



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	23 November 2023
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0039115

About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is a two-storey building which is registered with the Health Information and Quality Authority (HIQA) for 32 residential places. There is 24 hour nursing care provided. There is access to allied health services such as physiotherapy and dietitian. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the centre. There is a secure outdoor garden area to the rear of the building and ample on site car parking.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 23 November 2023	09:00hrs to 16:30hrs	Sarah Quilter-Lee	Lead
Thursday 23 November 2023	09:00hrs to 16:30hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

Residents living in Ard Na Rí Nursing home told the inspectors that the centre was a 'safe' place to live and one resident stated they "could not praise it high enough". Inspectors spoke with residents throughout the inspection and residents outlined their satisfaction with the food, staff responsiveness and kindness of the staff.

Inspectors arrived at the centre in the morning time where they were met by the person in charge. Following an introductory meeting, the person in charge accompanied the inspectors on a walkabout of the centre.

The atmosphere in the centre was welcoming, relaxed and calm. There were Christmas decorations tastefully placed throughout the centre. Residents were observed having breakfast and enjoying each others company in the communal rooms. Other residents were mobilising in the corridors, while others chose to remain in bed until later in the morning, or were having their care needs attended to. Staff interactions with residents was caring and person-centred.

The centre accommodated 32 residents in single en-suite bedrooms. There were 16 residents living on each floor. Each floor had a communal room which was utilised for socialisation and dining. The communal rooms contained a range of seating, dining tables and flat screen televisions. Residents were complimentary about their bedrooms and one resident described the centre as "immaculate". Bedrooms were decorated with residents personal furniture, photographs and soft furnishings. Residents were complimentary of their bedroom doors which had individually personalised photographs of the resident displayed. There were privacy curtains present on all bedroom windows. Inspectors found that, in some areas of the centre there was inadequate personal storage facilities in the residents bedrooms. There was also inadequate storage space to accommodate wheelchairs, hoists and cleaning trolleys in the centre. On the day of inspection there was building activity in the grounds of the designated centre. This building did not appear to have a negative impact on residents.

There was an enclosed garden with sheltered seating, accessible footpaths and raised planting beds to facilitate the residents to enjoy the outdoors. The doors to access the enclosed garden area had a key pad and the code was provided to residents.

Residents were complementary of an evening music session provided during the month and one resident highlighted that they enjoyed attending it with their family. Residents were observed chatting with each other in the communal rooms, watching TV, reading and relaxing. In the afternoon, residents were observed laughing and socialising at the group activities scheduled during the afternoon.

Visitors were observed coming and going throughout the day, and staff were observed to be very attentive and welcoming of visitors. Inspectors spoke with visitors who were complimentary of the care provided to their relatives.

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

Capacity and capability

This was an unannounced inspection, carried out over one day by two inspectors of social services, to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013, as amended. The inspectors followed up on a compliance plan submitted by the provider following the last inspection in November 2022. The inspectors found actions were completed by the registered provider since the last inspection and that there was a good level of compliance with the regulations reviewed. There were 32 residents accommodated in the centre on the day of the inspection, and there were no vacancies.

Overall, this inspection found that the provider had taken action to address substantial compliance found in the last inspection particularly in regard to Regulation 21; Records and Regulation 23; Governance and management. Improvements were also found in Regulation 9; Residents rights, however, further action was still required in relation to Regulation 17; Premises, both which will be addressed in quality and safety section of this report.

Ard na Ri Nursing Home is operated by a partnership with both partners involved in the day-to-day operation of the centre. One of the partners represented the provider and was on-site weekly to provide governance, oversight and support to the management team. The centre had two persons in charge that currently share the role of person in charge. The person in charge were supported by an assistant director of nursing and a clinical nurse manager. Deputising arrangements for the person in charge were in place to ensure a member of the management team was on duty at all times and to provide support to staff outside of normal working hours.

On the day of inspection, there were sufficient numbers of suitably qualified staff available to support the resident's assessed needs. The team providing direct care to residents included registered nurses, health care assistants, administrative staff, activity co-ordinator, maintenance staff, chef and chef assistant. There was adequate staff employed to cover unplanned leave.

A review of staff training records found that staff had completed appropriate training, commensurate to their role. There was a schedule in place. Staff demonstrated good knowledge of their training. For example, staff demonstrated

clear knowledge regarding fire safety procedures. In addition, following training in complaints management staff demonstrated knowledge in relation to recognising and responding to complaints.

Records in relation to risk management were available and organised. The provider had management systems in place to ensure the quality of service was effectively monitored. There was a schedule of monthly audits such as records, infection prevention and control and falls. These audits were used to identify trends and areas for learning and quality improvement.

The inspectors reviewed four contracts for provision of services. The contracts included all the requirements of the regulations. Contracts were signed and outlined fees to be charged for services.

Record management systems consisted of both electronic and paper based systems. The registered provider had completed actions since the previous inspections to ensure that all records in respect of Schedule 2,3 and 4 of the regulations were in the designated centre and available for review and that all paper based records were housed in secure filing cabinets.

The centre had a comprehensive complaints policy and procedure in place, in line with updated regulatory requirements. The complaints procedure was prominently displayed on the walls of the centre. A review of the electronic complaint records found that complaints and concerns were promptly managed and responded to, in line with regulatory requirements.

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all 32 residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to ongoing training and were appropriately trained. Staff were supervised in their role to ensure residents receive good quality and safe care. They were informed of the Act and any regulations made under it. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were safely stored in the designated centre and were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there were effective governance arrangements in the centre. There were sufficient resources on the day of the inspection to ensure the effective delivery of appropriate care and support to the residents. There was a clearly defined management structure. The management systems in place ensured the service provided was safe, and the quality of service was effectively monitored. The annual review of the service was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed four contracts for the provision of services. Each resident had a contract of care in place and was signed by the residents or the resident's representative. It outlined the terms of residency including terms relating to the bedroom to be provided, number of occupants, services to be provided and fees to be charged for such services.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective procedure for dealing with complaints which meets the requirements of Regulation 34. There was a record of all complaints. A review of records found that complaints and concerns were promptly managed and responded to, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the residents received a good quality person-centred care and support from the staff. Residents reported they felt happy and safe in the centre. There was evidence of timely access to health care and to a team of staff who know the individual residents and their needs. While the registered provider had taken some action to improve the quality of the premises for residents, further action was now required to enhance available storage in a small number of areas and to maintain the internal fire doors of the designated centre to protect residents from the risk of fire.

Bedrooms contained residents personalised items such as soft furnishing, photographs and furniture. The communal rooms on both floors had a dual purpose of accommodating dining facilities and a seating area for residents. There was a selection of seating available in communal rooms including residents personal armchairs. Additional seating areas were available in the reception area and at the end of the ground floor hallway for residents to utilise.

Action had been taken to address the centres compliance with Regulation 28; Fire precautions. Weekly fire safety checks were being completed and recorded. Records of fire testing, emergency lights and fire fighting equipment were completed and available for review. Each resident had a personal evacuation plan in place to ensure a safe and timely evacuation of residents in the event of a fire emergency. Evacuation chairs were present at top of the stairs. However, on review some fire doors observed on the day of inspection appeared worn and damaged. Fire evacuation maps observed on display on the day of inspection did not accurately describe the name of a room on the first floor.

Action was completed since the last inspection to improve implementation of infection prevention and control processes. This was evidenced by the purchase and installation of a new bed pan washer and correct storage and decontamination of urine collection containers.

The residents bedrooms, en-suite bathrooms, communal rooms and equipment was visibly clean on the day of inspection. Cleaning schedules were completed and displayed on the walls. A new bed pan washer was installed on the ground floor and a replacement for the upstairs bed pan washer had been ordered.

Residents personal clothing was laundered off-site three days a week by an external service. There was a system in place to manage the identification of residents clothing.

The registered provider had a risk management policy which met the requirements of Regulation 26; Risk management. There were electronic and paper-based systems of identifying, recording and learning for incidents involving residents. Risks

were identified and measures were in place to control these risks. Actions to control risks identified were clearly outlined.

The inspectors reviewed individual assessment and care plans of six residents. Residents care plans and daily nursing notes were recorded on a electronic system. Residents had a comprehensive assessment of their care needs completed prior to admission. Person-centred care plans were developed within 48 hours of admission and were frequently reviewed. Staff were aware of residents current health, personal and social care needs and of any area of concern that required additional monitoring.

A review of the residents records found that residents had timely access to a general practitioner (GP). Residents had access to health and social care professionals such as speech and language therapy, physiotherapy, tissue viability nurse and diabetic nurse. There was evidence that recommendations were implemented and Inspectors observed a physiotherapist attend the centre on the day of inspection.

Residents reported that they felt safe in the centre and staff demonstrated appropriate knowledge and responses regarding safe guarding of residents. The registered provider was not a pension agent for any resident.

The registered provider had provided an enhanced activity schedule since the last inspection. There was a schedule of activities that detailed activities in the afternoon such as bingo, quiz time, baking evening, movies, music and cards. A religious service was provided once a month. Resident satisfaction surveys were completed. Residents had access to advocacy services. Residents reported they attend community activities with visitors and had choice in how they spend their day. Residents were able to provide feedback at residents meetings. Two meetings were held in 2023 and residents identified they would like more bingo and card games. The inspectors reviewed four resident surveys and residents outlined that they were happy with service provided. Residents comments in the survey were "excellent staff, kind, courteous and efficient".

Visiting was observed to be unrestricted and residents were encouraged to maintain personal relationships with friends and family. Inspectors spoke with two visitors who reported they visit every day and were complementary of the care provided to residents.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and not restricted. Inspectors saw a number of residents receiving visitors in communal rooms and their bedrooms.

Judgment: Compliant

Regulation 17: Premises

Some areas of the centre did not meet with the requirements of Schedule 6 of the regulations. For example;

- there was inadequate storage facilities in the centre to store aids and appliances
- inadequate storage in some of the residents bedrooms to store personal items.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy which met the requirements of Regulation 26. As part of the risk management arrangements, a risk register was maintained. Hazards were identified and appropriate measures to controls the risks were identified. There were arrangements in place for the recording, investigation and learning from incidents involving residents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The emergency escape floor plans displayed in the centre did not accurately represent the layout of the centre to ensure adequate means of escape.

Action was required by the registered provider to make adequate arrangements for detecting, containing and extinguishing fires. Some fire door seals required repair and a door failed to close effectively which could impact the ability to contain smoke and fire in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A comprehensive assessment of residents needs was completed prior to admission to

the centre. Care plans were prepared within 48 hours after admission to the centre. Care plans were regularly reviewed, not exceeding four months, in consultation with the residents and where appropriate with the residents family.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners of their choice. Residents also had access to health and social care professionals such as physiotherapy, speech and language therapy, occupational therapy, dietitian and tissue viability nurse .

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspectors that they had choice about how they spent their day. There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capacities. Residents also had access to independent advocacy services.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0039115

Date of inspection: 23/11/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: New extension will provide extra storage for aids and appliances.</p> <p>Additional storage boxes are in production for remaining bedrooms to store personal items. To be completed by 29.02.2024</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency escape floor plans have been updated and are now on display.</p> <p>Carpenter and fire officer attended on day of inspection and door in question is now functioning as per regulation.</p> <p>Door seals renewed to all doors</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 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	30/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/11/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	24/11/2023