

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Athlunkard House Nursing Home
<b>Centre ID:</b>	OSV-0000729
<b>Centre address:</b>	Athlunkard, Westbury, Clare.
<b>Telephone number:</b>	061 345 150
<b>Email address:</b>	info@athlunkardnh.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Athlunkard Nursing Home Ltd
<b>Provider Nominee:</b>	Patricia McCarthy
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	Caroline Connelly
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	81
<b>Number of vacancies on the date of inspection:</b>	20

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 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:
23 January 2017 10:30	23 January 2017 17:30
24 January 2017 09:00	24 January 2017 15:30

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

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

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, complaint logs, health and safety records, policies

and procedures and staff files.

Overall, the inspectors found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Many improvements had been completed since the previous inspection.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Inspectors found it to be well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that they felt safe and well cared for in the centre.

On the days of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. There was evidence of timely access to general practitioners and allied health services. Nursing documentation was completed to a high standard. Inspectors observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Some improvements were required in relation to updating contracts of care, documentation required in relation to volunteers and recording evidence of resident and relative involvement in the development and review of care plans. These issues are included in the action plan at the end of this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***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):**

**Findings:**

The inspector reviewed the recently updated statement of purpose submitted with the application to renew registration in advance of the inspection. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**Judgment:**

Compliant

***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:**

The provider had established a clear management structure and further improvements had been put in place since the previous inspection. The person in charge who was also the person nominated to represent the provider worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge. They

were supported by two clinical nurse managers (CNM2) and two clinical nurse managers(CNM1)and the operations manager. The CNM1's worked at weekends to supervise the delivery of care. There was an on call out-of-hours rota system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, complaints, nutrition, food safety and the environment. Audits were found to be comprehensive with findings and action plans clearly set out. The results of the audits were discussed with all grades of staff at the quality and safety meetings and at the monthly management meetings. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2016 which included a quality improvement plan for 2017. The results of audits as well as feedback from resident and their relatives had been used to inform the annual review. The person in charge told inspectors that they were in the consultation stages with a national practice development facilitator with a view to bringing about further improvements to the service.

There was evidence of consultation with residents and their representatives. Regular residents' meetings were held and facilitated by the activities coordinator and a resident advocate. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as catering, hygiene standards, laundry, care staff, activities, maintenance and pastoral services were discussed. Resident quality satisfaction surveys had been recently completed, the results of which indicated high satisfaction with the service provided. A monthly newsletter was produced and was made available to residents.

**Judgment:**  
Compliant

***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:**  
There was a resident's guide available to residents and visitors and it was displayed in prominent locations throughout the centre. The guide contained all information as

required by the regulations.

Contracts of care were in place for all residents. An inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out. The inspector noted that contracts of care were signed when a resident was admitted to the centre and often while still awaiting the outcome of the Fair Deal contribution. Some contracts required updating when the Fair Deal contribution was finalised.

**Judgment:**  
Substantially Compliant

***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

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. Suitable governance arrangements were in place in the absence of the person in charge. The aDoN deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had engaged in continuous professional development. Having previously completed a post graduate Diploma in gerontology, she had recently attended Nursing Homes Ireland training days and HIQA information day. She had attended all in house training and all mandatory training was up to date. She planned to complete a management training course during 2017.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**  
Compliant

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspectors reviewed a sample of staff files which contained all of the information as required by the regulations

**Judgment:**

Compliant

***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 person in charge and management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. The required notifications had been submitted in the past.

**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:**  
The person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further training on safeguarding was scheduled throughout 2017 and some staff had completed same in January 2017. Residents who had completed questionnaires in advance of the inspection and residents spoken with during the inspection told inspectors that they felt safe in the centre.

The finances of a small number of residents were managed in the centre, small amounts of money and some valuables were kept for safe keeping on behalf of other residents. The inspectors saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded and signed by two persons. Balance checks carried out by the inspector were found to be correct. The person in charge carried out regular checks on residents accounts. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. Inspectors discussed safeguards in place around current banking arrangements with the person in charge and the operations manager, they undertook to review the current arrangements to ensure further safeguards were put in place.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenge outlined guidance and directions to

staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspectors reviewed a sample of files of residents who presented with responsive behaviour and noted that care plans in place were detailed and individualised with triggers and distraction techniques clearly outlined. Staff spoken with told the inspectors that they had received training in dealing with responsive behaviour, they stated that they found it very beneficial and were confident in knowing how to respond. Training records reviewed indicated that all staff had received training in managing responsive behaviour.

A small number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. ABC charts were in use to log episodes of responsive behaviour and to record the rationale for administration of these medications or what other interventions had been tried to manage the behaviour.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff continued to promote a restraint- free environment. There were 17 residents, some at their own request, using bedrails at the time of inspection. The inspectors noted that risk assessments along with clear rationale for their use and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Alternatives such as low low beds, crash mats and sensor alarms were also considered and used in some cases. All staff had received training on behavioural and restraint management. The use of bed rails was regularly reviewed and discussed at the monthly management meetings.

**Judgment:**  
Compliant

***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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The provider had put systems in place to protect the health and safety of residents, staff and visitors, improvements required from the previous inspection in relation to the fire precautions in the smoking and laundry rooms had been addressed.

There was a recently updated health and safety statement available. The risk register was found to be comprehensive and had been recently reviewed and updated. All risks specifically mentioned in the Regulations were included.

There was a comprehensive emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for transport and accommodation should it be necessary to evacuate the building. Each staff member had been given a personal copy of the plan and a copy was also kept at the fire panel. There was personal emergency evaluation plan (PEEP) documented for each resident.

Training records reviewed indicated that all staff members had up-to-date training in moving and handling. The inspectors observed good practice in relation to moving and handling of residents during the inspection. All lifting equipment such as hoists and slings had been recently serviced.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2017. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff including recently recruited staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspectors noted that satisfactory infection control practices and procedures were in place. There were comprehensive recently updated policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free throughout. There were two cleaners on duty throughout the day time. Inspectors spoke with cleaning and laundry staff who were knowledgeable regarding infection control procedures, colour coding and use of cleaning chemicals. Staff confirmed that adequate supplies of cleaning materials and protective equipment were always available. All staff had received recent training in infection control. Regular infection control and hand hygiene audits were carried out and improvement to practice were identified. Recent improvements carried out as a result included the provision of new colour coded laundry bins.

**Judgment:**  
Compliant

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspectors found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The medication management policy had been updated following the last inspection to provide comprehensive guidance on over the counter medicines. Issues identified during the previous inspection had been addressed.

An inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

There were no residents self administering medicines at the time of inspection.

Systems were in place to record medicine errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who were always available for advice and support as well as providing training to staff. Posters were displayed in the nursing home with the name and contact details of the pharmacist informing residents of availability to discuss any issues with them.

Regular medicine management audits were carried out by nursing management. All staff had recently completed a medicine management competency assessment. Nursing staff had recently completed medication management training updates.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.</p> <p>The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the outcome and lessons learnt.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 11: Health and Social Care Needs</i></b> <b><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></b></p>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspectors found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Issues identified at the previous inspection in relation to nursing documentation had been addressed.</p> <p>All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis.</p> <p>A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspectors</p>

reviewed a sample of residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspectors reviewed a number of residents' files including the files of residents with restraint measures in place, who had recently fallen, at high risk of falls, with wounds, nutritionally at risk and presenting with responsive behaviours. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

A new computerised nurse documentation system had been put in place since the previous inspection. All staff spoken with told inspectors that they had received training on the use of the system. The inspectors found that nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, falls, dependency, manual handling, bedrail use, oral care and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. While nursing staff spoken with told inspectors that they regularly involved residents and discussed care plans with relatives, systems were not in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The inspectors were satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals maybe made to the dietician and or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans were updated following a fall. Additional measures including low low beds, crash mats, sensor alarms and half hourly checks had been put in place for some residents. The inspectors noted that the communal areas were supervised by staff at all times. Residents were reviewed by the physiotherapist and medicines were reviewed by the GP post falls. All staff had received recent training on falls prevention and all staff spoken with had a heightened awareness of those residents at high risk of falls.

There were a small number of residents with wounds including one pressure ulcer at the time of inspection. The inspectors were satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound charts in place. There was evidence of referral and assessment by the tissue viability nurse.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. The social care needs of each resident were assessed and records were maintained of each residents participation in activities. The daily and weekly activities schedule was displayed. The inspectors observed residents enjoying a variety of activities during the inspection including a music session and sing a

long, bingo, art, gentle exercises to music and guess 'what's in the parcel' game. Many of the residents actively partook and residents informed the inspectors that they enjoyed the variety of activities taking place. There were regular live music sessions, bingo, card games, reminiscence, current affairs/newspaper reading, baking and Sonas programme (therapeutic programme specifically for residents with Alzheimer disease). Residents told inspectors that they enjoyed going out in the garden during the fine weather. Special events were organised on a monthly basis, recent events included a mock wedding, a visit from the Clare hurling manager, an art competition with local school children, a visit from the Hunt museum, a pop up drapery shop visited, art therapy and the annual remembrance mass in November. A wide range of social activities took place over the Christmas period including visits from Irish set dancers, traditional Irish music group, school choir and carol singers. Residents' birthdays were also celebrated.

A monthly newsletter informing residents of upcoming events and parties was made available. The inspectors observed many photographs of residents and staff enjoying a variety of events displayed on the walls and been relayed on a large screen in the front hallway.

The activities coordinator had recently attended a creative exchanges programme, a course run at the local art museum in conjunction with age and opportunity. The course was specifically for persons leading creative activities with older people in care settings. The activities coordinator told inspectors that she found the training very beneficial and she had gained a greater understanding of the value of creative activity and improved her practical skills to carry out creative activities with residents in the centre.

**Judgment:**  
Substantially Compliant

***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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspectors were satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises met with the requirements of the regulations and HIQA's Standards. The centre was two storey in design and purpose-built. Inspectors found it to be well maintained and nicely decorated. It was warm,

clean and odour free throughout.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. A lift was provided between floors.

There was a variety of communal day spaces including day rooms, dining rooms and smoking rooms on each floor. The communal areas had a variety of comfortable furnishings and were domestic in nature.

There were adequate numbers of assisted toilets located adjacent to the day room areas. There was an assisted bathroom with specialised bath and assisted shower for residents use.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. Inspectors found that bedrooms were clean, bright and had ample personal storage space. All bedrooms had en suite bathroom facilities. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents spoken to stated that they liked their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. Inspectors viewed the service and maintenance records for the equipment and found these were up-to-date.

Inspectors visited the kitchen and found it to be clean, spacious and well equipped. Separate staff changing and toilet facilities were provided for catering staff.

Inspectors viewed the laundry, cleaners' room and sluice room. All were provided with key coded locks, found to be well equipped and maintained in a clean, well organised manner.

A visitor' room, visitor's toilet, hairdressing and treatment room were located on the ground floor.

Staff changing, toilet and dining facilities were provided on the first floor all of which were appropriately equipped.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas.

Inspectors found that the building was secure. The main entrance door was fitted with an automatic locking system. CCTV cameras were in operation on the front entrance area, external areas and main corridors in order to provide additional security.

**Judgment:**  
Compliant

### ***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 inspectors found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in a prominent position. A summary of the complaints procedure was included in the residents guide and in the contracts of care, signed by the resident or relative as having read and understood the procedure.

The inspectors reviewed the complaints log, there were no open complaints. Comprehensive details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to. All complaints were reviewed by the person in charge and regular audits of complaints were carried out.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

**Judgment:**

Compliant

***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:**

The inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was a recently updated end-of-life policy in place. Staff confirmed that support

and advice was available from the home care team and local hospice care team. Inspectors noted that there was evidence of regular review by the palliative care team particularly of medicines.

End of life care plans were documented, they were found to be person centered and outlined the individual wishes and needs of residents.

Families were facilitated to stay overnight should they wish. Families were provided with snacks, meals and refreshments during their visits. There was a comfortably furnished visitor's room available.

Many staff had received training regarding end-of-life care.

**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:**

A comprehensive policy on nutrition and management of hydration was implemented and all residents had been nutritionally assessed using a validated tool. This has been further discussed under Outcome 11: Health and social care needs.

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and residents spoken with were complimentary of the food and choices offered. Some residents required special diets or modified consistency diets and these needs were met. An inspector spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. The inspectors observed that a variety of hot and cold drinks and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection.

The menu was planned on a weekly basis. The daily menu was displayed on each table and outside the dining room; choices were available at every meal. Residents confirmed that they were given a daily choice. A selection of home baking as well as homemade soups and desserts were offered daily. Residents spoken with confirmed that the catering staff consulted with them and that their preferred foods were made available.

The inspectors noted that catering issues were discussed at the residents meetings and the chef confirmed that she received feedback from these meetings.

The inspectors observed the dining experience and noted it to be a pleasant one. Meals were served on both floors in four separate dining areas. The dining rooms were bright, homely and comfortable. Tables were set up to facilitate up to four residents on the day of inspection. The table settings were attractive with table mats, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. It was seen as an opportunity for social interaction with good banter and plenty of chat between residents and staff. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Nursing staff monitored the meal times closely.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspectors were satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspectors observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink. The inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected. However, inspectors noted that there was no lock on one of the toilet doors located beside the oratory and visitors room.

Staff paid particular attention to residents' appearance and personal hygiene and were

observed to be caring towards the residents. Many residents spoken with praised the staff stating that they were kind, caring and treated them with respect.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence. Some residents spoken with told inspectors that they could make their own decisions about how they wanted to spend their day.

Residents' religious and political rights were facilitated. Mass was celebrated fortnightly in the centre by a local priest. The centre was located beside a church and some residents who wished to attend mass were facilitated to attend. The activities coordinator told the inspectors that she had spoken with the local priest and was trying to organise a video link from the church. There was an oratory available to residents should they wish to spend some quiet reflective time alone. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in one of the dining rooms or in their bedroom.

There was an open visiting policy in place. The inspectors observed many visitors coming and going throughout the inspection. Relatives spoken with and those that completed questionnaires indicated that they were always made to feel welcome by staff and could visit at any time. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television, the internet and Skype. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers. Inspectors observed some residents listening to music on their MP3 players using headphones and others using interactive equipment such as iPads.

Staff outlined to the inspectors how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local choirs, musicians and school students visited regularly. A family sports day was held during the summer months, an art therapist had visited at Halloween, the beautician and hairdresser visited regularly.

**Judgment:**  
Substantially Compliant

***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 was a laundry room with ample space for washing and drying and sorting of residents' clothing. The inspector noted that good care was taken of residents' personal laundry. Residents and relatives were satisfied with the laundry arrangements and stated that mislaid clothing was generally not an issue.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

**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:**

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. The person in charge told inspectors that additional staff were on duty during on the days of inspection in order to facilitate and be available to speak with inspectors. There were normally four nurses and 13 care staff on duty in the morning time, four nurses and eight care staff on duty during the afternoon, four nurses and seven care staff on duty in the evening up until 22.00 hours and two nurses and five care staff on duty at night time. In addition, the person in charge normally worked during the day time Monday to Friday, the assistant director of nursing and clinical nurse managers (CNM) 2 worked supernumerary on some days and were involved in clinical governance and supervision of care. The CNM's1 worked at weekends to supervise the delivery of care, there was an on call out of hours rota system in place at weekends

and out of hours. Staffing rosters reviewed indicated these staffing levels to be the norm. Residents and staff spoken with were satisfied with the staffing levels.

The inspectors were satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the regulations. Staff files were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files.

There was a volunteer attending the centre, however, their roles and responsibilities were not set out in writing. The provider had put safeguarding measures in place and the volunteer engaged with residents under the supervision and support of staff pending Garda vetting.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2017. All staff had up to date mandatory training completed and further training was scheduled. Staff had recently completed training in medicines management, infection control, dysphagia, wound management, falls prevention, restraint, managing responsive behaviour and vena puncture. Both CNM's 2 had completed management training and the person in charge along with the CNM's 1 were planning to complete a management training course during 2017.

**Judgment:**  
Non Compliant - Major

## 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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Athlunkard House Nursing Home
<b>Centre ID:</b>	OSV-0000729
<b>Date of inspection:</b>	23/01/2017
<b>Date of response:</b>	08/02/2017

#### 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 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 inspector noted that contracts of care were signed when a resident was admitted to the centre and often while still awaiting the outcome of the Fair Deal contribution. Some contracts had not been updated when the Fair Deal contribution was finalised.

**1. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in

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

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:**

All Contracts of Care have been updated to reflect the resident's financial contribution once the Fair Deal has been finalised.

**Proposed Timescale:** 08/02/2017

### **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:**

While nursing staff spoken with told inspectors that they regularly involved residents and discussed care plans with relatives, systems were not in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

**2. 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:**

All care plan discussions, to include four monthly reviews and ongoing updates will be documented to reflect the involvement of residents and or relatives.

**Proposed Timescale:** 28/02/2017

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There was no lock on one of the toilet doors located beside the oratory and visitors room.

**3. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A lock has been fixed on this door.

Proposed Timescale: 08/02/2017

**Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

There were some volunteers attending the centre, however, their roles and responsibilities were not set out in writing.

**4. Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

A job description that includes roles and responsibilities has been put in place for our volunteer.

Proposed Timescale: 08/02/2017

**Theme:**  
Workforce

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

While the provider had put safeguarding measures in place and the volunteer engaged with residents under the supervision and support of staff, a vetting disclosure in accordance with the National vetting bureau was not yet provided.

**5. Action Required:**

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

The volunteer in question has been Garda Vetted.

Proposed Timescale: 08/02/2017