



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

Issued by the Chief Inspector

Name of designated centre:	Aclare House Nursing Home
Name of provider:	Aclare Nursing Home Limited
Address of centre:	4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000001
Fieldwork ID:	MON-0041803

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, both male and female above the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term care, long term care, convalescence care and respite care.

The centre 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.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 November 2023	08:05hrs to 16:00hrs	Karen McMahon	Lead
Wednesday 8 November 2023	08:05hrs to 16:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a good standard of quality and personalised care, living in the centre. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays attending to residents' requests and needs.

On the day of inspection inspectors were met by the nurse on duty, who guided them through the sign-in procedure. After a brief introductory meeting the registered provider escorted the inspectors on a tour of the premises.

Bedroom accommodation comprised of nine single bedrooms and nine twin rooms. Four bedrooms had en suite facilities. All residents had access to shower facilities and a shower room had recently been fitted on the top floor, following findings of the previous inspection. Residents were supported to personalise their bedrooms, with items such as photographs and soft furnishings to help them feel comfortable and at home. Bedroom windows to the front of the building provided residents with sweeping undisturbed views of Dublin bay.

On the ground floor there was a large room that was split between a sitting room area and dining room area. Inspectors' observed that this room provided limited space for the residents. In the sitting area residents were sitting in armchairs lined up along the walls and front window, to allow room in the centre for residents to mobilise and to ensure a clear evacuation route in the event of an emergency. This resulted in some residents sitting with their backs to the television.

Inspectors observed residents' dining experience. Due to space limitations in the dining area only 10 residents could sit at a time. Seven residents were observed eating their dinner in the sitting area using fold up tables. Three residents were observed eating in the conservatory, which was the only other communal space in the centre. Some other residents were eating in their bedrooms, many by their own choice, however one resident told the inspector that they ate their dinner in the bedroom as there was no space in the dining area for them. Another resident told inspectors that they prefer to eat in the dining room but that there isn't always room for them to eat there.

Residents had a choice to socialise and participate in activities throughout the day. Inspectors spoke with two visitors and eight residents living in the centre. All were very complimentary in their feedback and expressed great satisfaction about the standard of care provided. Residents also reported satisfaction with the quality and quantity of food they were provided with.

There was an enclosed garden at the back of the centre in which residents could freely mobilise. This was accessed through the ground floor. The smoking area and the laundry and housekeeping rooms were also located outside.

While the centre provided a homely environment for residents, inspectors observed that further improvements were required in respect of premises and infection prevention and control. For example, some of the surfaces and finishes including wall paintwork and flooring were worn and as such did not facilitate effective cleaning. Storage space was limited and resulted in inappropriate storage of equipment in some areas of the centre. The location of the sluice room on the lower ground floor was a long distance for staff to walk from resident rooms on the upper ground floor and first floor. This increased the risk of spillages and cross contamination. Furthermore surfaces within the sluice room were visibly unclean. This was immediately addressed when highlighted to management and a deep clean was undertaken on the day of the inspection.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean with the above exceptions.

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

Capacity and capability

There was a clear governance and management structure in place in the centre. However, inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in infection prevention and control governance, oversight and monitoring systems.

This was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The person in charge was responsible for the care of the residents and the delivery of services and was supported in their role by the providers and other members of the healthcare team including nurses and care assistants. A review of incidents demonstrated that the person in charge submitted regulatory notifications appropriately and in the required time frames. The complaints procedure had

recently been updated to reflect the recent changes to the regulation. A review of the complaints log demonstrated a very low level of complaints were being made.

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated the direct of nursing to the role of infection prevention and control lead within the centre. Inspectors identified some examples of good antimicrobial stewardship. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

However, surveillance of multi drug resistant organism (MDRO) colonisation including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL) was not routinely undertaken and recorded. Findings in this regard are presented under regulation 27.

The infrastructure of the building presented challenges regarding appropriate storage and housekeeping facilities. For example, there was no adequate housekeeping facilities within the building resulting in an external housekeeping store. The external store did not contain a janitorial unit and cleaning chemicals were prepared within the sluice room which posed a risk of cross contamination. Furthermore, there was no dedicated clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies were stored in the nursing office and the medication trolley was stored in the lounge. Hoists and other medical equipment, were seen to be stored in the hallway, and in resident's bedrooms.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through a planned extension and renovation of the existing building.

Regulation 14: Persons in charge

The person in charge of the centre had the relevant experience and qualifications required for the role. Relevant documents, related to the person in charge, were in line with schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, a number of gaps were identified in relation to the oversight and management of effective infection prevention control, which required review.

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including VRE, ESBL and CPE. As a result accurate information was not recorded in resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- Standardised infection prevention and control audit tools were not used to monitor the implementation of all elements of standard infection control precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications, as set out under the regulation, were reported appropriately and within the relevant set time frames, to the office of the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. The procedure had recently been reviewed and updated to reflect recent regulatory changes.

The inspector reviewed a sample of complaints from the centre's complaints register. Records seen demonstrated that complaints were dealt with in line with their complaints procedure.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

The inspectors noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. However, inspectors observed that communal facilities were not adequate and there was limited space in which to participate in activities. It was not possible for all residents to sit in the lounge when activities were taking place, if they so chose.

Medications were administered safely and a paper record of administration was in use in the centre. Appropriate medication reviews were taking place at regular intervals throughout the year in consultation with the GP.

Residents who had nutritional needs had access to appropriate services including a dietician and speech and language therapist. Care plans clearly reflected the nutritional needs of the residents and any recommendations made by specialist services. There was a clear line of communication with catering staff to communicate residents individual needs. Food was cooked freshly on site and there was an appropriate level of choice available. Snacks and refreshments were available throughout the day.

The inspectors looked at a sample of care plans in relation to responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and found that they highlighted the resident's triggers and identified methods of de-escalation and advice on how to deal with these episodes, should they occur. While there was a very low level of restraint use in the centre, inspectors found that it was not always used in accordance with national policy. This is further discussed under regulation 7.

Inspectors observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. Visits were observed to take place in communal areas. However, there was a lack of suitable private space for residents to receive visitors if they so wished.

A number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included the management of residents colonised with CPE. A review of care plans also found that accurate infection prevention and control information was not recorded in

resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Findings in this regard are presented under regulation 27.

Regulation 11: Visits

There was no suitable private area, which is not the resident's room, available for residents to receive a visitor in if required.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider, having regard to the needs of the residents of the designated centre, had not ensured that the premises conformed to all the matters as set out in schedule 6. For example:

- In one twin room, if a resident wished to access their personal belongings in their wardrobe, they had to enter another residents personal space. This was a repeat finding of the previous inspection.
- there was a notable lack of suitable storage in the designated centre.
- there was insufficient sitting and recreational space for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. Choice was offered at mealtimes and residents were provided with adequate quantities of freshly cooked wholesome and nutritious food. The dietary needs of residents were assessed using relevant services and were communicated accordingly in the care plans of the residents concerned. Snacks and refreshments were available throughout the day. There was an appropriate level of supervision and assistance at mealtimes for residents.

Judgment: Compliant

Regulation 20: Information for residents

The information for residents did not contain information regarding independent advocacy services as required by the regulation.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies within communal areas and bedrooms.
- A resident colonised with CPE used a communal toilet while out of their bedroom. This increased the risk of cross transmission.
- A commode used by a resident with CPE was unclean. Ineffective cleaning increased the risk of cross contamination.
- There was no janitorial unit within the external housekeeping store. As a result cleaning chemicals were prepared within the sluice room. This posed a risk of cross contamination.
- The sluice room was visibly unclean and posed a risk of cross contamination.
- Inspectors were informed that bedpans and urinals were manually emptied prior to being decontaminated in the bedpan washer. This practice posed a risk of environmental cross contamination.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available. This may impact the effectiveness of hand hygiene.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was a low level of restraint in the designated centre. It was not always being used in accordance with national policy as published on the website of the department of health. For example;

- There was no signed consent for one resident with a bed rail insitu.
- No review of the use of restraint had been carried out in the last 18 months.

Judgment: Substantially compliant

Regulation 8: Protection

There was an appropriate safeguarding policy in place and staff had access to relevant training in relation to the detection and prevention of and responses to abuse. Incidents and allegations of abuse were investigated and dealt with appropriately by the registered provider.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected within the centre. There was a varied programme of daily activities available for residents to participate in, if they so chose. Regular resident meetings were held to allow residents to participate in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aclare House Nursing Home OSV-0000001

Inspection ID: MON-0041803

Date of inspection: 08/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have commenced a line listing of residents that have MDROs. It is communicated to staff daily at handover.</p> <p>Care plans have been updated to inform staff on the management and care to be provided to a resident that is colonized with MDROs.</p> <p>We have updated our audit tools with standardized infection prevention and control to ensure we are monitoring all the elements of standard control precautions.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>We are still awaiting planning permission; however, we endeavor to provide a private area for all our residents and their visitors. In the interim depending on our planning permission, we have an outdoor seating area for visits and we are considering a new outdoor area for visiting.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have ordered furniture in order that we can rearrange the residents’ bedroom to ensure that each resident has their own personnel space.</p> <p>We have an area in our hallway which is our bay for storing our hoist, this area does not block the exit areas in the event of emergency evacuation and is inspected twice daily.</p> <p>We also have foldable hoists.</p> <p>We can accommodate 14 residents in the conservatory, the sitting room can</p>	

<p>accommodate 14 residents and the dining room area can be opened to become one big room for all residents to participate in activities if they wish to do so.</p>	
<p>Regulation 20: Information for residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: This has been completed.</p>	
<p>Regulation 27: Infection control</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We have an area in our hallway which is our bay for storing our hoist, we also have foldable hoists. The resident has been educated re the risk of cross contamination. The resident now uses the toileting facilities in her bedroom. The commode is now cleaned and is cleaned after every use. There is a cleaning schedule in place for this. We do not use the sluice room for preparing cleaning chemicals. Sluice room is now clean. Bed pan washer has now been used for emptying and decontaminating of bedpans and urinals. We are on the waiting list for new hand hygiene sinks.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Consent has been signed and reviewed.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	29/12/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024

Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	29/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/05/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	29/12/2023