

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Athlunkard House Nursing Home
Centre ID:	OSV-0000729
Centre address:	Athlunkard, Westbury, Clare.
Telephone number:	061 345 150
Email address:	info@athlunkardnh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Athlunkard Nursing Home Ltd
Lead inspector:	Mary Costelloe
Support inspector(s):	Amy Collins
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	95
Number of vacancies on the date of inspection:	8

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 September 2019 09:00	24 September 2019 17:30
25 September 2019 09:00	25 September 2019 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care, the inspectors also reviewed outcomes in relation to governance and management, health and safety and risk management.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the

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

While this centre does not have a dementia specific unit, the inspectors focused on the care of residents with a dementia during this inspection. Forty two residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspectors met with residents, relatives and staff members during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspectors found the management team were committed to providing a good quality service for residents with dementia. The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour.

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 residents was evident. There were two activities coordinators on duty to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and the inspectors observed that staff connected with residents as individuals.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspectors found the residents were enabled to move around the centre as they wished. Signs and colours had been used in the centre to support residents to be orientated to where they were. Resident's had independent access to secure outdoor spaces. The 'Thomond' suite had recently been renovated and redecorated in line with best practice in dementia care to enhance the quality of life, dignity, well being and independence of residents with dementia who preferred to spend their day in a quieter and calmer environment.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspectors noted that staff assisting residents with a dementia were particularly caring and sensitive.

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

Improvements were required to recording the learning outcomes from fire drills to

ensure that any improvements were identified and acted upon. This is discussed in the body of the report and in the action plan at the end of the 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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

There were 95 residents accommodated on the days of the inspection. 43 residents were assessed as having maximum dependency needs; 21 had high dependency needs, 20 had medium dependency and 11 were assessed as having low dependency needs. 27 residents had been formally diagnosed with dementia and 15 residents had suspected dementia.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. 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. Residents had access to a pharmacist of their choice. The pharmacist was available to meet with residents in house.

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. There was full time physiotherapist employed. Chiropody, optical and dental services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

Inspectors found that a high standard of evidence-based health and social care was delivered to those availing of the service. Information collected about each resident on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs.

A comprehensive assessment had been completed for each person availing of the service on admission. Assessments included a person's level of dependency, risk of falls,

risk of malnutrition, and skin integrity.

A number of care plans were reviewed by the inspectors. Care plans were developed to a high standard and gave clear guidance to staff. Care plans guided care in relation to areas including washing and dressing, eating and drinking, communication, mobility, medicines management and social, mental and emotional well being. Care techniques to address the symptoms of dementia had also been included in the care plans. There was evidence that the residents and their families were actively involved in the assessment and care planning process.

Nursing documentation was completed on a computerised nurse documentation system which facilitated the generation of a hospital transfer letter when a resident was transferred to hospital. The transfer letter allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspectors were satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Nutrition care plans in place were found to be person centered and informative. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Meals were served to residents in the dining rooms on both floors, some residents who preferred to eat in a quieter environment were facilitated to eat in the Thomond suite and other communal day rooms. There were written and pictorial menu boards displayed in the dining areas as well as menus on each table which clearly displayed what food choices and dishes were available for each meal. Staff had strived to ensure that mealtimes were unhurried, social occasions. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. A variety of assistive plates and cutlery were provided for some residents so that they could eat their meals independently. The inspectors noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes.

A variety of hot and cold drinks, as well as nutritional snacks and fruit were offered and encouraged throughout the day. Residents told the inspector that they could have something to eat or drink at any time including night time.

There was a reported low incidence of wound development and the inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. The inspectors noted up-to-date wound assessment and wound care charts in place. Staff had access to support and

advise from the tissue viability nurse as required. A member of nursing staff had recently completed a post graduate diploma in wound management.

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls in line with the centres post falls protocol. The physiotherapist reviewed residents post falls and recommendations were reflected in residents care plans. Low-low beds and crash mats were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times. The person in charge reviewed falls on a regular basis and completed a falls analysis to ensure learning and improvement to practice. Key recommendations from a recent audit included continuation of the 'Fit for Life' and 'Pedal Power' programmes to promote mobility of residents. Inspectors observed that both programmes were taking place on an on-going basis. Residents spoken with confirmed that they enjoyed partaking in the programmes and found them to be beneficial.

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. Staff continued to be involved in the CEOL (compassionate end of life care) programme developed by the Irish Hospice Foundation. Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Staff were provided with training and guidance in end-of-life care. A care-of-dying review was completed following each death whereby staff reflected on the care given and used the opportunity to learn and enhance the culture of person centred end-of-life care. Religious sacraments were available to all residents as desired. Families were facilitated to be with their loved one at end of life and were provided with refreshments and food.

Inspectors observed a robust system of medicines management. Staff had a good knowledge of the residents medicine requirements and administration of medicine was seen to be safe. The systems in place were in line with professional guidelines.

Staff continued to provide meaningful and interesting activities for residents. There were two activities coordinators employed. Residents had individualised life story and activities plans documented. A varied programme of appropriate recreational and stimulating activities was offered on both floors. The activities coordinator had received specific training to support the activities programme including 'Activating Creative Exchanges with the Elderly' and Sonas (therapeutic programme specifically for residents with Alzheimer's disease) specifically to support the delivery of appropriate activities for residents with dementia. The activities coordinators carried out both group and individual activities with residents. The weekly activity schedule was displayed and residents spoken with stated that they enjoyed partaking in the wide range of activities taking place.

During the inspection, the inspector observed residents enjoying bingo, music sing songs, puzzles, hand massage and manicures. Other residents took part in a Sonas session. Residents told the inspector that they enjoyed partaking in exercise sessions, bingo, arts and crafts and gardening during the summer months. Some residents spoke of enjoying attending the regular live music sessions, weekly mass and attending the

hairdresser. The inspectors observed that staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The provider and 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 and training records viewed confirmed that staff had received ongoing education in safeguarding. Training was scheduled on an on-going basis.

The inspectors reviewed the policies on meeting the needs of residents presenting with challenging behaviour and psychological symptoms of dementia and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy 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 16 bed rails in use at the time of inspection following consultation, consent and multi-disciplinary risk assessment. The use of all bedrails had been risk assessed and the inspectors saw that alternatives such as low low beds and crash mats were in use for some residents.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour. Staff spoken with were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviours. The inspectors reviewed a sample of care plans and noted that the strategies described by staff were set out in the care plans. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. There were no residents prescribed psychotropic medicines on a 'PRN' as required basis at the time of inspection. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such

as infections, constipation, and changes in vital signs.

The inspectors observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment for some residents. Residents who preferred a quieter environment were facilitated in a small sitting room or quiet sensory room in the Thomond suite which had been recently designed in line with best practice in dementia care.

The inspectors were satisfied that robust systems were in place for the management of residents finances. The provider acted as pension agent for some residents and all money was paid into a separate nursing home interest bearing resident account. Residents were invoiced and charges were clearly set out on a monthly basis. Receipts were available for any purchases made on behalf of residents and bank balancing statements were available at the request of residents. Small amounts of money were kept for safekeeping on behalf of some residents. The inspectors were satisfied they were managed in a clear and transparent manner. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two signatories. There were regular reviews of accounts carried out by the person in charge and administrator. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspectors reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Some residents spoken with stated that they felt safe and secure living in the centre.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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 residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular basis and were facilitated by the

activities coordinator and assistant director of nursing. A recently appointed independent advocate also attended the meetings. Minutes of meetings were recorded, issues discussed included catering, laundry, activities, upcoming events, staff and any other issues residents wished to discuss. Minutes of meetings were distributed to all residents. There was evidence that residents were kept up-to-date regarding local events. A colourful newsletter was published quarterly which outlined upcoming events, staff achievements, birthday celebrants and photographs of residents and staff partaking in various local events and activities.

The inspectors noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents availed of the service.

Residents' religious and political rights were facilitated. The local priest visited and said Mass weekly. Residents spoken with stated that they enjoyed attending mass. Holy communication was offered regularly by a Eucharistic minister. Some residents were supported to attend Sunday mass in the local church. Residents of varying religious beliefs were facilitated as required. Residents were facilitated to vote and many residents had chosen to vote in-house during recent elections.

The inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspectors observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals in their preferred location.

There was an open visiting policy in place. Inspectors observed that numerous visitors came and went throughout the days of inspection and many were offered refreshments. Relatives spoken with told inspectors that they could visit at any time and were always made feel welcome. There were many spaces where residents could meet with visitors in private if they wished.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed on both floors in the centre.

Residents continued to maintain links with the local community. There were regular visits from local musicians, art therapist, clergy and hairdresser. Residents were supported to attend Mass in the local church and many residents had availed of organised day trips to places of local interest over the summer months. Residents were supported and encouraged to go on outings with family members. A summer party was

held to which families were invited and an residents' art exhibition was launched in the centre by the local Mayor. Residents had recently been invited to a local school to attend a performance by the students and the outing was being planned. Local members of the GAA had recently visited with the winning All Ireland hurling 'Liam McCarthy' cup.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. A selection of newspapers was available and some residents were observed to enjoy reading them. Some residents were supported to use SKYPE to keep in contact with friends and family abroad.

As part of the inspection, the inspectors spent a period of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a one hour on each of the inspection days. An overview of the observations is provided below:

The inspectors found that for 100% of the observation period (total observation period of 120 minutes, 60 minutes each day) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and snacks, preferred place to sit, staff spoke with residents and explained about what was on the menu for lunch, staff supported a resident who requested to return to bed. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating. Staff engaged positively with residents chatting together in a very sociable manner.

Judgment:

Compliant

Outcome 04: Complaints procedures

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 complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties

and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspectors reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Complaints were regularly reviewed and analysed by the management team to ensure learning and improvement to the service. All new residents and their families were informed of the procedure for making complaints and had signed to indicate that they had read and understood it.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused, all staff provided care to the residents.

The inspectors found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents at the time of inspection. Relative's and residents spoken with were complimentary regarding the staff stating that they were both caring and competent. Residents and staff spoken with were satisfied the current staffing levels on duty.

The person in charge ensured that there was a regular pattern of rostered care staff to ensure continuity of care. Staff spoken with confirmed that this arrangement had a positive impact on residents as they were comforted by the familiarity of staff working there.

There were normally four nurses and 14 care staff on duty in the morning time. There were four nurses and 12 care staff on duty in the afternoon and four nurses and eight care staff on duty in the evening time until 21.00hours. There were two nurses and five care staff or three nurses and four care staff on duty at night time until 7.00 am. Eight care staff commenced duty at 7.00 am.

The person in charge and assistant director of nursing (ADON) normally worked during the day time Monday to Friday. The staffing complement included the physiotherapist, activities coordinator, catering, housekeeping, administration and maintenance staff. There was an on call rota system in place for out of hours and at weekends. The inspectors reviewed the staff roster which reflected the staffing arrangements in place. Nursing management team stated that they continually reviewed staffing levels including staffing levels at night time. They had completed a night time monitoring report in June 2019 having spent the night time in the centre observing work organisation, practices and speaking with night staff.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety, manual handling and infection control.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, food safety and medication management. Further training was scheduled in dementia care, management of responsive behaviours, supervisory management and cookery.

Staff were supervised to their role and appraisals were also conducted. Staff achievements were acknowledged by the management team and photographs of presentations to staff for performance excellence and promotions were displayed on the notice boards.

There were robust recruitment procedures in place. The inspectors reviewed a sample of five staff files including the files of recently recruited staff. Staff files reviewed 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 for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design of the building was suitable for its purpose. It was two storey and purpose

built. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was a variety of communal day space, with spacious sitting rooms, dining rooms and recreation rooms. There was a separate smoking room. Private accommodation was sufficient and there were adequate facilities for residents to meet visitors in private.

The provider had recently renovated, and redecorated a section of the ground floor area the 'Thomond' suite in line with best practice in dementia care. The decor, size and layout of the suite was designed to enhance the quality of life, dignity, well being and independence of residents with dementia who preferred to spend their day in a quieter and calmer environment. For example, the corridor had been designed to resemble a street scene, with signposts, lamp posts, floral window boxes and the doors to the bedrooms had been painted to resemble front doors of houses. The communal day space and sensory room had been redecorated to provide a domestic homely style. Residents had access to a safe secure and enclosed garden area located off the day room.

Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for. Contrasting colours were provided to toilet seats to help residents with dementia orientate better.

Residents had access to a number of well maintained and landscaped external garden courtyards which were easily accessible from the communal day areas.

Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia. Corridors were wide, bright and allowed for freedom of movement. There were pictures positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. Additional seating was provided on corridors and in alcoves. All areas were bright and well lit. There was a lift provided between floors.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was provided in 89 single bedrooms and 14 twin rooms. All bedrooms had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Bedrooms were adequate in size and ample personal storage space was provided. Call bells were accessible in all bedrooms and bathrooms. The rooms also had enough space for equipment such as hoists to be used.

There was a range of equipment in the centre to aid mobility. Training records showed that staff had completed manual handling training in relation to the equipment available in the centre. Service records of equipment including hoists were up to date.

Access to and from the centre was secure. The main external doors were fitted with electronic locks. CCTV cameras were located at the external doors and in the main

corridor areas. There was a policy in place and clear signage displayed indicating the use of CCTV. All external fire exit doors were alarmed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk 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:

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out and they were discussed at the monthly quality and safety committee meetings.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. All residents had an up-to-date personal emergency evacuation plan in place. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. The servicing of the fire alarm system and fire equipment was up-to-date. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Regular fire drills took place which included simulated full compartment evacuation involving both day and night time staffing levels. Staff spoken with confirmed that they had been involved in fire evacuation drills. All staff were scheduled to attend a simulated evacuation drill bi-annually. While records were maintained of all fire drills and included the time taken to evacuate each compartment, improvements were required to recording the learning outcomes from each drill to ensure that any improvements required were identified and acted upon.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free. All staff had completed training in infection control. Regular reviews of hygiene and infection control were carried out. A household supervisor had been recently appointed to ensure improved oversight of housekeeping and laundry services.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. Issues identified at the previous inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management team included two of the directors of Athlunkard Nursing Home Ltd. The person in charge was the person nominated to represent the provider and she worked full time in the centre. The chairperson of the board of directors was the operations manager in the centre and visited on a weekly basis. Both directors were involved in the day to day running of the centre. The person in charge was further supported in her role by the assistant director of nursing (ADON), two senior nurses and the administrator. The person in charge knew the residents well and was knowledgeable regarding their individual needs. The person in charge was available to meet with residents, family members and staff which allowed her to deal with any issues as they arose.

The provider had continued to invest in the premises with evidence of improvements taken place to the premises as discussed under Outcome 6: Safe and suitable premises.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. The team had continued to evaluate its compliance with relevant standards and regulations. There was a comprehensive audit schedule in place. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. Feedback from residents' committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All relevant incidents since the previous inspection had been notified as required by the regulations and had all been responded to and managed appropriately.

Contracts of care in line with the regulations were agreed with all residents.

Judgment:

Compliant

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 report¹

Centre name:	Athlunkard House Nursing Home
Centre ID:	OSV-0000729
Date of inspection:	24/09/2019
Date of response:	18/10/2019

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 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Improvements were required to recording the learning outcomes from all fire drills to ensure that any improvements were identified and acted upon.

1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case

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

of fire.

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

All staff will continue to partake in bi-annual fire evacuation assimilations. Learning outcomes will be developed and recorded after each session and improvement plans created accordingly.

Proposed Timescale: 20/10/2019