# Report of an Inspection of a Designated Centre for Older People

**Issued by the Chief Inspector**

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Aclare House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Aclare Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18 November 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000001</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027926</td>
</tr>
</tbody>
</table>
About the designated centre

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

Aclare House occupies a prime location, a short distance from the centre of Dun Laoghaire. It has views overlooking Dun Laoghaire Harbour and has a large landscaped enclosed garden. It can accommodate 27 residents. It comprises of nine single rooms some of which are en-suite and nine twin rooms, some of which are en-suite. Other accommodation includes a computer area, assisted bathrooms, showers rooms, designated smoking area, staff facilities, kitchen, laundry, sluice room. There are communal areas for use by residents such as the lounge, dining room, conservatory and visitor’s room.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>26</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 18 November 2019</td>
<td>09:10hrs to 17:15hrs</td>
<td>Deirdre O'Hara</td>
<td>Lead</td>
</tr>
</tbody>
</table>
**What residents told us and what inspectors observed**

The inspector met with some residents both individually and in small groups. The inspector also spoke with some relatives in the centre on visits.

Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint.

Residents said that they enjoyed opportunities to take part in various activities such as aromatherapy, old films, newspaper reading and occasions such as the various outings to the theatre, the nearby pier and pub. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. One resident explained that they did not like equipment being stored in her room and blocked access to their wardrobe.

The inspector observed that staff treated the residents with warmth and gentleness. Staff were observed to respect resident privacy and were observed to knock on residents' bedroom doors before being invited in. Residents were seen to spend time in all of the communal areas throughout the day. The lunch time dining experience was observed to be pleasant and tables were nicely decorated.

**Capacity and capability**

The centre was well managed by an established management team who were focused on improving resident’s wellbeing. There were effective management structures in place that ensured care was provided in a safe and sustainable way. This inspection was announced a month in advance, and took place to assist the office of the chief inspector to grant a renewal of the centres registration.

The service offered in the centre was clearly outlined in the statement of purpose (SOP). The SOP contained the detail required by the regulation.

The governance systems in the centre included daily handover and weekly management meetings. There was a schedule of audits in place. Audits were completed routinely by different staff. Results of audits were discussed at different staff meetings to ensure staff were informed. The suite of audits completed was comprehensive. An annual review had been completed to monitor how the service was meeting resident’s needs and included evidence of consultation with residents.

The service was led by a person in charge, who was suitably experienced and qualified for the role. She was available full time in the centre, and was maintaining
her own professional development through attendance at relevant courses and conferences.

Staffing was sufficient to meet the residents’ needs. The assistant director of nursing was supernumerary to staffing levels and oversaw the quality and safety of care for residents. There were qualified nursing staff available at all times. Staff were supervised in their work, and there was a system of performance appraisal in place. Staff were knowledgeable regarding the needs of residents. Staff had access to a wide variety of training, and were supervised in their roles. Staff were aware of the lines of accountability and authority in the centre. Staff who spoke with the inspector reported that they felt supported in their role and were clear about the standards that were expected of them in their work. Staff records were also reviewed, and contained all the required information and documentation.

Files inspected indicated that the provider was meeting regularly with residents. Information accessed from resident consultation was used to plan services for the residents.

Insurance was in place and its certificate displayed in the centre. Contracts of care were seen, that indicated residents had signed. Fees, occupancy of bedrooms and costs associated with care in the centre were clear.

Residents and family members who spoke with the inspector knew how to make a complaint and said that issues or complaints made by them were dealt with quickly. A staff member was appointed to the role of complaints officer. Complaints records seen were accurate and captured the satisfaction levels of the complainant.

**Regulation 14: Persons in charge**

There was a full time person in charge of the centre, who was registered nurse with the required experience in the area of nursing older people. They were supported by the senior management and nursing staff.

During the inspection they demonstrated their knowledge of the regulations, the standards and statutory responsibilities. There was ample evidence of ongoing professional development.

**Judgment: Compliant**

**Regulation 15: Staffing**

Rosters showed that there were registered nurses on duty at all times in the centre. Inspectors found that staff allocations were managed to meet priority needs and to
ensure the safe and appropriate delivery of care and services for residents.

Judgment: Compliant

**Regulation 16: Training and staff development**

There was an ongoing training programme for staff and care staff and staff records confirmed that staff had completed training on fire safety, safeguarding and moving and handling. Training was also available to staff on topics related to care including dementia, medication management, food handling and infection control. There was a system of performance appraisal in place for staff.

Judgment: Compliant

**Regulation 21: Records**

The Inspector viewed a sample of personnel files for different categories of staff members which were stored safely and were accessible in the centre. They were found to contain all documentation required under Schedule 2 of the regulations. This included vetting by An Garda Síochana and evidence of active registration with the Nursing and Midwifery Board of Ireland.

Judgment: Compliant

**Regulation 22: Insurance**

The inspector saw that there was up-to-date insurance in place including cover for loss or damage to residents' property.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

There were management systems in place to ensure that the service provided was
appropriate. Quality and safety meetings were held weekly basis where clinical and non-clinical data was reviewed by the provider and the person in charge and representation. There was a suite of scheduled audits with regards to medication, environment and clinical documentation.

There was a register of risks but a risk identified on the day of inspection was not included for example an uneven slope leading to the back of the building was not evident, this is discussed further under regulation 17.

A satisfaction survey was offered to residents and family after a short stay in the centre or for residents who lived in the centre on a regular basis. The overall response was good. Some of the comments viewed in the survey indicate that the staff were kind, there was excellent care and that they enjoyed their stay in a homely environment. The resident views were included in the annual review.

Judgment: Substantially compliant

**Regulation 24: Contract for the provision of services**

All residents had a contract of care that described the fee to be charged, the resident's contribution, the type of room occupied and the services that incurred extra charges.

Judgment: Compliant

**Regulation 3: Statement of purpose**

There was a written statement of purpose that contained all the information as set out in the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was a clear complaints procedure in place. The procedure was on display on the residents' notice board and was included in the residents' guide. The records showed that matters were addressed in a timely way and that anyone who made a complaint was advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.
Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Improvements required were identified within premises, fire precautions, individual assessment and care plans.

The inspector was satisfied that residents’ health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care and needs of residents. An area that required improvements was the monitoring of residents participation and enjoyment levels at activities.

The use of restraint was low and was in line with national policy. The person in charge demonstrated how she and her staff endeavoured to keep any form of restrictive practices to a minimum and the development of a restraints register was in place. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. Residents were safeguarded by effective procedures in the centre.

The provider took a proactive approach to managing risk in the centre. While many areas were well managed it was identified that some fire doors did not comply with regulation 28. The provider confirmed a full review and essential maintenance of fire doors took place following the inspection. There was a potential risk to residents safety as there was storage of equipment in the emergency refuge area which could cause a trip hazard or impact the area should it be required in the event of an emergency evacuation.

Staff who spoke with the inspector were knowledgeable regarding emergency evacuation procedures in the centre. All staff were facilitated to attend fire safety training and were familiar with evacuation procedures.

The premises provided residents with a comfortable and accessible environment. While there were inappropriate storage of equipment in a twin bedroom, there was evidence of maintenance records to rectify a missing call bell and damaged flooring. The centre was visibly clean throughout and was maintained and decorated to a reasonable standard. There was evidence that residents' rights were protected. There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities.

The residents' committee met regularly and residents were consulted with regarding their care and the service provided. The provider valued residents’ views and provided them with opportunities to participate in the running of the centre. Residents stated they felt safe in the centre and spoke positively about the care
Regulation 17: Premises

The centre was clean and tastefully decorated. Residents had personalised their own room, or, in shared rooms, their space in that room. Residents had adequate space to securely store personal possessions.

While there were toilets located close to residents rooms there was only one shower room available to the 12 residents on the top floor located at a half landing. The residents on this floor may have to wait for a longer time to access shower or bathing facilities or may have to travel down a stairs to another floor to attend to personal care needs, which may impact resident privacy and dignity. There was adequate bathing and showering facilities at close proximity for residents on the lower ground floor and ground floor. There was no call bell system in one of the toilets and in one shower room there was damage to flooring. The inspector saw evidence that these were scheduled for replacement or repair.

The inspector identified gaps in the integrity of fire doors, many did not close properly and there was inappropriate storage of equipment in fire refuge area. This is discussed further under regulation 28.

One area that required improvement was the storage of equipment in a resident’s bedroom such as a hoist and a wheelchair that did not belong to the residents within the bedroom. As a result of this the residents in this room did not have access to their belongings. There was gradient on the floor in front of the door that led to the outside garden that was not easily identifiable to residents and had the potential to pose a trip hazard.

There were a number of communal areas in the centre on the ground floor, and residents were seen to be enjoying these spaces. There was a pleasant outdoor garden available for residents, which contained a selection of suitable seating.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An emergency plan was in place to guide staff on the evacuation of residents if required. Amongst other details, the plan identified the number of staff required to assist each individual resident and the most suitable evacuation aid to be used, both day and night. Regular drills were being conducted but full compartment evacuations had not taken place and did not give the provider assurance that staff could evacuate a compartment safely and efficiently. However, many of the drills identified learning to improve the evacuation process or recorded the means by
which each resident was evacuated. The provider forwarded a full compartment simulated night time fire drill to the inspector the day after the inspection took place. There were emergency evacuation plans in place for all residents which were reviewed regularly.

There were a number of fire doors where intumescent strips were damaged or missing, did not close fully or were in a poor state of repair. This was not identified through the centre's own regular checks.

A walking frame and a wheelchair were stored in the refuge areas on the top floor. While the walking frame was removed during the inspection, the wheelchair remained in a refuge area throughout the day of inspection; this could pose a trip hazard for residents or impact residents if the area was required during an emergency evacuation. All routine equipment and lighting testing had been carried out in line with requirements.

All new staff were provided with fire safety induction and were familiar with the fire protocols in place. Staff were also provided with regular opportunities to attend fire safety training.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

The Inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans were being implemented accordingly. There was evidence of a range of assessment tools being used to monitor resident’s needs.

Residents were comprehensively assessed before admission and at regular intervals once resident in the centre. Residents’ engagement in the recreational programme required improvement as they did not record resident’s participation or enjoyment levels in the this programme. Residents care needs were described in person-centred care plans which were routinely updated and reviewed. If their needs changed there was evidence they were assessed by specialists and care plans were subsequently changed. There was also evidence that residents and their relatives where appropriate, were consulted in the development of the care plans

Judgment: Substantially compliant

**Regulation 6: Health care**

Suitable arrangements were in place to ensure each resident’s health, well-being and welfare was maintained by a high standard of nursing, medical and allied health
Residents had access to medical officers of their choice. There was evidence of access to specialist and allied health care professionals to assess, recommend supports and meet the care needs of residents. The centre provided the services of a physiotherapist six hours a week. Residents had appropriate access to optical, dental and chiropody services and upon referral could access palliative care specialists, dietitians, occupational therapy, and speech and language professionals. The national screening program was offered to residents that were eligible.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. A policy was in place to guide practice.

The centre had agent responsibility for a resident's finances. There was appropriate documentation and accounts available for inspection. These conveyed that the requirements of the Department of Social Protection were met.

Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The risk has been added in the risk register. Signs have been put on the door so that the residents, families, visitors and staff will be able to see and be aware of the gradient slope. Also, the gradient slope has been highlighted so that the gradient slope will be visual to all residents, families, visitors and staff.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
No equipment is to be stored in any room blocking or denying access to residents accessing their belongings. Wheelchairs and hoists are no longer being kept in residents’ bedrooms except for the residents who requires the use of those aids only.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All the doors have been fixed and they are now closing. Weekly checks to ensure all fire doors have the intumescent strips and are fully closing have been commenced and documented. If any doors require attention, the maintenance is carried out as soon as
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Activities care plans have been reviewed. The level of enjoyment and participation of residents in the daily activities is now documented and reviewed. If the residents did not enjoy the activities, the activity coordinator will have a chat with the residents so that they can learn why the activity was not a success and how to ensure in future it will be more enjoyable to all residents. Also, at the residents meeting level of enjoyment in activities has been added on the agenda so that feedback from all residents will be taken into consideration when arranging for the activities.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/11/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/11/2019</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/11/2019</td>
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</tbody>
</table>
that the service provided is safe, appropriate, consistent and effectively monitored.

<table>
<thead>
<tr>
<th>Regulation 28(1)(c)(i)</th>
<th>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>30/11/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and 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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2019</td>
</tr>
</tbody>
</table>
under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.