shown that persons with dementia need appropriate lighting to assist with positive perceptions and interpretations of their environment.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
- Regulation 21: Provision of Information to Residents
- Regulation 22: Maintenance of Records
- Regulation 23: Directory of Residents
- Regulation 24: Staffing Records
- Regulation 25: Medical Records
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents’ Records
Inspection findings
* Where “Improvements required” is indicated, full details of actions required are in the Action Plan at the end of the report.

**Resident’s guide**
Substantial compliance ☒ Improvements required* ☐

**Records in relation to residents (Schedule 3)**
Substantial compliance ☐ Improvements required* ☐
Not yet open

**General records (Schedule 4)**
Substantial compliance ☐ Improvements required* ☐
Not yet open

**Operating policies and procedures (Schedule 5)**
Substantial compliance ☒ Improvements required* ☐

**Directory of residents**
Substantial compliance ☐ Improvements required* ☐
Not yet open

**Staffing records**
Substantial compliance ☐ Improvements required* ☐
Not yet open

**Medical records**
Substantial compliance ☐ Improvements required* ☐
Not yet open

**Insurance cover**
Substantial compliance ☒ Improvements required* ☐
Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents’ Records

Inspection findings
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
The person in charge and provider were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.
Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, the operations manager and engineer to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the above during the inspection.

Report compiled by:

Mary Costelloe

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

15 August 2011
Provider’s response to inspection report∗

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Athlunkard House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0729</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>9 August 2011</td>
</tr>
<tr>
<td>Date of response:</td>
<td>2 September 2011</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out the actions that must be taken to meet the requirements of 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.

**Outcome 5: Health and safety and risk management**

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

Risk assessments had not yet been completed for the new building.

Inspectors noted the following potential risks:
- the door thresholds leading from the day rooms to the enclosed garden areas were high and posed a risk of trips and falls
- the doors to the cleaning room, sluice rooms, laundry and dispensary room were not secured, were not risk assessed and so posed a potential risk to residents and visitors
- the doors to the three stair wells leading to the unused first floor were not secured, were not risk assessed and so could pose potential risk to cognitively impaired residents
- fire extinguishers were stored on stands directly on the floor throughout the building which posed a risk of trips and falls
- there was no separate changing room provided for catering staff posing an infection control risk

∗ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
- there was no ventilation provided in the pharmacy/dispensary room and the lighting was insufficient for staff to safely prepare medications or read prescriptions.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Action required:**

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

<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>Risk Management Policy updated</td>
<td>Complete</td>
</tr>
<tr>
<td>Door Thresholds: All door thresholds have been reduced in height by over 50%. The revised thresholds have been ramped on both sides to comply with current Building Regulations.</td>
<td>Complete</td>
</tr>
<tr>
<td>Stairwells: We are mindful of requirements of the Fire Officer and are reluctant to interfere with the doors themselves. We are currently having gates manufactured similar to child safety gates. These will be installed at the top and bottom of each stairwell.</td>
<td>15/09/2011</td>
</tr>
<tr>
<td>Fire Extinguishers: The Fire Extinguishers have been mounted directly onto the walls.</td>
<td>Complete</td>
</tr>
<tr>
<td>Changing Room for Catering Staff: A separate Catering Staff changing room has been provided.</td>
<td>Complete</td>
</tr>
<tr>
<td>Ventilation/Light in Dispensary: Ventilation has been provided and fluorescent light fitted to greatly enhance the lighting.</td>
<td>Complete</td>
</tr>
</tbody>
</table>
**Outcome 15: Safe and suitable premises**

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

Corridors in the bedroom areas were dark, the lighting was inadequate and cast shadows. This poor lighting posed a risk to residents of tripping or falling.

**Action required:**

Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment  
Standard 28: Purpose and Function

**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>Light fittings in all corridors have been replaced, this enables higher wattage bulbs to be used thus increasing the amount of light in each corridor.</td>
<td>Complete</td>
</tr>
</tbody>
</table>

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

**Provider’s response:**

I would like to thank both inspectors for the manner in which they conducted the inspection. They were very complementary of the exceptionally high standard of our facility. We, the partners of Athlunkard House Nursing Home embrace the findings of the inspection and welcome any suggestions that will improve the service we provide to our clients.

**Provider’s name:** Patricia McCarthy  
**Date:** 2 September 2011