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

Issued by the Chief Inspector

Name of designated centre:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Athlunkard, Westbury, Clare
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0037084

About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77

How we inspect

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
Tuesday 23 August 2022	07:50hrs to 17:40hrs	Sean Ryan	Lead
Wednesday 24 August 2022	07:45hrs to 14:45hrs	Sean Ryan	Lead
Tuesday 23 August 2022	07:50hrs to 17:40hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Overall, residents told the inspector that they enjoyed living in Athlunkard House Nursing Home. Residents reported feeling safe and comfortable living in the centre and told the inspectors that staff were kind to them, caring and polite in their interactions.

On arrival at the centre, inspectors were met by the person in charge. Following an introductory meeting, inspectors walked through the centre with the clinical nurse managers.

On the morning of the inspection, the atmosphere was observed to be busy, but pleasant. Staff were observed checking residents in their bedrooms and preparing to assist some residents with their morning care needs. Staff were observed knocking on resident's bedroom doors prior to entering to provide assistance and polite conversation was overheard between residents and staff. Some residents were observed enjoying the company of one another while having breakfast in the dining room. Staff were present to ensure residents were assisted with their breakfast and to offer additional tea or coffee to residents if they wished. Some residents chose to have their breakfast in their bedroom and staff were observed to facilitate this request. Residents were observed relaxing and enjoying a variety of spaces in the centre. Some residents were sitting in the communal dayroom and dining room conversing with others while some residents appeared relaxed in their bedrooms watching television or listening to the radio while awaiting assistance from staff. As the morning progressed, inspectors observed a notable increase in the pace of staff who were busy attending to residents requests for assistance with their morning care needs.

Inspectors spoke with a number of residents in the communal rooms and in their bedrooms. Residents complimented staff and described them as 'the best you could ask for'. Residents told inspectors that they valued the time they had with staff during morning care where they talked about local news, family and upcoming celebrations. However, residents told inspectors that staff had limited time to spend engaging with them because staff were 'ran off their feet'. Residents told inspectors that this resulted in them not wanting to 'hold them up talking or keep them too long'. Residents told inspectors that although there were occasional delays in receiving care, a member of staff always came to assist them. However, some residents told inspectors that they refrained from using their call bell for assistance on days where residents were aware that there were staffing shortages. One resident detailed how they would go to the toilet alone some evenings, knowing the potential risk of falling if unaided, because of the unavailability of staff. Residents told inspectors that staff were very apologetic when residents had to experience delays in receiving assistance from staff.

Inspectors observed residents enjoying the company of one another in the dayrooms and staff were present to provide supervision, activities and refreshments.

Inspectors observed residents receiving assistance from staff with the mobility and transfer needs from wheelchairs into more comfortable chairs in dayrooms. However, inspectors observed some inappropriate manual handling of residents, by staff, during those transfers.

The inspectors observed that the centre was bright, spacious and laid out to meet the needs of the residents. The centre provided accommodation for residents over two floors in predominantly single room accommodation with full en-suite shower facilities. The centre was well-lit, warm and comfortable for residents. Inspectors observed that some areas of the centre had been redecorated and painted and a planned and phased approach to this work was in place. Inspectors observed areas of the premises where doors, skirting, floor coverings, and walls in communal areas and bedrooms were not in a satisfactory state of repair. Residents could independently access secured enclosed gardens that were appropriately furnished, maintained and landscaped to a high standard. The centre was found to be generally clean in areas occupied by residents. However, store rooms and sluicing facilities were not visibly clean on inspection. Some equipment used by residents was visibly damaged such as fabric furnishings, pressure relieving cushions and shower chairs were rusted. The volume of items stored in store rooms and vacant rooms in the centre impacted on effective cleaning of the area. The Thomond unit was the dementia care area that was home to nine residents. This area was brightly decorated with photographs, coloured walls and artificial hanging baskets on the corridor. Door were brightly decorated with adhesive pictures and designs but some of these adhesive decorations were in a poor state of repair as they were ripped and torn. Inspectors observed that the secure entrance and exit door to this area was not functioning and unlocked for the duration of the inspection. This meant that residents could leave the area without staff supervision and this was brought to the attention of the management team. Residents throughout the centre were observed freely moving through corridors and were supported to do so by appropriately placed handrails. However, inspectors observed that some residents identified as being at risk of falls were not always appropriately supervised in corridors.

Residents told the inspectors that they were satisfied with their bedroom accommodation, furnishing and storage facilities for their personal belongings. However, some bedroom furniture was observed to be chipped and damaged. In addition, inspectors observed that service ducting behind some beds was damaged and electrical wiring exposed. Residents were encouraged to personalise their private space and many residents had items of personal significance displayed in their bedrooms such as photographs, ornaments and furnishings from home. Residents were satisfied with the on-site laundry service. The inspectors reviewed the laundry process and observed that arrangements were in place to minimise the risk of residents personal clothing becoming damaged or lost. Inspectors observed that floors were damaged in the laundry, there were gaps around service pipes and air vents were not clean.

Residents were complimentary of the dining experience and complimented the quality and quantity of food they received. The dining experience was observed to be an enjoyable and social experience for most residents. While staff were observed to be available to assist residents in the main dining room, inspectors observed that

there was insufficient staff in the Thomand unit to support residents during mealtimes. Inspectors observed one member of staff supporting residents with their nutritional and hydration needs while other residents had to wait for assistance. Residents were provided with a choice for all their meals and confirmed the availability of snacks and refreshment at their request.

Inspectors observed that most residents were engaged in meaningful activities throughout the inspection and there was an activities schedule prominently displayed at the entrance to the communal rooms. However, inspectors observed that residents in the Thomond unit did not have equal access to the activities programme. Inspectors observed no meaningful activities taking place for residents in this area. Staff were attempting to provide some social engagement but this was observed to be interrupted when residents required assistance with their care needs or supervision when mobilising. While the centre had dedicated activities staff in place five days per week, staff who spoke with the inspectors identified the provision of social activities as an important part of their role but this was impacted upon by inconsistent staffing. This was echoed in the feedback from residents. While some residents confirmed that they were provided with opportunities to consult the management team about the quality and safety of the service at scheduled forum meetings, some residents stated that they had not had an opportunity to attend resident such meetings. Records confirmed that residents forum meetings were held but there was no record of attendance.

Inspectors spoke with a small number of visitors who expressed their satisfaction with the kindness of staff and the quality of care they provided to their relatives.

The following sections of this report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unnanounced risk inspection carried out over two days by inspectors of social services to;

- assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- follow up on actions taken by the provider to address issues of substantial compliance found on the last inspection in September 2021.
- follow up on notifications and information submitted by the provider and person in charge.
- follow up on unsolicited information received by the office of the Chief Inspector.

The Chief Inspector had received notification of incidents involving residents in the centre pertaining to serious injuries sustained by residents and the unexplained

absence of residents from the designated centre. On this inspection, inspectors reviewed the investigation of those incidents, the learning and quality improvement actions by the provider to improve the systems in place to ensure residents safety and well-being. The inspectors also reviewed unsolicited information pertaining to the inappropriate manual handling of residents and supervision of staff and this information was substantiated on inspection.

The findings of this inspection were that action was required by the registered provider to improve the staffing resources and the management systems in place to ensure a safe, consistent and quality service was provided to residents living in the centre. The provider had not ensured that the service consistently met the needs of the residents as evidenced by the non-compliance identified with Regulation 16, Training and staff development, Regulation 5, Individual assessment and care plan and Regulation 27, Infection control. Action was also required to ensure compliance under the following regulations:

- Regulation 23, Governance and management,
- Regulation 21, Records,
- Regulation 34, Complaints procedure,
- Regulation 17, Premises, and,
- Regulation 9, Residents rights.

Athlunkard Nursing Home limited is the registered provider of Athlunkard House Nursing Home. The organisational structure of the centre had changed since the previous inspection following a change in the company directors who are also involved in the operation of other designated centres for older persons. The senior management team consisted of a representative of the company directors and a regional manager. A member of the senior management team attended the centre on a weekly basis to provide governance and oversight support to the person in charge, with regular governance meetings taking place between senior levels of management. The centre also had access to human resources, finance, quality and facilities management support.

On the day on inspection, the clinical management support for the person in charge was not as described in the centre's statement of purpose. The position of assistant director of nursing had become vacant and in the interim the person in charge was supported by two clinical nurse managers. Inspectors were informed that two assistant directors of nursing had been recruited to enhance the management capacity in the centre. While awaiting those additional management resources, the clinical nurse managers had responsibility for monitoring the quality and safety of the service such as infection prevention and control, clinical documentation and providing supervision and support to the staff to ensure residents receive safe quality care. However, inspectors found that on occasions, the clinical management team were required to cover vacant nursing shifts. This impacted on clinical oversight, nursing supervision of staff and governance support for the person in charge.

Management systems were in place to monitor, evaluate and improve the quality and safety of the service provided to residents living in the centre. This included a

variety of clinical and environmental audits, analysis of complaints and weekly quality of care indicators and trending of incidents involving residents. Inspectors reviewed a sample of completed clinical and environmental audits and found that the audits schedule was effective in supporting the management team to identify deficits and risks in the quality and safety of the service. However, where quality improvement plans were developed following audit activity, the progress of the corresponding quality improvement action plans could not be measured. For example, the action plans developed in response to the findings of an environmental audit contained over 20 corrective actions and there was no evidence of action taken to implement or review the status of those actions.

Risk management systems were guided by the risk management policy. The person in charge was responsible for the oversight of risk management systems that included maintaining a risk register to record all potential risks to the safety and welfare of residents and the controls in place to mitigate the risk of harm to residents. Inspectors found that the risk management systems were not effectively monitored. For example, risks specific to fire safety had not been reviewed to reflect delays in completing outstanding fire safety works that may impact on the safety and welfare of residents. This included the risk associated with the impaired integrity of fire doors. Systems were in place to record, investigate and identify quality improvements arising from incidents. The record of incidents evidenced that the majority of incidents were related to resident falls. An analysis of falls in the centre had informed a number of quality improvement actions that included placing additional staff on night duty, providing falls prevention training to staff and the enhanced supervision of residents. However, the oversight of those actions, to ensure they were effectively implemented, was not robust. This was evidenced by the observed inappropriate manual handling of some residents and through poor staff awareness of falls prevention measures. Action had been taken following an investigation into incidents of unexplained absence of residents from the centre. This included implementing an appropriate assessment of residents at risk and a corresponding care plan to support residents.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse. However, there were gaps in the training records where a number of staff had not completed, or had expired, training pertinent to supporting the provision of safe care to residents. This included safeguarding of vulnerable people, infection prevention and control and residents manual handling techniques. Inspectors acknowledged that training in the aforementioned courses had been scheduled for staff to attend in the weeks following the inspection. However, inspectors observed poor practice with regard to infection prevention and control and hand hygiene. While there were systems in place to induct, orientate and supervise staff, the effectiveness of those systems were not evaluated or monitored. Inspectors found that the systems to supervise and allocate staffing resources to the provision of activities and supervision of residents was not effectively monitored.

While the planned rosters were maintained on the days of inspection and the

staffing levels were appropriate, a review of the rosters evidenced daily challenges in maintaining planned nursing, healthcare and housekeeping staffing levels. Agency staff were employed daily to support the rosters. Inspectors acknowledged that there was a staffing and recruitment plan in progress. Inspectors found that inadequate staffing resources resulted in the service being unable to consistently maintain safe staffing levels. On occasions, this meant that the clinical management team attended the centre outside of normal working hours to support the direct provision of care to residents or clinical nurse managers were taken away from their supervisory role to support the nursing roster. Inspectors also found that there were insufficient numbers of staff available on a daily basis to clean the centre.

A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file prior to commencing employment. However, record-keeping and file management systems were not effectively monitored. Inspectors found that records were not managed in line with the regulatory requirements with regard to maintaining accurate records of staffing rosters worked by staff.

A centre-specific complaints policy detailed the procedure for making a complaints and set out the the time-line for complaints to be responded to, the detailed the personnel involved in the management of complaints. The complaints procedure was displayed in the centre and residents, visitors and staff were aware of the procedure. However, action was required to ensure that complaints were appropriately documented and progressed through the complaints procedure in line with the centres own policy and the requirements of the regulations.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current 77 residents taking into consideration the size and layout of the building.

The failure of the registered provider to ensure sufficient staffing resources were in place to ensure the on-going safe and effective delivery of care and supervision to residents is actioned under Regulation 23, Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that some staff did not have appropriate training to deliver effective and safe care to residents. For example;

- A number of staff did not have up-to-date manual handling training.

Inspectors found that staff demonstrated a poor awareness and practice with regard to the appropriate and safe manual handling of resident.

- There were gaps in the training records of staff with regard to infection prevention and control. A number of staff demonstrated poor practice in relation to the wearing of personal protective equipment (PPE).
- While 90% of staff had completed training specific to falls prevention, some staff demonstrated a poor awareness of falls prevention measures specific to residents identified as at risk of falls.

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of residents. This was evidenced by;

- Inadequate systems to induct, supervise and support staff. For example, agency nursing staff could not access residents assessments and care plans. The summary sheet containing an overview of resident care needs did not provide up-to-date and accurate information.
- Inadequate arrangements in place for the supervision and of cleaning staff housekeeping staff and implementation of the cleaning procedure.
- Poor supervision of staff to ensure falls prevention actions were implemented such as supervising residents when mobilising and completing safety checks in line with the residents assessed needs.
- Inadequate supervision of staff with regard to the safe moving and handling of residents.
- Poor supervision of the allocation of staff to the Thomond unit to support staff with the supervision of residents and implementation of the activities programme.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that the management of records was not in line with the regulatory requirements. For example;

- Staff rosters did not accurately reflect the staffing levels for the weeks prior to the inspection and were not reflective of the rosters that were actually worked by staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that the service had sufficient staffing resources to;

- maintain consistent nursing and healthcare staffing levels in line with the centres statement of purpose.
- ensure effective cleaning of the premises.
- ensure the management structure, and support for the person in charge, was maintained in line with the centres statement of purpose.

Governance and management systems were not effectively monitored. This was evidenced by;

- The systems of monitoring, evaluating and improving the quality and safety of the service were not effectively implemented. For example, improvement action plans were not consistently subject to time frames or progress review.
- The risk management systems were not effectively implemented or reviewed. For example, a number of fire risks identified in a fire safety risk assessment, and awaiting completion, had not been appropriately updated in the risk register and the action plan did not accurately detail outstanding works. In addition, the documentation of high risk incidents, such as absconsion, was poor and did not contain the detail required at the time of the incident to ensure that risk could be appropriately managed.
- There was poor monitoring and oversight of infection prevention and control and the cleaning procedure.
- There was poor oversight and evaluation of the systems to induct, orientate and supervise staff. While records evidenced induction of staff into the record-keeping systems, staff were unable to demonstrate or access those records.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints management system found that issues of concern in relation to staffing and residents care needs not being met, had been brought to the attention of the management team were not documented and managed within the centre's complaints register. This meant that there was no record of how these issues were acknowledged, investigated or resolved to the satisfaction of the complainant, as required under Regulation 34.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents were generally satisfied with the care they received. However, action was required in relation to the delivery of safe and quality, person-centred care with regard to residents' assessments and care plan. Additionally, inspectors found that further action was required to comply with infection prevention and control, fire safety and residents rights. While the provider had taken some action since the previous inspection with regard to progressing maintenance and refurbishment works in the centre, further action was required to achieve full compliance with Regulation 17, Premises.

The inspectors reviewed a sample of assessments and care plans and while there was evidence that the residents' needs were being assessed using validated tools, some care plans reviewed did not reflect person-centred guidance on the current care needs of the residents. Consequently, the care plans did not provide accurate information to guide appropriate care of the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

Systems were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and healthcare services.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met. Records detailed the resident's preferences with regard to hospital transfer, their resuscitation status and end-of-life care needs and wishes.

The person in charge monitored the use of restrictive practices in the centre, such as bedrails. Restrictive practices were only initiated following an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support from staff that was kind, polite and non-restrictive.

The centre had been through a difficult and challenging period and had recently recovered from outbreaks of COVID-19 and Norovirus that had affected a number of residents and staff. A review of the management of a previous outbreak of COVID-19 had been completed and lessons learnt had been integrated into the outbreak management plan to prevent and prepare for future outbreaks in the centre. Inspectors found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included the installation of additional hand sanitisers and the replacement of some equipment used by residents that was damaged and not amenable to effective cleaning. However, there were insufficient supervision arrangements and insufficient staffing in place to ensure that the environment and equipment were decontaminated and maintained to minimise the risk of infection. Further findings in relation to poor

infection prevention and control and outlined under Regulation 27, Infection control.

A review of fire precautions evidenced that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider was found to be proactive in managing the fire safety risks in the centre and had a fire safety risk assessment completed of the ground floor of the premises. The actions arising from the fire safety risk assessment were progressing at the time of the inspection and a number of actions had been completed. This included arrangements for the safe storage of oxygen and additional fire detection in the laundry area. Systems were in place to ensure means of escape were unobstructed and weekly checks were completed on the integrity of fire doors. However, further action was required to comply with Regulation 28, fire precautions, with regard to the maintenance and repair of some fire doors and the observed poor practice of wedging fire doors open, to ensure that appropriate systems of fire and smoke containment were in place.

A maintenance plan was in place to improve the quality and safety of the physical environment for residents. This included a schedule for re-painting bedrooms and communal areas, de-cluttering storage areas and maintenance of the external garden areas for residents. However, the inspectors observed that there were areas of the premises where floors, walls and some furniture were not maintained in a satisfactory state of repair. Some equipment used by residents was visible worn and rusted and in a poor state of repair.

Residents told the inspector that they felt safe living in the centre and that staff respected their choice and preferences and treated them with dignity and respect. Inspectors observed that residents were free to exercise choice about how to spend their day and attend activities that were or interest to them. However, inspectors found that not all residents had equal access to the daily activity programme and some residents were observed to spend long periods without social engagement in a communal dayroom. Residents were provided with access to daily newspapers, radio, television, telephone and Wi-Fi if they wished.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 13: End of life

An assessment of residents end of life care needs was completed on admission to

the centre and was reviewed with the residents and, where appropriate, their relatives at intervals not exceeding four months as part of the care plan review process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and resuscitation status in consultation with the residents General Practitioner (GP).

The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 17: Premises

While there was an ongoing maintenance programme, there were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- Floor coverings in some communal areas, bedrooms and the laundry were visibly damaged in lifting.
- Paintwork in communal areas and bedrooms was visibly damaged with exposed plaster.
- There was damaged service ducting and exposed wiring in some bedrooms.
- There was inadequate storage facilities for equipment in the centre. For example, vacant rooms were used to store multiple beds, mobility aids and personal protective equipment and chemicals and equipment were stored in stair ways.
- Some equipment used by residents, such as shower chairs, were visibly damaged and rusted.
- Some fabric furnishings and cushions were visible torn and worn.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that met the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not comply with the requirements under Regulation 27. For example;

- There was inappropriate use of cleaning chemicals and the disinfecting process which increased the risk of environmental contamination and cross infection.
- Residents personal items were inappropriately stored in en suite toilets, sluice rooms and communal toilets which increased the risk of cross infection to residents.
- Some equipment used by residents was not clean on inspection. For example, nebuliser compressors, fabric furnishings and mattresses were visibly unclean and stained.
- Storage areas were cluttered and overstocked and not clean on inspection.
- Staff did not demonstrate an appropriate knowledge of the correct management of single use items such as dressings.
- There was poor practice observed with regard to hand hygiene and wearing of masks. For example, staff were observed inappropriately wearing gloves on corridors

Judgment: Not compliant

Regulation 28: Fire precautions

Some action was required by the registered provider to comply with fire precautions in the centre. This was evidenced by;

- Poor practice was observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system.
- Some fire doors on the first floor of the premises contained visible gaps when closed while some doors were misaligned and did not close correctly when released. This compromised the function of the fire doors to contain smoke in the vent of a fire emergency.
- Residents personal emergency evacuation plans did not contain essential information such as the method to transfer residents from their bed to their prescribed mobility aid during evacuation. This created a risk of delaying the timely and safe evacuation of residents.
- Fire evacuation drill records did not provide assurance that adequate arrangements had been made for evacuating residents from the centre in a timely manner with the staff and equipment resources available. Fire drill records did not evidence the number of staff taking part in the evacuation, or if the drill simulated a day time or night time evacuation when staffing levels were at a minimum.
- There were gaps and holes in areas where services were penetrating walls.

For example, there were holes around pipes in the laundry area that had not been appropriately fire stopped or sealed to prevent and contain the spread of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that they were not compliant with the regulatory requirements. For example;

- Care plans were not guided by a comprehensive assessment of the residents care needs. For example, some residents care plans did not accurately reflect the needs of the resident following assessment. Consequently, staff did not have accurate information to guide the care to be provided to the resident.
- Some residents did not have their current medical care needs and recommendations of an allied health and social care professional integrated into their care plan. For example, a resident who was described as mobile with assistance of staff, in their current care plan, but was no longer mobile and required the use of a hoist for safe transfer, following an assessment by a physiotherapist.
- Some residents at risk of falls did not have an appropriate assessment of risk completed at intervals not exceeding four months of following a falls incident.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with access to and assessment by a general practitioner (GP) at their request or as required. Systems were in place for referral to allied health and social care professionals for additional expertise. Physiotherapy services were available to residents on a weekly basis and a revised system of assessment by a physiotherapist on admission to the centre had been implemented. Resident at risk of falls had their mobility needs reassessed by a physiotherapist following a falls incident in the centre.

The management of wounds was consistent with evidenced-based care and informed through the recommendations of tissue viability nursing expertise.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who experienced responsive behaviours. The least restrictive practice was seen to be used, in accordance with national policy. For example, there was a low incidence of bedrails used in the centre. Residents that required the use of bedrails had an appropriate assessment of risk and supporting documentation in place with regard to the decision making process in consultation with the resident concerned.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to protect residents from the risk of abuse. Residents reported feeling safe living in the centre. Staff demonstrated an awareness of their role and responsibility with regard to protecting residents from, and responding to allegations of abuse.

The provider acted as a pension agent for residents. There were systems in place to safeguard residents monies and personal possessions handed in for safekeeping. A sample of deposits were reviewed by the inspectors and were found to be accurately recorded in a safe log book and audited by two persons.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have equal access to participate in activities in accordance with their interests and capacities. Inspectors observed some residents spending long periods of time without social engagement in the dayroom and in their bedroom with no activities taking place.

Residents told inspectors that they were not provided with opportunities to meet with management to participate in the organisation of the centre. Records of residents forum meetings did not evidence the number of residents that attended such meetings.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not 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 Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0037084

Date of inspection: 24/08/2022

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The induction programme has been enhanced to more fully incorporate the needs of agency in addition to long-term staff (Completed – 30th September 2022). Governance, management and supervison within the centre has been enhanced through the appointment of two Assistant Directors of Nursing, a Service and Relations Manager and a Housekeeping Supervisor (Completed – 10th October 2022). By 31st of October 2022, all staff will have completed updated manual handling training, Infection Prevention and Control (IPC) training and falls prevention training. In addition, in-house training will have been provided by the IPC link nurse on practices including hand hygiene and the use of PPE. Going forward, observational audits will be completed by the nurse management team to monitor improvements in practice.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: By 31st October 2022, our electronic staff rostering system will have been fully commissioned to more readily identify the number and skill mix of staff rostered to be on duty on any given date. In the interim, all paper rosters have been revised to more clearly illustrate staff absences. (Complete – 30th September 2022)	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Recruitment is ongoing for vacant staff positions and in the interim, the induction programme has been enhanced to more fully incorporate the needs of agency in addition to long-term staff. Agency staff are now rostered to ensure greater continuity in the care provided (Completed – 30th September 2022.
Competency assessments have been introduced for all grades of staff (Completed – 30th September 2022).
A review has been undertaken of the system of audit within the centre, including risk management systems (for example fire safety), and an updated approach adopted that also ensures that action plans for quality improvement have timeframes for completion. Action plans are also reviewed as part of monthly governance meetings to ensure they are completed within agreed timeframes (Completed – 30th September 2022).

Training has been provided to all nursing and in-house management staff on the management of high risk incidents such as absconsion (Completed – 30th September 2022).

Governance, management and supervison within the centre has been enhanced through the appointment of two Assistant Directors of Nursing, a Service and Relations Manager and a Housekeeping Supervisor (Completed – 10th October 2022).
By 31st October 2022, training will have been provided to the in-house management team on the need for greater understanding and supervision of infection prevention and control practices and will also include the oversight and review of cleaning procedures.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Our policy on the management of complaints has been reviewed and updated. Training on the new policy has been provided to all nurses and the in-house management team to enhance their understanding of complaints and the actions to take (Completed – 30th September 2022).

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A comprehensive review of storage and equipment has been completed. Equipment is now more appropriately stored or as required has been removed from the centre (Completed – 30th September 2022).

By 31st October 2022, all damaged service ducting and exposed wiring will be repaired or replaced.

A comprehensive refurbishment plan is in place that will upgrade fabric furnishings, flooring and paint work throughout the centre – to be completed by 31st December 2022.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
An internal review of cleaning chemicals and the disinfecting process has been completed to ensure the approach adopted in the centre reflects best practice. A cleaning schedule has also been introduced to ensure the cleaning of compressors, fabric furnishings and mattresses (Completed – 30th September 2022).

Storage areas have been cleaned and items including resident's personal items are now stored more appropriately (Completed – 30th September 2022).

In-house and online training has been provided to nursing staff on single-use items (Completed – 30th September 2022).

By 31st October 2022, update training will have been provided to all staff on hand hygiene practices and the appropaite use of PPE.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Resident's personal emergency evacuation plans have been updated and fire evacuation drills enhanced to comprise both day and night time simulation of evacuation with minimum staffing levels. (Completed - 30th September 2022)

A review of all fire doors has been completed to ensure that hold-open devices are in

place which release when the fire alarm sounds. (Complete - 30th September 2022)

By 31st October 2022, any gaps in areas where services penetrate walls will have been sealed and gaps under fire doors addressed.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
By 31st October 2022, all care plans will have been reviewed and updated as appropriate to more fully reflect the changing needs of residents. An updated care plan template has been introduced that reflects residents' current medical care needs and recommendations from allied health and social care professionals involved in their care.

By 31st October 2022, a comprehensive review of resident's fall risk assessments will have been completed to correctly identify risks and the actions to be put in place to mitigate same. Going forward, all fall risk assessments will be updated on at least a 4-monthly basis or following a fall.

Staff handover information sheets have been reviewed and amended as required to guide staff. (Completed – 30th September 2022)

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
By 31st October 2022, a comprehensive review of activity provision within the centre will have been completed and an updated activity plan put in place. This plan will allow for an increase in the number of staff involved in the delivery of activities and a renewed focus on resident's social engagement and 1-1 activity provision where appropriate.

By 31st October 2022, individual meetings will have been arranged with residents to identify their needs and wishes and the PIC and newly appointed ADON will have attended monthly resident meetings so as to engage more directly in this forum.
The minutes of monthly resident meetings now identify the initials of those residents who attend. (Completed – 30th September 2022)

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	21/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief	Substantially Compliant	Yellow	31/10/2022

	Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	21/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/09/2022
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.	Not Compliant	Orange	31/10/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	30/09/2022

	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2022
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.	Substantially Compliant	Yellow	30/09/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	30/09/2022
Regulation 34(1)(f)	The registered provider shall	Substantially Compliant	Yellow	30/09/2022

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's	Not Compliant	Orange	31/10/2022

	family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/10/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022