Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Ailesbury Private Nursing Home
Centre ID:	OSV-0000002
Centre address:	58 Park Avenue, Sandymount, Dublin 4.
Telephone number:	01 269 2289
Email address:	info@anh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	A N H Healthcare Limited
Provider Nominee:	Robert Fagan
Lead inspector:	Sheila McKevitt
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 March 2017 09:00	01 March 2017 16:30

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 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	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	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection. The inspection was carried out in response to the provider's application to renew the certificate of registration that is to care for a maximum of 46 residents.

As part of the inspection, two inspectors met with residents, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, accidents and incident forms, medical and nursing records and policies and procedures. The feedback from residents and relatives was extremely positive. The centre was described as a warm, open and welcoming local nursing home. This was reflected during the inspection.

There were 44 residents residing in the centre at the time of inspection with two vacancies. There was a high level of compliance across 11 of the 12 outcomes

inspected against on this inspection.
The action plan at the end of the report identifies those areas where improvements are required in order to comply with the regulations.

The action plan response, submitted by the provider to the required action did not satisfactorily address the failings identified in the report. As the response was not acceptable, the Health Information and Quality Authority (HIQA) has taken the decision not to include this response in the published report.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
A statement of purpose was submitted as part of the application to renew registration. It had been reviewed in December 2016 and outlined the overall aim of the centre and other details as specified in Schedule 1 of the regulations. Staff were familiar with its content and a copy was on display in 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 was a clearly defined management structure which was reflected in the statement of purpose.

The provider nominee, person in charge and general manager work full-time across two

nursing homes, which are situated within close proximity of each other. They had offices in both nursing homes and communicated with each other daily. They had a formal management meeting approximately once every two weeks to discuss management issues. Minutes of these meetings were available for review and provided assurance that the governance of the centre was strong.

The person in charge was supported in her clinical role by a Director of Nursing (DON) and a Clinical Nurse Manager (CNM), both of whom worked full-time. The person in charge held a clinical governance meeting with the nursing management team from both nursing homes on a regular basis. Minutes of these meetings reflected clinical issues they discussed.

The DON was the named person to take over in the absence of the person in charge. She is a registered general nurse having completed a professional certificate in nursing (care of older persons in a residential setting) and a certificate in managing people. She had significant experience in caring for older persons in a residential setting.

The DON was auditing areas of practice such as the use of bedrails, medication errors, nursing documentation, development of pressure ulcers, accidents and incidents and falls. The results of audits were clearly analysed, and communicated to staff at handover, staff meetings and through powerpoint presentation. Where action plans were included there was evidence that these actions had been addressed or were in the process of being addressed.

An annual review of the quality and safety of care delivered to residents had taken place for 2016. The analysis of resident surveys conducted in May and December 2016 were included and a 13 point quality improvement plan for 2017 was outlined at the end of the report.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre made available to residents. Each resident had a written contract agreed on admission to the centre.

A copy of the guide was displayed in the front foyer of the centre near the nurses' station and copies were available throughout the centre. The guide outlined a summary of the services available in the centre, the terms and conditions of residency, provided detail on receiving visitors and outlined the complaints procedure.

The inspectors reviewed four residents' contracts at random. All contracts were signed by the resident or their next of kin and by a representative of the provider entity. The contracts related to the care and welfare of the residents and outlined the services that would be provided to the residents. All fees to be charged to the residents on a monthly basis were outlined as were any additional charges for additional services.

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:
Inspectors found the records listed in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval. The centre had all operational polices as per Schedule 5 of the regulations.

Inspectors reviewed a sample of residents' records. They contained all of the health and medical information as listed in Schedule 3. The directory of residents contained all of the information required in Schedule 3.

The centre's operational policies read reflected the centre's practice. The policies were found to be regularly reviewed and all were up to date.

All other records as per Schedule 4 were maintained and readily available. The centre had insurance in place.

A sample of staff files reviewed were found to contain all the requirements as per Schedule 2 of the regulations.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures to protect residents being harmed or suffering abuse were in place.

Residents spoken with stated they felt safe in the centre. There was a policy and procedures in place for the prevention, detection and response to abuse. Staff spoken with demonstrated a good knowledge of what constituted abuse and they all confirmed they had up-to-date refresher training in place. The provider told inspectors that all staff had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Inspectors reviewed a random sample of five staff files which confirmed this.

The DON and CNM managed monies on behalf of some residents, this process was reviewed and was found to reflect the centres policy and best practice guidelines. Records and sums of monies held on behalf of residents were audited on a monthly basis. The management team managed pensions on behalf of a small number of residents. Records of these were reviewed with the provider nominee. The processes in place were in line with the centres policy and with the guidance document on managing residents' finances, published by HIQA in October 2014.

Residents with dementia displaying responsive behaviours had a corresponding behavioural support plan in place and all incidents of behaviours that challenge were being recorded and reported to the residents' medical practitioner.

There was a significant reduction in the use of restraint in the centre since the last quarterly return had been submitted to the Authority. Where bedrails were in use there was a record of alternatives trialled, tested and failed prior to bedrails being used. Residents with bedrails in use also had a care plan in place to reflect their use.

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 health and safety of residents, staff and visitors to the centre was promoted. The centre had the appropriate fire safety systems in place. There were effective infection control measures in place.

The centre had a health and safety statement in place. The statement was dated September 2016 and was signed by a representative of the provider entity. This statement outlined how the centre manages its health and safety and had outlined a number of possible workplace risks. Control measures for the risks were also detailed. The centre had a risk management policy in place. The policy outlined the procedure for identifying and assessing risks in the centre. It also outlined the measures that can be put in place to mitigate risk. The risk register for the centre detailed the identified risks. All had been risk rated on a traffic light system based on severity and likelihood (green, yellow, orange, red). The risks contained information on actions and additional actions taken following the initial assessment in order to control or mitigate the risks. Examples of identified possible risks included medication errors, malnutrition of residents, elopement from the centre, falls, and inappropriate storage of wheelchairs. It was noted that the policy was being implemented in practice. For example, a number of residents had been assessed as being unable to use call bells and also being at risk of entanglement in the call bell wire. Each of these residents had been individually risk assessed, detailing why this was found to be a risk to the resident and a sign was placed beside their call bells explaining they were removed for safety reasons.

The inspectors reviewed the incidents and accidents in the centre for 2017. Each incident was documented and a risk assessment was carried out following any incident or accident, such as a resident falling. There were also audits being carried out on the accidents and incidents which trended re-occurring issues, such as location of incidents and time of occurrence. This allowed for learning and further mitigation of risk.

There was an infection control policy in place for the centre. There were sufficient numbers of handwash basins and hand sanitiser gels available throughout the centre. Inspectors also observed the domestic staff using personal protective equipment such as gloves and aprons while cleaning rooms in the centre. Staff explained the procedure for cleaning the centre, and for cleaning in the instance of a resident having an infectious disease. Separation of cleaning equipment was done through the use of colour coding. Rooms were cleaned daily, while a deep clean was carried out once per week. This was

as per the centre's policy.

The centre had emergency plans in place in case of the occurrence of a fire, flood, gas leak, power outage, water loss and other possible scenarios. These plans were detailed and had sourced alternative areas to move residents to if a full evacuation of the centre was required. There was a procedure in place if the fire alarm sounded. Fire procedures were clearly displayed in the centre and the evacuation route was clearly marked in all areas. The inspectors observed that there was a sufficient number of fire fighting equipment throughout the centre. There were fire evacuation mats readily available in all areas to assist transferring residents down the staircase if needed. Each of the doors were attached to self closing mechanisms. If the fire alarm sounded the doors would automatically close to slow the spread of fire in the centre. All staff had been trained in fire safety within the last year. Drills were taking place on a weekly basis and were being recorded. Staff were assigned daily roles in the instance of the alarm sounding on a daily basis. Inspectors spoke to a number of staff and they were clear on their role and what action was to be taken in the instance of the fire alarm sounding.

Inspectors reviewed the records of the fire alarm, emergency lighting and fire fighting equipment. The fire alarm and emergency lighting had been serviced on a quarterly basis in 2016 and had received their first service for 2017. Fire fighting equipment was being serviced annually. Daily visual checks of equipment and fire doors were being taken by staff and recorded. A weekly test of the fire alarm and fire doors was also being carried out.

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:
Inspectors reviewed the practices and documentation in place relating to medication management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

Medicines were stored securely within the centre, and fridges were available for all medicines and the temperature of these fridges was monitored. There was a medication trolley stored securely on the landing of each of the three floors of the centre. Controlled (MDA) medicines were stored in a secure cupboard at the nurses station and a register of these medicines were maintained with the stock balances checked and

signed by two nurses at the end of each 12 hour nursing shift. There were safe procedures in place for the handling and disposal of unused and out of date medicines.

Inspectors reviewed the processes in place for administration of medicines, and were satisfied that nurses were knowledgeable regarding residents' individual medication requirements. Medication prescriptions reviewed were complete in line with best practice.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland and medication audits were being carried out.

Medication incidents including medication errors were recorded and followed up on. As mentioned under outcome 2, the DON was auditing medication errors.

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

Findings:
Inspectors reviewed a sample of care plans and found that there were improvements since the last inspection. Inspectors saw that residents had a comprehensive assessment and a number of risk assessments including a pain assessment completed within 48 hours of residents' admission to the centre. Care plans reviewed showed that residents who had been reviewed by members of the multidisciplinary team had been updated with the recommendations made by these visiting personnel. The care plans directed the care the resident required in a clear, concise and person centred manner.

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

Findings:
The premises is a period townhouse with three floors. The provider confirmed to inspectors that there had been no changes made to the premises since the last monitoring inspection which took place in November 2015. The centre is currently registered for 46 residents although there are only 45 beds available for use as a bedroom had been adapted and was in use as an office.

The centre consists of 15 single bedrooms: five with a toilet and wash-hand basin en-suite, six twin bedrooms, one with a toilet and wash-hand basin en-suite, two three-bedded rooms without en-suite, and three four-bedded rooms without en-suites.

Inspectors viewed each room of the centre with the CNM. The centre was laid out with the following rooms on each floor.

Ground floor; this floor had a reception area, a large and small sitting room, a split level dining area, a conservatory with an adjoining enclosed garden, a nurses station, a nursing and admin office, a storage area, a main kitchen, a visitors/staff toilet, a sluice room, one accessible bath and toilet, two assisted showers with toilets and a seated area off the main hallway. This floor also had two single, two twin and two four-bedded bedrooms. All bedrooms contained one wash-hand basin and none had en-suites. There were three separate toilets, each with a wash-hand basin.

Middle floor; this floor had four single and three twin rooms, of which one single and twin had a toilet and wash-hand basin ensuite. There was one separate toilet with a wash-hand basin. There was no shower or bath on this middle floor. The ten residents accessed these facilities on the top or ground floor.

Top floor; this floor had nine single, one twin, two three-bedded and one four-bedded room. Of these, four of the single bedrooms had a toilet and wash-hand basin en-suite, the remaining five single, one twin, two three-bedded and one four-bedded rooms each had one wash-hand basin within the bedroom space. There was one accessible bath, one assisted shower both with toilet and one separate toilet accessible to residents on this floor.

The corridors and stairs had hand rails on both sides. The flooring was non-slip throughout the centre. There was a lift which operated between the three floors. The

centre was well lit, warm and bright. The communal rooms had large windows which allowed a large amount of daylight into these rooms when in use by residents.

The centre met the requirements of the national standards for the ratio of shower/bath and toilet facilities. Inspectors saw that all toilet facilities contained adequate grab rails and were accessible to the current resident profile with the assistance of staff. There was a lack of storage for assistive aids. For example, commodes were stored in some residents' bedrooms when not in use.

In the multi-occupancy rooms there was insufficient circulation space around some beds to adequately access and provide care to residents if assistive equipment was required. In the two four-bedded rooms, one of the four beds was accessible from both sides; the remaining three beds were positioned up against a wall. In one four-bedded room; two of the four beds were accessible from both sides and in two of the three-bedded bedrooms, one of the three beds was accessible from both sides. In the three twin bedrooms none of the beds were accessible from both sides. In order to use a hoist to assist residents whose beds were positioned up by a wall, beds, bed tables and any other furniture may need to be pushed to the side, encroaching on the personal space of the resident in the next bed.

• There was limited capacity for residents to retain their personal possessions such as ornaments, photographs, and furniture within their personal space due to the lack of space. In some rooms residents' wardrobes were not positioned within their private space, they were positioned within the private space of another resident.
• There was an inadequate amount of space or suitable storage facilities for personal possessions.
• The amount of private usable space available around some residents' beds did not allow for suitable seating for residents or their visitors.
• The available space in some rooms impeded the ability of staff to carry out personal care with residents in private.
• Inspectors observed that the space available to carry out personal care was reduced further when screens closed around some of these beds. The width of most bed spaces allowed for a resident's bed and bedside locker to be positioned side by side behind the privacy screening.

On this inspection, inspectors were informed that although a variety of options for potential redevelopment were being explored with stakeholders, no decisions had been made and no funding finalised.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There was an end-of-life policy in place and this covered all aspects of end-of-life care.

Inspectors were informed that no resident was currently receiving end-of-life care. Nursing documentation for three residents was reviewed. The end-of-life care plans reviewed included a record of end of life discussions the staff nurses had with the resident and/or their next of kin and in some cases their general practitioner (GP). Where the resident had not been involved, the care plan stated this was due to a lack of their capacity to participate. The reviewed care plans included certain aspects of preferred end of life care, such as if the resident wanted to be have cardio-pulmonary resuscitation in the event of a cardiac arrest, stay in centre or be transferred to hospital, preferred funeral arrangements and who was taking responsibility for these. The centre had access to a palliative care team. Inspectors were informed that prompt referral and review from the team was provided whenever necessary.

The sacrament of the sick was provided and the priest sought at the residents' request.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at suitable times and in amounts that were suitable for their needs.

Inspectors observed lunch being served to residents. Residents were served lunch in the dining room and the adjacent day room. The inspectors noted that mealtimes were a social event. The tables were set elegantly and residents were served their meals by staff. The food was well presented and looked to be wholesome and nutritious. Some

residents required some assistance from staff to eat their meals. Staff were observed assisting residents in a caring and patient manner, speaking to the residents and encouraging them to eat independently when they could. The daily menu was on display in the dining room and residents were offered a choice of two or three options for each meal. The inspectors spoke to catering staff and were informed that residents could request alternative meals if they did not want anything on the menu. All food was freshly prepared in the kitchen on a daily basis and any meals of a modified texture were also prepared on the day. The catering staff explained that the menu was planned on a weekly basis and was based on feedback received from the residents. Both staff and residents confirmed that snacks were available throughout the day. Fresh drinking water was also provided to all residents in their rooms on a daily basis.

There was a policy in place in the centre for the monitoring and documentation of nutritional intake. Residents' weights were monitored on a monthly basis or more frequently if a resident was identified as at risk of losing weight. Those losing weight or at risk of losing weight had been reviewed by a dietitian. Catering staff had details of each resident’s dietary needs in the kitchen. There was evidence that they were fortifying the meals of those identified as losing weight with additional calories by adding cream and butter to resident meals.

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:
There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the 44 residents in the centre at the time of this inspection.

Inspectors spoke with a number of qualified nursing staff and care staff, who had the qualifications and experience to care for older people. All qualified staff were registered to practice in 2017 with Bord Altranais agus Cnáimhseachais na hÉireann.

There was an actual and planned staff rota which confirmed there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good, stating they never had to wait long for their call bell to be answered or their requested needs to be met.

Residents spoken with spoke highly of the staff who they described as kind, patient, approachable and friendly. The feedback received on questionnaires was also extremely positive.

Staff spoken with told inspectors their learning and development needs were being met and they demonstrated a good knowledge of policies and procedures. Records reviewed confirmed that all staff had mandatory manual handling, fire and protection of vulnerable residents training in place. They had attended recent training on the management of wounds and infection control practices. Staff nurses had completed training on medication management within the past year.

Staff confirmed that they had appraisals completed with their line manager once every 12 months and the inspectors reviewed a random sample which confirmed this.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Ailesbury Private Nursing Home
Centre ID:	OSV-0000002
Date of inspection:	01/03/2017
Date of response:	04/08/2017

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 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The layout of some rooms impacted on the privacy and dignity of the residents who occupied these rooms, which limited residents' capacity to carry out normal daily activities.

1. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the

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

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
1.Under Regulation 17(2) and S.I. 293 of 2016, Ailesbury's premises conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. All residents in the Centre are assessed before they are admitted. The location of the vacancy, the room type, the prospective residents needs, the current mix of residents is all taken in to account before a resident is admitted to the centre. Furthermore, all prospective residents and/or their next of kin are actively encouraged and advised to view the nursing home, and the prospective vacancy prior to admission and sign and a contract of care issued to them with the room number and type of room.
2.We are currently undertaking a review of the layout and screening in certain rooms. Any anomalies discovered during this review will be addressed.
3.We wish to reiterate that we do not concur with this judgment of Non-Compliant – Moderate and firmly believe that the Centre is Compliant with Outcome 12 and the Regulations which underpin it.

Proposed Timescale: 04/08/2017