

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Altadore Nursing Home |
| Centre ID: | OSV-0000004 |
| Centre address: | Upper Glenageary Road, Glenageary, Co. Dublin. |
| Telephone number: | 01 280 7551 |
| Email address: | admin@altadorenursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | JKP Nursing Home Limited |
| Provider Nominee: | James O'Reilly |
| Lead inspector: | Sonia McCague |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 51 |
| Number of vacancies on the date of inspection: | 15 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 August 2017 09:15 To: 02 August 2017 19:45

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

| Outcome | Our Judgment |
|---|-------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Substantially Compliant |

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection carried out over one day. The purpose of which was to inform a decision of the renewal of the centre's registration following an application by the provider to accommodate up to 66 residents.

There were 51 residents accommodated on the day of inspection. The centre was registered for a maximum of 66 residents.

During the course of the inspection, the inspector met with residents and staff, the person in charge and the provider nominee. Solicited and unsolicited information received by the Health Information and Quality Authority (HIQA) was followed up. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

Ten outcomes and relevant regulations were inspected against. Eight outcomes were compliant and two were substantially complaint. The inspector found that the care

environment was of a high standard, comfortably equipped, suitably decorated and welcoming. The support services delivered to residents and their visitors was also of a high standard.

Staff knew residents well, were friendly and welcoming to visitors and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to health and social care was observed. Meaningful activity and engagement was promoted.

Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by helpful staff.

Residents were well cared for and expressed satisfaction with the care they received, felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them and the service provision.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

The inspection findings are discussed within the body of the report and the areas for improvement are outlined in the Action Plan at the end of the report for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed and amended accordingly.

It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were no changes to the person in charge or persons participating in the management of the centre from the previous registration.

There was a clearly defined management structure in place with explicit lines of authority and accountability, as outlined within the statement of purpose. Nursing, activity and care staff report to the person in charge. Housekeeping, maintenance, catering and laundry staff report to the provider nominee who works full-time in the centre as a administrator.

The management team's roles and responsibilities for the provision of care were unambiguous. The provider nominee and other persons participating in the management of the centre support the person in charge and staff team. Minutes of monthly governance and health and safety meetings held were available that demonstrated senior managers and staff discussed operational developments and resident outcomes.

The person in charge has worked as a nurse in the centre since August 2000 and in a management position from 2005. She has been the person in charge from 2008 and works full-time in the centre. She meets the required criteria as a registered general nurse with experience of working with older persons in the previous six years. She had completed a post graduate management degree course and has maintained her professional development completing other relevant courses such as counselling and occupational first aid. She attended educational days and had completed mandatory training along with other staff. During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge demonstrated good leadership qualities. She has developed and maintained effective management systems to audit and promote continuous improvement.

A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters, servicing of equipment and staffing arrangements. The assistant director of nursing was on planned leave and due to return October 2017. During her absence senior nurses were identified to deputise for the person in charge.

Involvement of residents, staff and relatives was central to operational arrangements.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. While a high turnover in health care attendants was confirmed that was greater than other disciplines, staff had been recruited accordingly in response. The majority of HCAs had completed a recognised health care course and additional staff were in place to support the induction of new staff.

Policies, procedures and strategies were in place to inform best practice that was subject to regular reviews with new requirements. Communication and implementation of policies and strategies commenced following the recruitment and induction of staff. The planning, managing and improving of staff resources was ongoing. The person in

charge and the senior management team were instrumental in identifying, sustaining and developing staff knowledge, competencies and skill sets by supervision and development in practice and provision of relevant training. Staff reported sufficient time and resources to carry out their duties. Residents reported they were sufficiently supported and assisted by staff when required.

Conversations with residents during the inspection were positive in respect to their view of the provision of the care, facilities and services provided.

There was evidence of consultation with residents and their representatives regularly. Many different approaches like continuous monitoring by staff talking, listening, observing and recording by those involved in decisions was maintained in practice demonstrating sufficient consultation.

The inspector was informed that residents did not wish to attend a formal meeting or attend a resident forum to date. The opportunity to develop or form resident group meetings was to continue to be offered as new residents were admitted.

An annual review of the quality and safety of care for 2016 was completed and available to residents and visitors in the reception area along with the residents guide and statement of purpose. The annual review of 2016 outlined 12 points as areas for improvement in the service for 2017 that included resident and family involvement in the planning and review of care that was being progressed, staff appraisal and completion of works to the premises.

Judgment:
Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:
Governance, Leadership and Management

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

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose, resident guide and annual review for 2016.

The sample of staff files reviewed was found to be substantially compliant with the regulations, with some improvement discussed in outcome 18.

A record of visitors and the directory of residents were available and maintained in the centre, as required.

The centre's insurance cover was seen to be current in the documentation available.

The registration certificate and complaints procedure was available on display in reception.

Operating policies and procedures were available for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 examined had been reviewed within the past two years and had been approved by the current management team.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and arrangements in place which provided guidance for staff to identify and manage or report incidents of elder abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of

measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, door alarms, regular checks of exits, CCTV at entry points, servicing of equipment and access to all appropriate parts. The main entrance was controlled by staff and a log of visitors was maintained. All parts of the centre or communal areas were accessible to residents with controlled access to utility, stores and plant areas.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the measures taken, such as the secured entrance and availability of the staff team.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting valuables and property brought to the nursing home. Management told the inspector they were not pension agents for any resident but held a small amount of cash for some for their personal use. The inspector saw individual logs and records maintained signed by residents detailing transactions and balances that they were correct in the sample examined. The procedure described by management was transparent and had been set up to accommodate residents.

The inspector was told by staff that the centre aimed to promote a restraint free environment in line with the national policy. A policy reflecting the national guidance document was available to guide restraint usage. A restraint register was maintained and subject to monthly audit by the person in charge. The usage of bedrails was high with 30 of the 51 residents (59%) using both bedrails. Of the 30, many residents had requested the provision of bedrails to enhance their feeling of safety when in bed and/or act as a lever to enable movement in bed. While the decision for six residents was based solely on clinical risk. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff nurse and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Discussions with staff and records maintained demonstrated that various alternative equipment such as, low low beds, bumpers/wedges, sensory alarms and floor mats were available. Alternatives to bedrails had been tried in some cases but more were to be considered or made available and tried prior to the use of bedrails from admission.

Good support from the community psychiatry team and hospital was reported and seen in a sample of resident records reviewed.

Few residents displayed behaviours that challenged them or those responding to them.

The person in charge and staff spoken with were familiar with appropriate interventions to use to respond to individual residents' behaviour that may challenge. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and inform reviews by the General practitioner (GP) or psychiatric team.

Chemical restraint and the use of PRN (as required) medicines were rarely used and all medicines were subject to regular reviews by nurses, pharmacy and the general

practitioner (GP).

During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches used by staff.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected.

There was a comprehensive risk management system, policy and register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement for 2017 was also available. Staff had completed a range of training that included manual handling, fire safety, infection control, cardio pulmonary resuscitation (CPR), hand and food hygiene and first aid.

There was a policy and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for preventing accidents, and for investigating and learning from serious incidents or adverse events within the centre. The inspector saw that there were suitable facilities and equipment in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities were in place and responded to in a timely manner when activated by residents. Passenger lifts between each floor, mobility aids, hand rails in communal and circulating areas and staff allocation arrangements were in place for residents' safety.

Reasonable arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and sanitisers at the entrance and in corridors. Staff and visitors were seen using these on entry during the inspection. The standard of cleanliness throughout the centre was excellent.

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member was responsible for ensuring that fire exits were clear and checks documented. A number of fire drills had been completed this year and outcomes were outlined in fire drill records seen. Simulating evacuations were practiced were confirmed by staff and management spoken with. Staff were familiar with residents personal emergency evacuation plans (PEEP) that were subject to regular review to update if necessary.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Residents were protected by safe medicine management policies and practices seen in place.

There were written operational policies and safe procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated and described safe practices in medicine administration and management. The inspector observed a staff nurse consulting with residents prior to the administration of medicines from residents' prescriptions. Medicines administered were recorded following administration.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements. The safe storage of refrigerated medicines was also seen.

The centre had a system in place for recording and managing medicine errors. On examination of the record of errors, the inspector noted appropriate action, support and learning took place.

A system was in place for reviewing and monitoring safe medicine management practices. An arrangement for a review of all residents on admission and subsequent reviews of prescribed medicines by the GP was in place. An audit and review system that included a member of the person in charge or a nursing staff, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medicine management.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

From an examination of a sample of residents' records and care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented accordingly.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. An assessment prior to a resident admission formed part of the centre's admission policy and practice. Documented assessments of activities of daily living, including communication, personal hygiene,

continence, eating and drinking, mobility, spirituality and sleep were maintained. Social and recreational assessments and plans were also completed in the sample reviewed.

There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, depression, pain, mobility and skin integrity.

The development of care plans was carried out in consultation with residents or their representatives and information received on admission. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the sample of residents records reviewed. Advanced care directives were seen in place for some residents that involved the GP, resident or family and staff which was subject to ongoing reviews. Palliative care services were available but not in use by any resident at this time.

There was one resident that had been admitted with a pressure ulcer. The inspector reviewed the management of the pressure ulcer and wound management care for another resident. Records showed advice received from a tissue viability nurse was being implemented and liaison with a vascular clinic was facilitated for the established resident. Ongoing assessments and care plan reviews were planned.

Falls risk assessments were maintained and reasonable measures were in place to mitigate identified risks. Mobility and daily exercises were encouraged. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments undertaken by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails in facilities used by residents were available to promote independence.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents' clinical observations that included regular monitoring of weight, desire for recommended food and fluid consistency and intake. Food diaries recording of intake and output was maintained, when required, and the assessment and management of pain was well maintained.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. The inspector reviewed residents' records and found that some residents had been referred to and received these services.

Residents who spoke with the inspector reported they were provided with food and drink at times and in quantities adequate for their needs.

Residents were satisfied with the services provided. Residents had access to GP services, and out-of-hours medical cover was provided. Most residents had retained the services of their longstanding GP. Psychiatry services were available to the residents and staff supporting residents. A range of other services was available on a referral basis that included chiropody, audiology, dental and optician services.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were recorded and seen in logs made by the activity coordinator/manager. Relevant information was reflected such as the level of participation in an activity and this information was used to plan their weekly and daily activity programme. A weekly programme of activities was on display. Residents were offered group and individual activities that were meaningful to them.

Two of the three dedicated activity staff members were on duty during this unannounced inspection. They told the inspector how they co-ordinated the weekly activity programme that was delivered six days per week. Other staff supported residents' participation in activities. The inspector saw that residents had a variety of activities such as exercises, sonas, music, stories, quizzes and games that were tailored for the resident group. Arts and crafts, painting, reading and pottery activities were preferred by some and had resulted in the production of items seen on display in the centre.

Emphasis was placed on family engagement. Residents were encouraged and facilitated to access external functions deemed appropriate and family events.

Religious ceremonies were celebrated. Eucharistic ministers visited weekly and a monthly mass service was available to residents. Overall, residents had opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable manner. The premises was suitably decorated throughout and benefited from good natural and artificial lighting. The view outdoors from rooms occupied by residents was pleasant and decor was of a high standard.

Rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. The centre was well maintained and refurbishment of older parts of the centre had been completed since the last inspection June 2015.

The centre was laid out over four floors with passenger lifts and stairwells between all floors. The basement included the laundry, storage and staff changing rooms. It was primarily used by staff and access to staff areas was controlled. It included a treatment room that was available for visiting clinicians such as the chiropodist, dentist or optician.

The ground floor included the main entrance and foyer, dining, day and activity room, staff offices and resident bedroom accommodation and independent assistive bathrooms.

Day spaces and rooms used for activities, relaxation or gatherings were available on ground, first and second floors including provision for a hairdressing facility twice weekly. Access to a secure outdoor area and bedroom accommodation was also available on each of the three floors. All rooms and bedrooms had an outlook outside, mainly onto the mature gardens, the surrounding area and coastline or well maintained surrounding grounds. Each room had bell systems, suitable and adjustable furniture and sufficient storage facilities. The centre was tastefully decorated with further improvements to be made to add colour and directional signage identified. A sign at the entrance to identify the new entrance to the Nursing Home was to be put in place.

Bedroom accommodation included all fully en-suite single (44) and twin size (11) bedrooms that were mainly occupied by single occupants. One twin room was occupied by a couple and all other bedrooms had single occupants. A revised statement of purpose was completed to include the terms and conditions of bedrooms and twin size bedrooms for couples.

The floor plans submitted following the application to renew the registration shows capacity for 66 residents laid out in 55 bedrooms as follows:

- ground floor included 20 single and two twin bedrooms (017 and 018)
- first floor had 20 single and six twin bedrooms (110, 113, 114, 117, 125 and 126)
- second floor had four single and three twin bedrooms (205, 206 and 207).

Furniture and equipment seen in use by residents was in good working condition and

appropriate to their assessed needs.

Supportive equipment such as remote control beds, hoists, weigh, bath and shower chairs, and pressure relieving aids were seen available for residents. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms.

The centre was calm, clean, warm, well ventilated and well maintained. Entry and exit to the centre via the main entrance was controlled by staff. Corridors, entry and exit locations were monitored by CCTV. The Person in Charge's office was located off the main reception area.

Suitable and sufficient staff facilities, offices and auxiliary rooms were available. The onsite catering facilities serviced the adjoining dining room on the ground floor and a heated trolley was used to transport prepared meals to a smaller group of residents that dined in a spacious dining room on the first floor on the refurbished building.

Car parking facilities were available at the centre.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. While a resident's committee was not operational, residents had opportunity to meet on a daily and regular basis with staff and management. Family members' involvement in residents care and welfare was promoted and records of communication with family members was seen in

some of the resident files reviewed.

Access to and information in relation to the complaints process and independent advocacy services was available to residents. Residents' independence, choice and autonomy were promoted.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector said they were able to make choices about how they spent their day, where they ate meals, rise from and return to bed or partake in activities. Residents knew who to complain to and had options to meet visitors in a private or in communal areas based on their assessed needs.

A comprehensive communication policy was in place. Communication and notice boards, daily news papers and telephone arrangements were available. Some residents had personal electronic devices to enable them to engage in communication with the wider community. Management confirmed the availability of Wi-Fi to residents.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings with family or friends. Visits by members from the local community were also facilitated.

There was a policy on residents' access to visitors and the provision of information to residents. Visitors were unrestricted except in circumstances such as infection. A register of visitors was maintained in the main entrance. Residents were seen receiving visitors in private or in communal rooms throughout the inspection.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia.

A secure and freely accessible courtyard with appropriate garden furniture and flower beds was available to all on three levels where residents were accommodated. The view of the distant and surrounding area was pleasurable.

Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by kind and helpful staff.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents.

Staff confirmed that they had sufficient supervision and direction, and had time to carry out their duties and responsibilities. The management team explained the systems in place to recruit, induct, supervise and appraise staff. Staff were seen to be sufficiently supervised and were supportive of residents and responsive to their needs in a timely manner. Residents were complimentary regarding the staff team and numbers available.

The inspector reviewed the roster for staff and found that management, nursing, care and support staff were adequate. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was seen to be facilitated by the staff team.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be substantially compliant. A second reference for a recently recruited staff member was outstanding. The provider nominee told the inspector that all staff had completed Garda vetting and supervision of staff included induction and appraisal of skills. Staff handovers, allocation and meetings formed part of the operational management and communication systems that afforded staff to report and raise issues with management and discuss areas to be developed or improved.

Evidence of professional registration for all rostered nurses was available and current.

Staff training and development was promoted. A staff training programme was in place and a record of training for rostered staff was available. Mandatory training such as moving and handling, cardio pulmonary resuscitation (CPR), fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use.

A range of other relevant training was completed by staff that included care for residents with dementia, medicine management, nutrition, end of life, responsive behaviours, infection control and health and safety.

Staff were seen to be calm and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter. Staff were heard offering residents the choice to join others for meals and to attend activities. Staff also respected residents' choice to refuse to join others and treatment plans recommended.

A number of volunteers were involved in the centre. On examination of the records held the inspector noted that while an agreement in relation to the scope of their role was completed, evidence of Garda Vetting was not. The provider nominee was to address this immediately.

Judgment:
Substantially 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:

Sonia McCague
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: | Altadore Nursing Home |
| Centre ID: | OSV-0000004 |
| Date of inspection: | 02/08/2017 |
| Date of response: | 17/08/2017 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

A second reference for a recently recruited staff member was outstanding.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

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

This member of staff had only commenced work with us in July and we were awaiting a second written reference for her file.

This reference was received on the 16/08/2017 and is now held in this staff members file

Proposed Timescale: 16/08/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Evidence of Garda Vetting was not available in the sample of volunteer files examined on inspection. The provider nominee was to address this immediately.

2. Action Required:

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

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

A long-standing volunteer who is also a close family friend of the senior management had not current Garda vetting on file.

The required Garda Vetting application has now been made through NHI /An Garda and we are awaiting the e-mail confirming this person has clear Garda Vetting.

This vetting application was made on the 9/08/2017 and the vetting clearance will be printed and held on the volunteer's file.

Proposed Timescale: Application made on the 9/08/2017 and confirmed as complete 20/09/2017.

Proposed Timescale: 20/09/2017

