Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Aclare House Nursing Home
Centre ID:	0001
Centre address:	4-5 Tivoli Terrace Dun Laoghaire Co Dublin
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Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Aclare Nursing Home Ltd
Person in charge:	Joseph Muldowney
Date of inspection:	25 May 2010
Time inspection took place:	**Start:** 09:30 hrs **Completion:** 18:30 hrs
Lead inspector:	Angela Ring
Support inspector:	Jackie Warren
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

About the centre

Description of services and premises

Aclare House Nursing Home consists of two existing houses adapted to form one building and has three storeys. There are two staircases, one of which has a chair lift going up to the second floor. There are bedrooms on each floor and the ground floor has a kitchen, laundry and sluice room. The centre can accommodate up to twenty six residents and cares for people over 65 years of age, people with mental health problems and people with a disability.

There are seven single rooms, three single en suite rooms with showers, seven twin bedrooms and one twin bedroom en suite with a shower. In addition, there are two wheelchair accessible bathrooms and three accessible toilets. There is a day-room and dining room on the first floor which are interconnected and a conservatory, with access to a secure courtyard and garden.

There is very limited parking at the centre but ample on street disk parking outside the centre.

Location

Aclare House Nursing Home is located in a quite residential area close to Dun Laoghaire, County Dublin.

Date centre was first established:	1988
Number of residents on the date of inspection	23
Number of vacancies on the date of inspection	3

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	3	15	5	0

Management structure

Aclare House is a limited company and the company Directors are husband and wife team, Joseph and Breege Muldowney. Breege Muldowney is the Provider and Joseph Muldowney is the Person in Charge and they both work full-time in the centre. Susan Hegarty, the Clinical Nurse Manager, works part-time and reports to the Person in Charge. The nurses, care assistants, Activity Coordinator, catering and cleaning staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	4	1	1	1	1 Activity Coordinator

Summary of findings from this inspection

This was an announced registration inspection and the second to be carried out by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate (SSI). As part of the registration process, the provider has to satisfy the Chief Inspector that she is a fit person and will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors carried out separate fit person interviews with the provider and the person in charge, who had completed the fit person self assessment document in advance of this visit and had made some positive changes as a result. All of this information was reviewed by inspectors, in addition to the information provided in the registration application form and supporting documents. Inspectors also met with residents and relatives and reviewed documentation as part of the inspection process.

As the centre had been previously inspected in November 2009, inspectors followed up on all actions required from the first report. Overall, inspectors found that the provider and person in charge had implemented several improvements and had adequately addressed most of the action plans and recommendations. These improvements included risk assessments on residents who smoke, improving medication management and the care planning process, developing a quality assurance system and increasing staff supervision in the day-room. Two actions were not addressed; developing centre-specific policies and procedures and providing adequate staff changing facilities, but the provider explained that they were plans in place to address these issues.

The inspection was also guided by information received by the SSI prior to this inspection in relation to fire exits, maintenance issues and management of residents' finances. Inspectors assessed practice in relation to these issues during this inspection to ensure the safety and wellbeing of all residents. These issues were reviewed during the inspection and inspectors found that there were an adequate number of fire exits, the ceiling had been repaired on the ground floor and there was a robust procedure in place to manage residents' finances.

During this inspection, inspectors found that the provider and person in charge were knowledgeable of and committed to meeting the requirements in the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Many of the residents were quite independent and could come and go from the centre during the day, which contributed to their quality of life. There were a range of activities for residents to partake in during the day, these included music, massage and games.

Residents' health care needs were well met and there was good access to peripatetic services. Mealtimes were enjoyed by residents. There were adequate staffing levels to meet residents' needs and the staff knew the residents well.

There were some areas for improvement identified by the inspectors, which are addressed in the Action Plan at the end of this report. These include developing the care planning process, recording all verbal complaints, developing centre-specific policies and the emergency plan. There were some improvements required in the premises such as providing staff changing facilities and increased storage facilities.

Comments by residents and relatives

Inspectors received several questionnaires from relatives and residents prior to the inspection and met with residents and relatives on the day of inspection.

There was very positive feedback from relatives and they all expressed satisfaction with the care given by the staff and the quality of the facilities at the centre.

Residents said that the staff were very friendly and described the provider and person in charge as approachable. Several residents said that the person in charge spent time sitting with them and was always available for a chat. Residents and relatives agreed there were adequate staff on duty and one said that there was more staff on duty since the previous inspection.

Residents felt they had choice in their daily routines and said their independence was encouraged by the staff. Some relatives said that there should be more activities and outings while others expressed satisfaction about the recent appointment of the activity coordinator employed since the previous inspection. All of the residents said they liked the food and their visitors were welcomed and offered refreshments.

Relatives told inspectors that they were now involved in care planning for their relative which they valued and said they were kept well-informed about their relative's condition at all times.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge had a good working knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The staff also had a good level of awareness of the Standards and there were copies made available to them at the nurse's station. Inspectors reviewed the minutes of staff meetings and found that the Standards were regularly discussed with staff.

Inspectors found that there was a strong management structure and all grades of staff were aware of their reporting relationships. The nursing and care staff told inspectors that they felt well supported by the provider, person in charge and clinical nurse manager (CNM) and could approach them if they needed advice or assistance. There were satisfactory deputising arrangements for the person in charge with the CNM in charge in his absence. The person in charge and clinical nurse manager demonstrated good leadership to the staff and they led at the morning report each day to keep staff informed of residents' progress. The person in charge was a qualified psychiatric nurse with several years of experience in caring for older people and those with mental health problems.

Risk was well-managed. Inspectors found that the safety statement had been recently updated with staff signatures to indicate they read and understood the statement. There were fire risk assessments carried out on residents that smoked as some residents smoked in non-designated smoking areas such as their bedrooms. There were policies developed on adverse incidents and resident absent without leave to guide staff on the procedures to follow.

Inspectors looked at the directory of residents and found that it was updated to include all residents' details. The contract of care was reviewed by inspectors who found that it complied with the Regulations and contained details of additional fees to be paid by the resident. There was also an up-to-date insurance certificate.

On inspection, the statement of purpose did not include details of the categories of care or room sizes, but this was completed shortly after the day of inspection and resubmitted to inspectors and was found to be satisfactory. It reflected the ethos of care at the centre.

The residents' information booklet complied with the Regulations and contained the most recent inspection report; several copies were available for residents and relatives.

The provider explained that she managed some residents' finances; inspectors found that there were robust procedures in place such as the keeping receipts and staff signed for all transactions. The provider explained that their accountant completed a monthly audit of each resident's finances, to ensure that there was a clear audit trail of personal finances. Residents told inspectors they had easy access to their money at all times, including weekends.

Inspectors reviewed the fire book and found that all staff had attended fire training in March 2010. There was also evidence of checks of fire fighting equipment and alarm testing. Staff were knowledgeable of fire and evacuation procedures and inspectors reviewed a fire safety certificate from a suitably qualified person which stated that the premises and fire procedures were in compliance with the Regulations.

Inspectors reviewed audits completed by the provider on medication management, meals and mealtimes, routines and expectations and hygiene. The provider explained that several improvements had been made as a result of these audits. These improvements included commencing oral assessments for residents, improving the mealtime experience, introducing a healthy eating programme and using a dedicated medication fridge.

Some improvements required

The complaints policy was read by inspectors and was found to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). There was a complaints log maintained for written and verbal complaints. However, inspectors found that all complaints received were not recorded as the complaint received by the Authority was not documented despite the complainant discussing the issues of concern with the person in charge. There was inadequate recording of the actions taken in response to the complaints and the outcome for the complainant.

Inspectors reviewed the incident book which recorded details of all incidents and accidents and found that there was a low level of falls. However, there was no evidence of discussion with staff and learning taking place from any incidents, such as determining if additional preventative measures were required to reduce the risk of reoccurrence.

Residents were not involved in the fire training and were unsure of the procedures they would follow in the event of fire.

Significant improvements required

The provider did not have a plan in place to guide staff on the procedures to follow in the event of an emergency.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

There was a homely atmosphere in the centre and inspectors observed staff speaking to residents in a gentle, professional and friendly manner. Residents' personal care needs were met and staff told inspectors they encourage residents to take responsibility for their appearance. Residents told inspectors that a hairdresser and beautician visit regularly, which they enjoy.

There were suggestion boxes placed around the centre which residents and visitors were encouraged to use to make comments and suggestions on how the service could be improved.

Residents were encouraged to contribute to and participate in the running of the centre. Inspectors observed one resident assisting in the dining room after mealtimes and another resident was involved in maintaining the garden. Residents were supported to participate in the local community. Daily trips are organised and some residents told inspectors that they book taxis to take them out to the shops and to the park. This helped to maintain residents' autonomy and independence.

Inspectors found that three residents were less than 65 years of age and attended daily rehabilitation and social care workshops in the community. Inspectors met with two of these residents who expressed satisfaction with their quality of life and their level of autonomy.

One resident told inspectors that she went out to mass in the nearby church each day. Some relatives expressed regret that mass was only took place once a month in the centre. The person in charge told inspectors he was trying to address this problem but was having difficulty in sourcing a priest.

There was a policy on the prevention, detection and response to elder abuse and Health Service Executive (HSE) leaflets were available to residents and relatives on this issue. There were training records to indicate that all staff received training on the prevention, detection and response to elder abuse. Inspectors found that staff were knowledgeable on the procedures they would follow in the case of suspected elder abuse.

Inspectors found that staff respected residents' privacy. Residents told inspectors that staff always knocked on their bedroom doors and staff were seen knocking and waiting at residents' doors until given permission to enter. There were curtains in the twin bedrooms to ensure privacy for residents.

Inspectors spent time with residents during mealtimes and found them to be enjoyable and unhurried social occasions. Food was presented attractively, including soft diets and in adequate amounts. Residents told inspectors that they enjoyed their meals. Staff placed menus on each table in the dining room and sat with residents while assisting them in a respectful manner. Staff told inspectors they had access to the kitchen at all times and residents said they could get a snack during the night if they wished. Some residents decided to have their meals in their bedrooms and they told inspectors that these meals were hot and nicely presented. There was plenty of fresh fruit and drinks available to residents throughout the day.

The provider explained she had recently employed an activities coordinator who was responsible for providing activities and meaningful engagement for residents. Inspectors reviewed questionnaires which she had recently completed with each resident to identify their preferences in this area. She told inspectors that she planned to use the information to develop individual programmes for residents and group activities of their choice. The staff were also involved in providing activities for residents, these included exercises, massage, bingo, music, Sonas (A group session involving stimulation of all five senses particularly useful for people with cognitive impairment) and trips to the shops. Some of the residents told inspectors about a specially trained dog which volunteers brought to the centre each week.

Inspectors reviewed a sample of life-story books that were recently introduced for residents. These books contained information on residents' likes, dislikes, achievements, special memories, preferences in daily routine and family history. This allowed staff to get a greater understanding of each resident's life prior to their admission to the centre. Inspectors found that some of this information would have been very beneficial in developing the care plans for residents.

There was a book in the day-room for reminiscence therapy which reminded residents with dementia of their past and prompted discussion triggered with each other about old times. The book contained pictures of old Dublin scenes, old buses, telephone boxes, old money and other pieces of memorabilia. There was another book on reality orientation with pictures of new money, the Taoiseach and the new Dublin buses. These books stimulated discussion between staff, residents and relatives and enhanced communication for people with dementia.

There was an information folder on dementia and Alzheimer's disease for staff and relatives which addressed all aspects of caring for a person with dementia such as effective communication, promoting independence and assisting with personal care. Staff told inspectors that they found this information very helpful and informative.

Some improvements required

Inspectors found that there was only one main course on offer each day for lunch and dinner, but the chef explained that she would provide an alternative if the resident did not wish to have the main course. Inspectors found that the residents were not always aware of the availability of this alternative and so, in reality, their choice was limited.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors reviewed a sample of residents' care plans and found that several improvements had been made since the previous inspection. The CNM explained that care plans were reviewed every three months by the nursing staff and there was evidence of residents' and relatives' involvement. There were risk assessments completed on the development of pressure ulcers, malnutrition and prevention of falls.

Inspectors found that the nursing staff knew the correct procedures to follow in the administration of medication. The medication management policy had been reviewed since the previous inspection by the person in charge; inspectors found that it was centre-specific and addressed the procedures for dispensing and storing medication. There was a fridge for the storage of medications and records to indicate that the temperature was checked daily to ensure it was within the optimum range. There were no controlled drugs in the centre on the day of inspection. The CNM told inspectors that she completed regular spot checks on prescriptions and administration records to check for accuracy and to identify areas for improvement. An audit was also completed on medication management by the provider and CNM and improvements were identified as a result. The provider told inspectors that all of the nursing staff had recently completed the e-learning programme on medication management by An Bord Altranais to ensure they had knowledge of best practice guidelines.

The person in charge explained that a general practitioner (GP) visits once a week to review residents where necessary. Residents were encouraged to keep their own GP where possible and some of the residents continued to attend their own GP practice if they so wished. The provider and person in charge had made good links with the Psychiatry of Old Age team in a nearby hospital, for some residents with particular needs in order to provide specialised care for them. The CNM explained that she had access to chiropody, dietetics, optician services and occupational therapy when required, which was at additional cost to residents in some cases. There was documentary evidence to support this access to other health professionals.

There were no residents with pressure ulcers on the day of inspection. However, one resident had a stoma (opening on the abdominal wall). The nurse manager told inspectors that he was encouraged to care for it himself and the stoma nurse visited

him regularly. Inspectors reviewed this resident's care plan and found there was comprehensive information about the management of the stoma.

Inspectors found that there was a comprehensive pre-admission procedure in place to assess residents prior to admission. The provider reviewed each resident, spoke with their family and obtained as much documentation as possible to ensure that she had good knowledge of the residents' needs prior to admission.

Inspectors saw several examples of staff supporting residents to be independent whilst maintaining their safety. Several of the residents used walking aids to maintain their independence and the person in charge said there was access to physiotherapy on a weekly basis and at no additional cost to residents.

There were no residents requiring end of life care on the day on inspection. There was a policy on end of life care and the person in charge said they had made links with the local palliative care team in the past.

Inspectors found that a restraint free environment was promoted. The only restraints used were a small number of bedrails. There was a restraint policy and records to indicate that residents were assessed prior to the decision to use bedrails. Each resident that used bed rails was reviewed every three months by the nursing staff to determine if they were still required and alternatives were explored.

Some improvements required

Inspectors observed some residents with dementia or mental health problems displaying behaviours that challenged, such as shouting. The staff responded gently and respectfully to these residents and they knew which interventions to use to meet the resident's needs, such as sitting down for a chat or offering a diversion. There was a care plan developed for these residents with behaviours that challenge. However, there was no behavioural diary maintained to record the triggers for behaviour, the behaviours displayed and the alleviating and aggravating factors to assist staff in meeting these residents' needs and analyse patterns in their behaviour.

Improvements were required in the care planning process. There was no record of one resident's wound in the skin assessment or nursing notes, although it was being closely monitored and regularly reviewed by the nursing and medical staff.

Some of the care plans were format core care plans, and this meant that the plans were not personalised to the particular resident's needs and the process was not person-centred in its approach.

Despite the good practices in medication management, each medication was not individually signed by the GP on the prescription sheet which resulted in a list of medication being prescribed with one signature. This could lead to errors in administration.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors found that overall the centre was clean and well maintained. Inspectors reviewed a document which indicated that the ceiling in the ground floor had been promptly repaired when a problem had been identified.

Inspectors visited residents' bedrooms with their permission and found that some bedrooms were furnished with residents' possessions and others were not as some residents had very little possessions. Each resident's photograph and name were placed on their bedroom door to aid them in orientation and give them a sense of belonging.

The dining room and day-room on the ground floor were warm, inviting and furnished with curtains, pictures, small tables and comfortable armchairs.

Inspectors found the kitchen to be orderly, clean and well stocked. The chef had a good knowledge of each resident's dietary preferences and knew the specific requirements for a resident on a low sodium and diabetic diet.

Staff told inspectors that they received training in infection control and there were records to support this training. There were gloves, aprons, alcohol gels and hand washing sinks located in sufficient numbers around the premises and all chemicals were locked away. The sluice room had a mechanical washer and a sink.

Inspectors found the laundry room well organised with a washer, dryer and a sink. Residents told inspectors that they received their clothes back from the laundry promptly and in good condition.

Equipment was well maintained, with records kept of recent servicing for the chair lift, mattresses and other equipment. Staff explained the procedures for reporting faulty equipment and said they were satisfied with the prompt response from the maintenance person who came to the centre once a week, and more often if required.

There were good security facilities with internal phones on all floors and a keypad panel at the entrance. The night staff carried personal alarms for their safety and there was security lighting outside.

There were several areas for residents to walk safely and the doors to the secure garden were left open to allow all residents to access them.

Some improvements required

Inspectors found that the signage for residents with dementia was confusing. The building had a complex layout and several doors, which made it difficult for residents with dementia to navigate their way around.

There were inadequate changing facilities for staff and this posed a threat to infection control, as there was only one toilet and a lack of space for changing clothes.

There was inadequate storage space as the sluice room was used to store clean items and the small nursing office was used to store dressings and medication in addition to files and documentation.

Significant improvements required

The laundry was on the ground floor and near residents' bedrooms, and inspectors found that it was poorly ventilated. Staff told inspectors that they found the room very hot and left the door open as a result which created as a risk to residents' safety.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up-to-date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed staff communicating effectively with residents who had dementia and mental health problems. The provider explained that she and the staff were going to introduce "talking mats" which were communication aids for people with dementia, developed from research carried out by a well recognised university that specialises in dementia.

Staff told inspectors that they all attended the morning report meeting where they received an update on each resident and were allocated to their care. They told inspectors that they attended monthly meetings with the management team and inspectors reviewed minutes of these meetings. Staff said that they felt well informed about issues arising in the centre and explained that it helped them to work well together as a team. Inspectors observed staff members working effectively as a team; they worked in a coordinated way and showed awareness of each other's roles and responsibilities.

Inspectors saw that there was a residents' notice board with information on the complaints procedure, advocacy services and information leaflets. An orientation board was used to provide information on the day, date, staff on-duty and the weather which helped to orientate residents with dementia. There was an information folder at reception for relatives who were previously caregivers on the importance of maintaining their own health and wellbeing. There was a sign in book at reception which kept a record of all visitors to the centre for evacuation purposes.

Inspectors found that records were stored in a locked press in the office which ensured confidentiality.

Residents told inspectors that they had access to newspapers and other reading material, and the provider explained that she recently moved the telephone to allow residents to use it in private.

Some improvements required

The person in charge told inspectors that a residents' and relatives' council was recently established and consisted of a relative of a resident with dementia, a staff nurse and a resident. Inspectors reviewed the minutes of the monthly meetings and found that some positive changes had occurred, such as a meeting between the chef and a resident to discuss the menu. However, inspectors found that having one resident on the council resulted in a lack of inclusivity. There was a risk that not all residents' views and opinions would be represented. Some residents told inspectors that they had ideas that they would like to bring to the council but were unsure of how to do this.

Inspectors found that the policies and procedures were not centre-specific and user friendly for staff. Inspectors found several examples of practices not being supported by policies such as the 'behaviour that challenges' policy.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors found that there were adequate numbers of staff on-duty and the skill mix met the needs of residents and residents confirmed that their needs were met promptly. The provider explained to inspectors that she had increased the staffing levels since the last inspection to allow for increased supervision in the day-room.

Staff demonstrated good knowledge of residents' individual preferences and needs. Inspectors noted that they were caring to residents and treated them with great respect and affection.

The person in charge told inspectors that he had recently completed a short course in gerontological nursing which increased his knowledge of best practice in care of the older person. A small number of care staff had completed the Further Education Training Awards Council (FETAC) training and told inspectors that they found it very beneficial for caring for and communicating with residents with dementia. For example, one staff member said it assisted her in responding to residents with behaviours that challenge.

The recruitment policy was reviewed by inspectors and was found to comply with the Regulations. There were records to indicate that the nurse manager completed appraisals with all staff each year where staff identified their training and development needs.

Inspectors reviewed the staff file of the most recently recruited member of staff. This file contained three references, curriculum vitae, application for Garda Síochána vetting and a medical declaration. There was no proof of identity or photograph but these were submitted to inspectors a short time after the inspection. There were job descriptions for staff nurses' and care assistants and copies of each nurse's registration with their regulatory body An Bord Altranais for 2010.

There was a list of all training completed by each member of staff in 2009 and 2010. This included training on manual handling, fire prevention, CPR (cardio pulmonary resuscitation) and infection control. The provider explained that she had booked training for staff on meeting the needs of residents with behaviour that challenge,

which she believed would assist them in improving the standard of care provided to residents.

Some improvements required

There was no job description developed for the activity coordinator which would clarify her role and responsibilities.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with Joseph and Breege Muldowney and the clinical nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

26 May 2010

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
2 and 3 November 2009	☐ Registration ☒ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Aclare House Nursing Home
Centre ID:	0001
Date of inspection:	25 May 2010
Date of response:	23 June 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no emergency plan to guide staff on the procedures to follow in an emergency.

Action required:

Develop an emergency plan for responding to emergencies.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Provider's response: There was an emergency plan in place to guide staff in the event of an emergency. However it may have lacked sufficient detail. We now have reviewed this and a more detailed emergency plan has been developed.	Complete

2. The provider is failing to comply with a regulatory requirement in the following respect: Residents were not involved in the fire training and were unsure of the procedures to be followed in the event of fire.	
Action required: Ensure that residents are aware of the procedures to be followed in the event of fire.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents are now involved in our fire training. At our last fire drill, four of our residents were involved in the training. We will continue to involve residents in our fire drills.	Completed and continuous

3. The provider has failed to comply with a regulatory requirement in the following respect: The policies and procedures were not centre-specific and did not guide staff in their practice.
Action required: Develop centre-specific operational policies and procedures which guide staff in their practice.
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: The policies and procedures are centre-specific but we are endeavouring to make them more centre-specific and local to Aclare Nursing Home.	Six months

4. The provider has failed to comply with a regulatory requirement in the following respect:

The menu did not offer adequate choice to residents at mealtimes.

Action required:

Provide adequate choice for residents at mealtimes.

Reference:

Health Act, 2007
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents have always been given a choice at meal times. If a resident does not like what is on the menu the chef gives them choice of an alternative dish. Recently a survey was completed with a number of residents on satisfaction of meals and meal times. One resident wanted to become involved in the development of the menus. All other residents who completed the survey were satisfied with the menus.	Complete

5. The provider is failing to comply with a regulatory requirement in the following respect:

There were no opportunities for staff learning and development following incidents and adverse events.

Action required:

Put a system in place to ensure that there are arrangements for staff learning from incidents and adverse events.

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We are in the process of developing a procedure for debriefing. Our plan is to re evaluate all incidents and adverse events and to put in place the learning outcomes from incidents and adverse events with all our staff.	3 to 6 months

6. The provider is failing to comply with a regulatory requirement in the following respect: Some of the care plans were not individualised for the residents specific care needs.	
Action required: Review all care plans to ensure they are personalised to the residents specific needs.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Care plans are continually reviewed on a three-monthly or more frequently basis if required. We are going to have another staff training workshop on care planning and educating the staff on the individualizing of residents specific care needs.	3 months

7. The provider is failing to comply with a regulatory requirement in the following respect: There was no record of the patterns of residents' behaviours that challenge, the triggers, and the alleviating factors.

Action required: Maintain records of all details of residents with behaviours that challenge and carry out analysis on the information to inform future care of that resident.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We now maintain a diary on residents with behaviour that challenges. This diary shows what triggers behaviour, the times, and the action taken that may help reduce the behaviour that challenges. Learning outcomes from the diary help with the development of the residents care plan.	Complete

8. The provider is failing to comply with a regulatory requirement in the following respect: There were inadequate staff changing facilities.	
Action required: Provide adequate staff changing facilities.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Planning permission is been sought for same.	Ongoing

9. The provider is failing to comply with a regulatory requirement in the following respect: There were inadequate storage facilities.

Action required: Provide suitable storage facilities.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Planning permission is been sought for same.	Ongoing

10. The provider is failing to comply with a regulatory requirement in the following respect: The laundry was poorly ventilated and the door was left open which was a potential risk to resident safety.	
Action required: Complete a risk assessment on the laundry facility.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We will complete a risk assessment on laundry. The door is now kept closed at all times.	Ongoing

11. The provider has failed to comply with a regulatory requirement in the following respect: The complaints log did not contain details of all complaints received, the actions taken and the outcome for the complainant.

Action required: Maintain an accurate record of all complaints received and any action taken, the actions taken and the outcome for the complainant.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We do keep an accurate account of all complaints received, we have further developed our complaints procedure to entail the actions taken and the learning outcomes for staff.	Complete

12. The provider has failed to comply with a regulatory requirement in the following respect: Each medication prescribed did not have an individual signature of doctor.
Action required: Put in place a system to ensure that each medication prescribed has an individual signature of doctor.
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 14 Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Doctors have been requested to sign each medication.	Complete

13. The provider has failed to comply with a regulatory requirement in the following respect: There was inadequate wound management documentation.

Action required: Record details of the management of residents with wounds.	
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We record all details of all residents with wounds. No resident has any wounds or pressure areas. A skin assessment on the resident in question has been completed. This wound had been monitored and the doctor requested that the resident be seen by a skin specialist but the resident refused. The overall size and texture of wound has been the same for a number of years. We have a wound management policy which guides us on the management of wounds.	Complete

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 25: Physical Environment	Review the signage for people with dementia. Provider's response: We are in the process of reviewing the signage.
Standard 2: Consultation and Participation	Ensure that all residents' views are represented at the resident's council meetings. Provider's response: We now have involved our activities co coordinator in the representation of our resident council. All of our residents will be invited to attend the council if they wish.
Standard 22: Recruitment	Develop a job description for the activity coordinator. Provider's response: We have now developed a job description for our activity coordinator.

Any comments the provider may wish to make:

Provider's response:

We were happy with the professional manner in which the inspection process was carried out. However I would like to express my concern about the amount of documentation that had to be submitted, keeping in mind that a substantial amount of this documentation had been submitted for our previous inspection

Provider's name: Breege Muldowney
Date: 22 June 2010