



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 May 2022
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0035358

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 40 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 14 single bedrooms, 11 twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of one single and four twin bedrooms facilitating nine residents. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 4 May 2022	09:45hrs to 18:20hrs	Catherine Furey	Lead
Thursday 5 May 2022	09:00hrs to 15:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Overall, through conversations with residents, and from observations of the day, it was clear that this was a nice place to live and residents were well-supported by kind and attentive staff who were knowledgeable about their individual needs and preferences. The inspector spoke with a large number of the residents during the inspection to gather their feedback on the service provided to them in Ardeen Nursing Home.

The inspector arrived unannounced to the centre in the morning and was met by a staff member who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to accessing the centre. Following a brief opening meeting, the person in charge walked through the entire premises with the inspector. The centre was observed to be very clean. The building was originally a two-storey detached house, and the existing parts of the house contained many charming design features such as high ceilings and original decorative floor tiles in the main entrance area. The inspector observed that communal space in the centre was lacking, and the day rooms and the dining room could not accommodate large numbers of residents. To facilitate staff social distancing, the communal "quiet area" which had previously been dedicated for resident use was partially taken up with an administrative desk and filing, as space in the main nurse's office was minimal. This further constrained the communal space available for residents. There was a beautifully designed oratory in the centre, however this had rarely been used during the COVID-19 pandemic. The person in charge outlined that this area could still be used by residents for prayer and reflection. Many of the resident's bedrooms were personalised with ornaments, memorabilia and family photographs. Some bedrooms retained the ornate fireplaces and plasterwork of the original house. Residents had sufficient space to store their personal items and the multi-occupancy rooms were designed in a way that protected the privacy of each resident. An open stairway in the main entrance led to the smaller first floor, which contained accommodation for up to nine residents, in four double and one single room. All other bedroom accommodation was on the ground floor.

The inspector saw that there was a comprehensive activities programme in place which was led by the activity coordinator. A variety of activities took place over the two days of inspection including arts and crafts, and a small number of residents attended the local dementia friendly coffee morning with staff. Residents were seen being assisted out into the external garden facilities, which were wheelchair-accessible and contained a range of seating options including recently upgraded tables and chairs which greatly enhanced the area. There was also a covered patio-style area which staff explained had been invaluable during the various levels of visiting restrictions over the past two years, as residents could safely meet family and friends here to celebrate birthdays and other occasions, or to have an outdoor visit. The gardens could be safely accessed from the sun room. There was also an appropriate, enclosed smoking area for residents' use and the required fire safety

items such as a fire apron and a fire blanket were seen in this area. On second day, residents gathered in the day room to play their favourite records on the newly-acquired antique-style gramophone which proved a big hit. The activity coordinator incorporated reminiscence therapy into this session and residents were seen to engage well, talking fondly of days gone by. Some residents told the inspector that they really enjoyed the activities and they were glad everything has gone back to normal following the COVID-19 outbreak. Residents expressed how difficult this time had been, and in particular the loneliness and isolation they experienced while having to stay in their rooms. Residents were delighted that they could have visitors again and could go out and about to town or home with their families.

The inspector observed mealtimes in the centre and found that improvements were required to ensure all residents had a meaningful and social dining experience. The day's menu choices were clearly displayed in the dining room. The dining room was a bright room with a small kitchenette to one side, which gave a sense of a home-style kitchen and dining room. The dining room opened into a small sun room which contained comfortable seating where residents could sit and admire the gardens. Meals were delivered from the kitchen in a heated bainmarie and served warm, and attractively presented to the residents. There was high praise for the food on offer, with one resident saying the soup was the best he had ever tasted. The inspector saw that there was a nice, unhurried atmosphere, with staff and residents chatting together. Despite all of the good aspects of this lunch service, only five residents were served their lunch in the dining room. The limitations in the communal space meant that lunch could not be served to all residents in the dining room at one sitting. There was no second sitting offered, and as a result, many residents remained in their rooms and the day room for meals. While some residents told the inspector they did not mind, and some preferred that routine, other residents said that they were not offered the option to come to the dining room and assumed meals could only be had in their rooms. Residents who remained in their rooms or the day room, and who required assistance with their meals were seen to be attended to in a respectful manner, with time afforded to ensure the residents nutritional and hydration needs were met.

Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector were very complimentary of the care provided to their relatives in the centre. This was reflected in the outcome of relatives and residents surveys which indicated a high satisfaction rate overall.

The next two sections of the report will describe the specific findings of the inspection, describing the capacity and capability of the service and how this impacts on the quality and safety of the care delivered to residents.

Capacity and capability

Overall, the inspector found that there were effective management systems in the

centre to ensure that residents were provided with good quality care. The registered provider demonstrated good adherence to the regulations. However, action was required to strengthen some of the systems in place in relation to the overall premises, fire safety and residents' rights. These are detailed throughout the report.

The registered provider of this centre is Ballincaoirigh Limited. The company has two directors, one of whom represents the provider for regulatory matters, and who visits the centre regularly. There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge worked full-time in the centre and was supported by an assistant director of nursing and a team of nursing, health care, household, catering, activity, administration and maintenance staff. The person in charge reported to the provider representative who was available for consultation and support on a daily basis. There was evidence of good communication through clinical governance meetings, which discussed all areas of the service provided to residents. There was a system in place to ensure that the service was consistently monitored, including the collection of key weekly clinical data to inform a regular schedule of audits.

This unannounced inspection was carried out over two days, following receipt of an application by the registered provider to renew the centre's registration. The centre has a history of good compliance with the regulations. On this inspection, concerns were raised with regard to fire safety and the overall premises, which signified a drop in compliance with these specific regulations. The provider was responsive to issues as they arose during the inspection, and was proactive in offering solutions to achieve compliance. The provider had previously submitted a plan to the Office of the Chief Inspector in relation to commencing building works aimed at dividing the centre's only four-bedded room into two twin bedrooms with completion date previously given as by 30/11/2021. The provider explained that this had been delayed due to building and contractor delays during the pandemic but that the proposed works were still planned. Further findings in relation to the premises is detailed in the Quality and Safety section of the report.

Unsolicited information regarding the centre's visiting procedures during the outbreak had been received by HIQA. The inspector reviewed this information prior to and during the inspection and found that the visiting procedures in place were in line with the current national guidance at the time, and centre-specific guidance from the Public Health Department.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had recently managed two outbreaks of COVID-19 in January and March 2022, which had resulted in 24 residents and 17 staff contracting the virus. This had resulted in a short term staffing crisis. The provider managed to maintain staffing at the required levels through the use of agency staff and by regular staff working extra hours, so that safe and effective care could be maintained. The assistant director of nursing was also redeployed from their management role to provide nursing care. The centre engaged proactively during the outbreak with the Health Service Executive (HSE) outbreak control team and the local public health department and had implemented its COVID-19 contingency plan which included

the cohorting of a number of residents into isolation zones within the centre. On the day of inspection, one resident was in isolation following a diagnosis of COVID-19. Staff were observed to be following best practice infection control and hand hygiene procedures.

The centre is registered for 40 beds, and there were 31 residents living in the centre on the day of inspection. A review of rosters showed that there was a minimum of one staff nurse on duty overnight, and on some occasions, there were two. For example, on the planned rota for the following two weeks, there were seven nights where there was one nurse on duty from 11:00pm to 8:00am. On the nights where there was only one nurse overnight, an additional nurse was rostered from 8:00pm to 11:00pm to ensure two nurses were present for the medication round and to assist with resident care. On these nights, two healthcare assistants were on duty. This meant that there was a minimum of three staff on duty overnight. The person in charge outlined that the staffing levels were under constant review based on the occupancy and the dependency level of the residents.

Staff were supervised in their roles by the director of nursing and assistant director of nursing. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults, moving and handling and fire safety. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of personal protective equipment (PPE). Recent training had been delayed due to the outbreak of COVID-19 in the centre, and the inspector verified that this training had been rescheduled. Training was planned throughout the year for new and existing staff.

Requested records were made available to the inspector and overall, records were well maintained and the provider had a system in place to keep records safe and accessible. There was a log of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again.

Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures. Minor concerns from residents and families were actively encouraged to be documented and investigated to ensure that these smaller issues were identified and dealt with quickly and efficiently.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 31 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents, which was up-to-date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The inspector verified that the provider had a contract of insurance against injury to residents, which was renewed annually.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was well-defined management structure in place with identified lines of accountability and authority. Inspectors spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

There was a schedule of audits in place including audit of falls, incidents and restraints, which were completed on a regular basis. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2020. This included detailed analysis of audit results, with clearly defined quality improvement plans for 2021. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and included the terms on which the resident resides in the centre, including the terms related to the bedroom to be provided and the number of other occupants of the room. Residents' contracts clearly set out the services to be provided and the fees incurred under the Nursing Homes Support Scheme, and any other additional fees.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were provided to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed throughout the centre. The sample of records reviewed by inspectors showed that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also available.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the regulations were in place. However, some of these policies required further review to ensure that they were updated with the latest evidence-based practices. For example;

- The medication management policy did not reflect up-to-date guidance on medication management published by the Nursing and Midwifery Board of Ireland (NMBI).
- The nutrition policy did not include the new international descriptors for modified food and thickened drinks. The new descriptors include changes to the amount of product required to thicken fluids. The inspector observed that the old descriptors were still in use in some notices and documents which could potentially cause errors in the modifications to food and drinks.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of high quality nursing and medical care. While the centre's ethos of respect and dignity was evident in the interactions between staff and residents, improvements were required to ensure that the rights and choices of the residents were consistently promoted. The inspector found that the management of fire safety and medications required improvements to ensure residents' safety at all times.

The premises was originally a house which over time had been adapted and extended to accommodate residents. The premises had been well maintained and redecorated to a good standard and parts of the centre had recently been repainted. The centre was a two-storey premises with bedroom accommodation on both floors, comprising single, twin and one four-bedded room. Communal accommodation was provided on the ground floor, with the exception of a very small visitors room on the first floor. As the first floor could only be accessed by using the stairs or a chair lift; the person in charge outlined the criteria that residents must meet if they were to live in this part of the centre. The inspector noted that this criteria in relation to residents living in the first floor was clearly stated in the centres' statement of purpose. During this inspection, the inspector noted that each of the residents living on the first floor met this criteria for example, all were mobile and had low dependency needs and these bedrooms therefore met their needs. While the overall premises was well-maintained, the centre will not be compliant with minimal space and facilities requirements. Findings in this regard are detailed under Regulation 17: Premises.

The centre was seen to be very clean. A cleaning schedule was in place and there were two cleaning staff on duty each day. High use areas were cleaned frequently and regular deep cleaning schedules had been implemented. All staff were observed to be wearing surgical face masks correctly and adhering to best practice guidelines in relation to the wearing of additional PPE such as gloves and gowns when required. Alcohol hand gel was available at key points in the centre. The provider had proactively installed additional hand hygiene sinks for staff at convenient locations. These sinks were of a high specification and met best-practice criteria for clinical handwashing. Hand hygiene and other important infection control notices were displayed throughout the centre.

Residents' health, social care and spiritual needs were well catered for. Residents in the centre had access to appropriate health care and allied health professionals. Residents' healthcare needs were regularly reviewed, and recommendations were implemented. Residents' needs were assessed using clinical assessment tools, and care plans were developed to meet residents' identified needs. Care plans were routinely reviewed and updated in line with the regulations and in consultation with

the resident or their representative. The inspectors reviewed wound management and documentation and found evidence of good practice that ensured healing of wounds had occurred. The provider had systems in place to monitor restrictive practices in the centre and found that all restraints were documented clearly and subjected to regular review. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. The inspector saw that advice was sought from consultant psychiatry, who reviewed residents' behavioural patterns as documented and described by the staff. There was evidence that these reviews resulted in positive outcomes for the residents, for example, appropriate adjusting of medications leading to a decrease in behaviours. Overall medication management procedures were good, however, as outlined under Regulation 29: Medicines and pharmaceutical services, a small number of issues were identified which were not in line with best-practice guidelines.

For the most part, residents' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had opportunities to participate in individual and group activities aligned to their own interests and capabilities. Residents were encouraged to leave the centre for short trips and longer outings. Residents who required low support spent time walking to town and going out doing external activities such as swimming. The activities programme was delivered seven days a week by a newly-appointed activities coordinator and an additional part-time coordinator at the weekends. The activity coordinator was finalising a new programme of activities including a variety of well-loved activities such as sing-a-longs, reminiscence and art. Residents could choose whether they wished to partake in these activities or not. Some further findings in relation to the impact of the premises and the delivery of daily routines, which negatively impacted the rights of the residents, are detailed under Regulation 9: Residents' rights.

Annual fire training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective. Bedroom doors had suitable closing devices linked to the fire alarm system. As outlined in detail under Regulation 28: Fire precautions, a number of fire doors throughout the centre were due for replacement or repair, and the provider had sought an appropriate fire safety expert to review and advise on this. Evacuation drills were being carried out, however there had not been a simulated drill practiced to ensure safe evacuation of residents on the first floor, therefore the inspector was not assured that this could be done in a safe and timely manner.

Visiting was facilitated in the centre in line with national guidance. On the advice of the public health department, visiting had been curtailed during the COVID-19 outbreak, however compassionate visits and visits from a nominated support person had continued. The centre had recently resumed normal levels of visiting

Regulation 11: Visits

Residents had access to visiting in line with the current HPSC guidance. The centre had arrangements in place to ensure the ongoing safety of residents with visitors completing a signing in process such as screening questions and a temperature check to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The overall premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016 as follows:

- Residents' communal space included a day room, TV lounge and oratory, all on the ground floor and a small visitors room on the first floor. There was an average of 3.41 metres squared per resident which is below the recommended 4 metres squared per resident, as outlined in the National Standards.
- There was limited access to shower and bathing facilities with only one bathroom for nine residents on the first floor. The inspector stated that there were not currently nine residents accommodated on the first floor, and there had not been for some time.
- There is one four-bedded room in the centre. While this room complies with the minimum floor space requirements of 7.4 metres squared per person, as set out in the amended regulations SI 293 (2016), the configuration of this room did not afford residents the necessary privacy to conduct personal activities in private. This was a repeat finding on the previous two inspections in 2020 and 2019.
- There was no dedicated handwashing sink in the laundry; staff were required to use the handwashing sink in the adjacent domestic store room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy which detailed the five specific risks as required by the regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.

Judgment: Compliant

Regulation 27: Infection control

While the sluice room was laid out appropriately to minimise the potential spread of infection, it did not contain appropriate drying racks for cleaned equipment. This posed a risk of cross contamination of clean and used equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant improvements were required to ensure that there were adequate precautions against the risk of fire in the centre;

- The provider had proactively engaged a suitably qualified person to review all of the fire doors in the centre in September 2021. Following this review, new plans were drawn up which identified that a number of fire doors throughout

the centre required replacement. To date, no progress has been made on these plans.

- The provider had engaged a competent person to conduct a fire safety risk assessment of the entire designated centre in November 2021, however this report had not been completed or issued to the provider and was not available for review on the day on inspection.
- Arrangements for the evacuation of the centre's largest fire compartment required review. This compartment spanned two floors and full evacuation drills had not been practiced to ensure the safe evacuation of residents in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the general medication management systems in place were found to be good, further oversight was required to ensure that medications were used and stored in line with best-practice guidance and regulatory requirements;

- The dates of opening were not consistently recorded for medications which had a reduced expiry date when opened. Therefore, staff could not identify when the medication would expire.
- A medication which was delivered via a patch applied to the skin, was not being applied correctly as per manufacturer's instructions. This could potentially lead to inefficacy of the medication.
- Medications which were no longer required were not segregated from other medications while awaiting collection from the pharmacy. They remained on the medication trolley, which has potential to lead to errors in administration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission, to ensure their needs could be met in the centre. On admission, care plans were developed for any identified issues. The inspector saw that there were individualised care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. Care plans were person-centred, detailed and reflected the residents' preferences. Care plans were reviewed on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access appropriate assessment and treatment by their General Practitioner's (GP) who visited the centre as required. Residents were also supported to access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Residents' health was further maintained by staff providing a good level of evidence-based nursing care. Wounds were well-managed in the centre and referrals were made to specialist wound care nurses for additional expertise to ensure optimal wound healing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were arrangements in place to ensure that restrictive practices such as bedrails were implemented in line with national policy and residents with responsive behaviours were supported by staff in a manner that was not restrictive.

Staff were observed to actively engage with residents to provide assurance and distraction when necessary and appropriate actions were taken such as re-directing residents with appropriate, individualised distraction techniques which were known to de-escalate the behaviours.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse.

- The designated centre had an up to date safeguarding policy. Staff had good knowledge in relation to recognition of abuse and appropriate actions required by them.
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- The centre was not acting as a pension agent for any resident. Inspectors verified that there was secure systems in place for the management of residents' personal finances.
- The registered provider facilitated staff to attend training in safeguarding of

vulnerable persons.

- Residents had access to advocacy services and referrals had been made to avail of these services.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that while the service provided to residents was generally person-centred in nature, there was evidence of some task-based practices which meant that residents were not always facilitated to exercise choice.

- It was noted that despite two staff nurses being on duty in the morning, only one was responsible for administering medications. Staff confirmed that a small number of residents with cognitive impairment were routinely woken by night staff to be given their medications. Inspectors found no documented evidence that the residents, or their representatives had requested this practice. Staff informed inspectors that the practice was to ease the workload of the day staff.
- The small size of the centre's only dining room does not allow for all residents to be seated in the dining room at one sitting. On the second day of inspection, only five residents sat in the dining room; the inspector noted that these were all independently mobile residents. Five residents who required assistance with their oral intake had their meals in the day room, where they also had had breakfast and had partaken in morning activities. A large number of residents remained in their room for meals. The inspector found that there was no documented rationale for this practice and as a result, residents spent long periods of time in one area of the centre, and did not have an appropriate dining experience.

As identified under Regulation 17: Premises, the design and layout of the multi-occupancy bedrooms in the centre required improvement to ensure that all residents could undertake personal activities in private.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0035358

Date of inspection: 05/05/2022

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Medication Policy reviewed to include up to date guidance N.M.B.I. 2020. Nutrition Policy reviewed to include new International Descriptions for modified food & thickened drink.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Reduction of residents to 5 on 1st floor. Reconfiguration of room 13 in progress to ensure compliance with Reg 17. DATE OF COMPLETION: 15/08/22</p> <p>Dedicated hand washing sink to be installed in laundry room: DATE OF COMPLETION: 30/06/22</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Urinal Rack & Drip Tray/ Bedpan Drainage Rack.
 Stainless Steel ordered on 6th May 2022 – Homecare Medical
 Order confirmation attached.
 Due for delivery to Homecare 17/06/22
 Expected installation in Ardeen 30/06/22

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Upstairs: Double Rooms reducing to single occupancy – Confirmed by Provider
 Residents upstairs also meet criteria listed in S.O.P.
 Regular Fire Drills ensuring safe evacuation of 8 residents from upstairs & room 1 and 2 downstairs (Details of Fire Drills attached)
 Fire Evacuation Drill scheduled for 18/07/22 (Phoenix STS)
 Staff member attending Fire Management Training 21st/22nd June 2022 (Phoenix STS)
 Replacement of Fire Doors- expected date of supply 13/09/22 (email attached from supplier).
 Installation of Fire Doors to commence immediately on delivery (confirmation email attached).
 Risk assessment 01/06/2022 (Michael Murphy), awaiting full report. (will submit asap).

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 All medications no longer in use are segregated from other medicines and stored securely in a locked container while waiting collection.
 Medication delivered via patch is applied correctly as per manufacturing instructions and documented accordingly.
 COMPLETED
 All staff alerted to ensure date of opening is documented on meds / same checked daily.
 COMPLETED

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Reconfiguration of Room 13 in progress to ensure compliance with Reg 17 – COMPLETION DATE: 15/08/22 To ensure residents rights all residents meds from day staff Nurses. The Dining space residents has returned to pre-Covid arrangements to ensure there is a nice dining experience for residents / 2 Dining Rooms. COMPLETED</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.	Not Compliant	Orange	15/08/2022
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Not Compliant	Orange	15/11/2022

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	10/06/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	15/06/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner,	Substantially Compliant	Yellow	15/06/2022

	segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/06/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	15/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	15/08/2022

	practical, ensure that a resident may undertake personal activities in private.			
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