

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Ardsley Nursing Home
Centre ID:	OSV-0000193
Centre address:	Rocky Road, Farran, Cork.
Telephone number:	021 733 1163
Email address:	ardsleynursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardsley Nursing Home Limited
Provider Nominee:	Elizabeth Dunne
Lead inspector:	Col Conway
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 October 2014 09:00	09 October 2014 17:00
10 October 2014 09:10	10 October 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Ardasley Nursing Home was registered in November 2011 following an application to the Authority for registration as a designated centre for dependent persons. Following registration of the centre monitoring inspections were undertaken in March and December 2012 and April and November 2013. The inspection reports from all of the previous inspections can be viewed on the Authority's website, www.hiqa.ie, using centre identification number 0193.

During this inspection, the inspector met with some of the residents and staff and reviewed the premises, observed practices and reviewed documentation such as residents' nursing records, residents' medical records, accident and incident records,

policies and procedures, health and safety documents, training records and some records maintained on staff files.

The inspector noted that residents received care from staff that knew them and their preferences well, they had access to allied health professionals and residents informed the inspector that they felt safe and well cared for by staff. The Action Plans at the end of this report identify areas where improvements are needed to fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While there was a written statement of purpose available in the centre, it did not contain all of the information as required by Schedule 1 of the Regulations. The document did not include:

- the information set out in the certificate of registration
- the facilities which are to be provided by the registered provider to meet the care needs
- the services which are to be provided by the registered provider to meet the care needs
- arrangements for the management of the designated centre where the person in charge is absent from the centre
- the arrangements for residents to engage in social activities, hobbies and leisure interests.

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a defined management structure, as will be further addressed in Outcomes

four and six. The inspector found there was consultation with residents and this will be further discussed in Outcome 16.

The inspector read reviews of five audits that had been undertaken by the person in charge (PIC) the month prior to this inspection and they included: staff files, residents' files, management of residents' finances, residents' nursing assessments and care plans and other records such as the Statement of Purpose and the Residents' Guide. The PIC confirmed there was not a robust system in place to consistently monitor the safety and quality of care as the five audits were the only reviews undertaken in 2014. The inspector found that no obvious improvements had been made since the audits were completed. For example, the Statement of Purpose document did not contain all of the required information and as will be addressed in Outcome 11, residents' nursing documentation did not meet regulatory requirements or professional guidelines.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written guide in respect of the centre was available to residents; however, it was the same document as the Statement of Purpose that has already been addressed in Outcome one. As required by article 20 of the Regulations, the guide did not include:

- an accurate summary of the services and facilities in the centre
- the terms and conditions relating to residence in the centre
- accurate procedures respecting complaints.

The inspector reviewed a sample of residents' contracts and they included details of the services to be provided for residents. While the weekly fee was clearly stated any additional fees such as for chiropody and hairdressing were not listed. The PIC confirmed these fees were not included in any of the residents' contracts.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The PIC held a full time post in the centre, she was a registered nurse and she had the required experience in the area of nursing the older person.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Documentation to be kept at a designated centre <i>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: <p>The inspector reviewed the insurance policy documentation and there was evidence that the centre was insured against accidents or injury to residents, staff or visitors.</p> <p>The inspector reviewed records that were required to be maintained as listed in Schedule 3 (residents' records) and found evidence that some of the records were in place, for example:</p> <ul style="list-style-type: none"> • a recent photograph of the resident • a record of the medical, nursing and psychiatric (where appropriate) condition of the resident at the time of admission • a record of each medicine administered by the nurse administering the medicines • a record of ongoing medical assessment and treatment. <p>However, some of the records as listed in Schedule 3 (residents' records) were not maintained: the dates on which two residents were discharged from the centre were not listed in the Directory of Residents and nursing care plans were not in place for all residents, which will be further addressed in Outcome 11.</p> <p>The inspector found substantial compliance in regard to the records that need to be maintained as per Schedule 4 (general/other records). These included, for example, records relating to visitors, staff, complaints and food.</p> <p>Not all of the written operational policies as required by Schedule 5 were in place and</p> </p>

these included:

- admissions
- residents' personal property and possessions
- staff training and development
- recruitment, selection and vetting of staff
- monitoring and documentation of nutritional intake
- provision of information to residents
- creation of and access to records
- health and safety
- fire safety management
- ordering of medicines
- the handling and disposal of all unused or out of date medicines.

Judgment:

Non Compliant - Major

Outcome 06: Absence of the Person in charge

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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was informed that the PIC had not been absent for a length of time that required notification to the Chief Inspector. The PIC was supported in her role by a senior nurse and they provided the service in the absence of the PIC.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written policy in relation to the prevention, detection and response to

abuse of a resident. Staff that the inspector spoke with knew what constituted abuse and knew what to do in the event of an allegation of abuse. However, both the training records and the PIC confirmed that not all staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse.

At the time of inspection no resident had money or valuables being held for safe keeping in the centre. The inspector was satisfied that there were procedures in place to safeguard residents' valuables if any resident did wish to retain them. There was a written policy regarding management of residents' valuables and money, there was a locked safe and a process for recording the receipt of valuables. The inspector reviewed a sample of the records kept in regard to the payment of individual resident's monthly fees and transparent documentation was in place.

There was evidence to indicate that staff were knowledgeable in how to respond when a resident exhibited behaviour that challenged as staff were observed dealing with a resident in a sensitive manner. The centre had a written policy and procedure in place for managing behaviours that challenge and training records indicated that in January 2012 some nursing staff had been provided with relevant training. A restraint free environment was promoted as bed rail and lap belt restraint were not used at the time of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found evidence of health and safety measures:

- an up-to-date health and safety statement was in place
- a written emergency plan was in place
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority and records confirmed that fire equipment, fire prevention and suppression system checks were up to date as well as staff training in fire safety.
- lighting was sufficient, hand and grab rails were in the required places and corridors and emergency exit routes were unobstructed
- there was a functioning call bell system.

In the provider's response to the previous inspection report action plan it was stated that by 31 December 2013 a health and safety policy as well as a comprehensive risk management policy would be completed. The PIC confirmed that a health and safety

policy, including food safety of residents, staff and visitors was not in place and this has already been addressed in Outcome five. While there was a written risk management policy, it did not include all of the information that is required by article 26 of the Regulations. It stated in the document that hazard identification and assessment of risks will be undertaken; however, it was not outlined how risks were actually going to be assessed and subsequently managed. It also did not include the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. It did not state the measures in place to control the following risks;

- abuse
- the unexplained absence of any resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm.

It was noted that procedures were not always consistent with the standards published by the Authority for the prevention and control of health care associated infections and this posed a potential risk of infection to residents. There was not a readily available supply of disposal aprons and gloves as well anti-microbial hand gel dispensers. The PIC confirmed there were no dissolvable bags for staff to use with soiled laundry and it was noted there were no appropriate dispensers in place for the supply of paper towels for residents or staff to dry their hands.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were medication management policies and procedures in place; however, a policy in relation to ordering medicines was not in place and this has already been addressed in Outcome five. The inspector reviewed a sample of residents' individual medicine prescription charts and they were clearly labelled, they were legible and there was evidence that residents' medicine prescriptions were reviewed regularly by a medical practitioner and a pharmacist. Review of records and observation of practices indicated nursing staff were in adherence with professional guidelines and regulatory requirements in regard to storage and administration of all medicines.

Judgment:

Compliant

<p>Outcome 10: Notification of Incidents</p> <p><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme:</p> <p>Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings:</p> <p>The inspector reviewed records that were maintained of any incidents and accidents occurring in the centre and the records indicated two incidents involving residents had occurred to date in 2014. A review of notifications submitted to the Authority indicated that all notifications had been forwarded within the required timeframes.</p>
<p>Judgment:</p> <p>Compliant</p>

<p>Outcome 11: Health and Social Care Needs</p> <p><i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.</i></p>
<p>Theme:</p> <p>Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings:</p> <p>The inspector reviewed a sample of residents' records and there was evidence that residents had regular review by general medical practitioners and they had on site access following referral to physiotherapy, speech and language therapy, dietician services, chiropody and optician services. Hearing testing and occupational therapy was via referral to services provided by the Health Service Executive. The PIC informed the inspector that if a resident required dental services they would attend their own dentist. There was evidence that allied health recommendations were implemented by nursing staff, such as, provision to residents of specific types and consistencies of food suitable for individual requirements.</p> <p>A sample of residents' clinical nursing assessments, residents' nursing care plans and residents' daily nursing notes were reviewed by the inspector. The inspector found residents' body weights and vital signs such as temperatures and blood pressures were monitored on a frequent basis and daily nursing notes were completed for each individual resident. However, significant shortcomings existed in the nursing</p>

documentation as nursing assessments of residents' and nursing care plans were not accurately reflective of residents' current status. Residents had assessments undertaken on admission in regard to their personal activities of daily living, such as, their abilities to move, walk or eat meals. However, the assessments were not reviewed every four months or more often if residents' circumstances changed. Some residents did not have any nursing care plans in place outlining what specific nursing care was to be provided. Other residents had nursing care plans in place but they had not been reviewed every four months or more often if residents' circumstances changed. Incorrect and missing information in nursing documentation posed a real risk to residents as their current needs were not clearly identified. The PIC confirmed that a review of all residents' nursing assessments and nursing care plans had not been undertaken to ensure that information was up to date.

An immediate action plan was issued by the Authority to the provider regarding the immediate need to mitigate the risks to residents by completing nursing care plans for all residents. The provider responded to the Authority within the required timeframe.

Judgment:

Non Compliant - Major

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was warm, clean, bright and tidy and residents confirmed that this was usual for the centre. The premises overall was maintained to a good standard and paintwork and floor covering were in good condition.

The necessary assistive equipment was available such as a chair lift between the ground and first floor, hoists, wheelchairs, commodes and shower chairs. Maintenance records indicated that the hoists for moving residents and the chair lift had been serviced. However, the PIC confirmed that arrangements were not in place for the servicing of some equipment and this posed a potential risk of injury to residents. This included the two electric beds, the scales used for weighing residents as well as the wheelchairs.

The centre was currently registered to provide accommodation for up to a maximum of 17 residents. Bedrooms consisted of seven single rooms and five twin rooms. Since the last inspection in November 2013; new screening curtains had been installed in three of

the five twin bedrooms. Two of the remaining twin bedrooms still had to be upgraded to have screening curtaining around each of the beds to ensure adequate privacy. Refurbishment works had been undertaken on the three upstairs twin bedrooms since the previous inspection and the layout had been changed so that additional space was provided around each of the bed spaces. However, the two twin bedrooms on the ground floor had not had any changes made and the design and layout of one of these twin bedrooms did not allow access to both sides of the beds. The PIC informed inspectors that redesign work on these two bedrooms would be undertaken in the near future.

Showers were communal as no bedrooms had en suite showering facilities and there was one assisted shower on each floor which was sufficient for the number of residents living in the centre. One single bedroom and one twin bedroom each had an en suite toilet and there were two communal toilets on each floor. The communal toilet facilities were located within close proximity of bedrooms as well as seating and living spaces.

There was a sluice room and a laundry room and they provided sufficient facilities, however as already addressed in Outcome eight, infection control and prevention procedures required improvement.

There were two communal seating/living rooms, and a dining area. The centre was decorated in a homely and comfortable way and there was a separate kitchen with sufficient cooking facilities. There was an enclosed outdoor area that was accessible from within the centre and there was provision of car parking for visitors and staff.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed records of complaints made by residents and/or their representatives and the PIC confirmed that only two complaints had been made in 2014. The records provided details of the complaints and the management of same. Residents whom the inspector spoke with confirmed they would speak to the PIC if they had any reason to complain about any aspect of the service. A written complaints policy was available in the centre and the PIC was identified as the person to speak to in the event that someone had a complaint. However, the complaints policy did not provide detail of the actual procedural steps involved in making any complaint and how either a verbal or a written complaint would be managed. There was also no identified person who held a monitoring role to ensure that complaints were responded to.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As required by schedule 5 of the Regulations, there was a policy document in place in regard to the provision of end of life care. Records confirmed that some nursing and care staff had attended end of life care training and staff also confirmed same. The inspector reviewed the records of two residents who had received end of life care and they indicated that family were facilitated to be with a resident at end of life and this was also confirmed by staff. The residents' records indicated they had been reviewed by their own general medical practitioner and they had received personalised nursing care. The PIC informed the inspector that residents had access to specialised community palliative care services when required and this was also confirmed in residents' records.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In the sample of residents' records that were reviewed by the inspector there was evidence that residents' body weights were taken regularly and if required referrals were made to dietician services and/or speech and language therapy. There was also evidence that the allied health recommendations were implemented by nursing and catering staff.

The inspector reviewed up to date information maintained by catering staff of residents' individual preferences and dietary requirements. A menu was made available for residents and it indicated variety and choice of food options and residents also had

access to fresh drinking water, hot drinks and snacks between main meals. Residents whom the inspector spoke with confirmed same. Residents ate their meals while seated at dining tables in the dining area or at individual tables in the lounge area. They were also facilitated to eat in their own private bedroom accommodation if they wished. Staff were observed assisting residents to eat, if they required it, using appropriate assisted eating techniques. Meal times were observed to be relaxed and unhurried and meals were served in an appetising manner.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents were consulted with in regard to the organisation of the centre as there was a residents group and meetings were held approximately every three months. The inspector reviewed the minutes from these meetings and the records indicated that residents were actively involved in the group with suggestions made by residents in relation to food and recreational/social activities. Residents whom the inspector spoke with confirmed their involvement in the group and they also expressed their enjoyment at being involved. Residents did not however have access to an independent advocacy service.

It was obvious to the inspector that staff and residents knew each other well and staff encouraged residents' independence by allowing them to do as much for themselves as possible. Throughout the two days of inspection staff were observed communicating appropriately with residents. It was noted residents were offered choice in what they wanted to do and staff were respectful of residents' dignity by the manner in which staff engaged with residents as well as when providing assistance with personal care.

Residents having contact with their family and/or friends was promoted and visitors were welcomed at various times of the day and home visits and outings were also facilitated. There were areas for residents to meet their visitors that were separate to bedroom accommodation and newspapers, televisions and radios were available for residents. Religious practices were facilitated as residents confirmed there was a monthly mass in the centre and a daily prayer group.

Since the previous inspection in November 2013 some additional activities had been

added to the recreation programme. An activities timetable was available for residents and it listed what activities were planned on which days and times of the week. It stated, for example, gentle exercises, arts and craft, Sonas (therapeutic communication group activity), music, bowling and bingo. Residents confirmed same and there were also records maintained by the activities coordinator of residents' attendance at the various activities on offer. However, there were not recreational care plans in place that were individualised to each resident and based on frequent assessment of each resident's capacity and preferences. It was not clear for each resident what their actual capacities were to partake in any of the activities on offer and in particular for those residents with a dementia.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were laundry facilities on-site and arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. Residents whom the inspector spoke with confirmed that their clothing was regularly laundered and well maintained. Infection control procedures in regard to laundry has already been addressed in Outcome eight.

It was noted by the inspector that residents' bedrooms were personalised and each resident had bedroom furniture that was identified for their own use to store their clothing and other personal items. While there was a policy document in relation to management of residents' finances, there was not a policy in place in relation to management of residents' personal property and possessions. This has already been addressed in Outcome five.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres

for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Duty rosters were maintained for all staff and during the inspection it was observed that the number and skill mix of staff that were working was appropriate to meet the needs of the residents'. As already addressed in Outcome two, the PIC is based full time in the centre and the shifts worked by both the PIC and the senior nurse provided appropriate supervision of staff.

There was no staff training and development policy document, as required by schedule 5 of the Regulations and this has already been addressed in Outcome five. As already addressed in Outcome seven, some staff had not been provided with mandatory training in elder abuse awareness. Training records also indicated some staff required refresher training in manual handling. In the previous 12 months to this inspection some staff had been provided with opportunities to attend training in end of life care, nutrition for residents and management of adequate hydration for residents. Some care staff were undertaking a relevant FETAC (Further Education and Training Council) health care programme, however, relevant training and education in regard to caring for the dependent older person in residential care was not provided for all nursing and care staff. The PIC informed the inspector that a targeted education programme was required for staff.

There was no recruitment, selection and vetting of staff policy document, as required by schedule 5 of the Regulations and this has already been addressed in Outcome five. The inspector reviewed a sample of staff records there was evidence of substantial compliance in regard to maintenance of all of the required staff records.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ardsley Nursing Home
Centre ID:	OSV-0000193
Date of inspection:	09/10/2014
Date of response:	17/11/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose document did not include:

- the information set out in the certificate of registration
- the facilities which are to be provided by the registered provider to meet the care needs
- the services which are to be provided by the registered provider to meet the care

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

needs

- arrangements for the management of the designated centre where the person in charge is absent from the centre
- the arrangements for residents to engage in social activities, hobbies and leisure interests.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

A Statement of Purpose to include information set out in Schedule 1 is being addressed at present.

Proposed Timescale: 19/12/2014

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was not a robust system in place to consistently monitor the safety and quality of care and the quality of life of residents.

There was no evidence of learning from any review that had been undertaken.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A more robust system to monitor the safety and quality of care and quality of life of residents is being addressed.

Proposed Timescale: 19/12/2014

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The Resident's Guide did not include:

- an accurate summary of the services and facilities in the centre
- the terms and conditions relating to residence in the centre
- accurate procedures respecting complaints.

Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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

The Residents Guide is being addressed to ensure it is in respect of the designated centre.

Proposed Timescale: 19/12/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The fees charged for chiropody and hairdressing which are additional to the weekly fee were not stated in the contract.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The fees for chiropody and hairdressing are now stated in the contract.

Proposed Timescale: 17/11/2014

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all of the written operational policies as required by Schedule 5 were in place and these included:

- admissions
- residents' personal property and possessions
- staff training and development
- recruitment, selection and vetting of staff
- monitoring and documentation of nutritional intake
- provision of information to residents
- creation of and access to records
- health and safety
- fire safety management
- ordering of medicines
- the handling and disposal of all unused or out of date medicines.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All the policies and procedures which are set out in Schedule 5 are being addressed at present to ensure they comply.

Proposed Timescale: 19/12/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The date on which two residents were discharged from the centre and where they were discharged to was not recorded in the Directory of Residents.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

All nursing staff have been informed of the importance of ensuring that correct details are entered in the Directory of Residence.

Proposed Timescale: 17/10/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Two in-house training days have been booked since inspection. 1 December 2014: Introduction to dementia and challenging behaviour. 8 December 2014: Prevention of elder abuse.

Proposed Timescale: 08/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was not outlined in the risk management policy how risks were actually going to be assessed and subsequently managed.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Nursing administrator has now been employed to ensure that the risk management policy includes the measures and actions are in place to control the risks identified.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not state the measures in place to control the risk of abuse.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

Nursing administrator has now been employed to ensure that the risk management policy set out in schedule 5 includes the measures and actions are in place to control abuse.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not state the measures and controls in place to control the risk of an unexplained absence of any resident.

Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

Nursing administrator has now been employed to ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of any resident.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not state the measures in place to control the risk of accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Nursing administrator has now been employed to ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not state the measures in place to control the risk of aggression and violence.

Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

Nursing administrator has now been employed to ensure that the risk management policy set out in schedule 5 includes the measures and actions in place to control aggression and violence.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not state the measures in place to control the risk of

self harm.

Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

Nursing administrator has now been employed to ensure that the risk management policy set out in schedule 5 includes the measures and actions in place to control self harm.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Nursing administrator has now been employed to ensure that the risk management policy set out in schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was not a readily available supply of disposal aprons and gloves, anti-microbial hand gel dispensers, dissolvable bags for use with soiled laundry and there were no appropriate dispensers in place for the supply of paper towels for residents or staff to dry their hands.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Four units have been ordered and will be placed in appropriate sites in the nursing home. These units comprise of disposable apron dispenser, disposable glove dispenser and hand gel dispenser. Additional paper towel dispensers will be supplied.

Proposed Timescale: 30/11/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents did not have the required nursing clinical assessments completed and they also did not have nursing care plans in place.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Since inspection all nursing staff have been briefed on the importance of robust clinical assessments and nursing care plans. A copy of three nursing care plans were submitted to the lead inspector on 16 October 2014.

Proposed Timescale: 17/10/2014

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents did not have their nursing care plans reviewed at intervals not exceeding four months.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All nursing staff have been briefed on the importance of robust review of care plans.

Proposed Timescale: 17/11/2014

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents and/or their relatives did not have nursing care plans made available to them.

Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

On going nursing care plans will be made available to residents where appropriate or their relatives.

Proposed Timescale: 19/12/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Two of the twin bedrooms were not of a suitable design and layout to provide adequate space around both sides of the beds.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

These two twin bedrooms will be redesigned to ensure that there is adequate space around both sides of the beds.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The two electric beds, the scales used for weighing residents and the wheelchairs were not serviced regularly.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

We will ensure in our service contract with the medical company that all aids will be serviced regularly.

Proposed Timescale: 30/11/2014

Outcome 13: Complaints procedures
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Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no identified person who held a monitoring role to ensure that complaints were responded to.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Complaints policy is being updated at present.

Proposed Timescale: 19/12/2014

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints policy did not outline the process involved in making any complaint and how a complaint would be managed.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

With the review of our complaints policy we will ensure that the complaints procedure will include an appeals procedure.

Proposed Timescale: 19/12/2014

Outcome 16: Residents' Rights, Dignity and Consultation
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Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents do not have access to independent advocacy services.

Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Access to an independent advocacy service for residents is being sought at present.

Proposed Timescale: 19/12/2014

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not recreational care plans in place that were individualised to each resident and based on frequent assessment of each resident's capacity and preferences to partake in any of the activities on offer and in particular for those residents with a dementia.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Recreational care plans are now being addressed by the activities coordinator to assess each residents capacity and preferences to partake in activities on offer.

Proposed Timescale: 19/12/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff have not been provided with updates in manual handling as well as relevant training in regard to providing care for the dependent older person.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Staff training programme is being addressed at present which will ensure that staff have access to appropriate training.

Proposed Timescale: 19/12/2014

