



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

Issued by the Chief Inspector

Name of designated centre:	Aclare Nursing Home
Name of provider:	Aclare Nursing Home Limited
Address of centre:	4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 July 2021
Centre ID:	OSV-0000001
Fieldwork ID:	MON-0033733

About the designated centre

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

Aclare House occupies a prime location, a short distance from the centre of Dun Laoghaire. It has views overlooking Dun Laoghaire Harbour and has a large landscaped enclosed garden. It can accommodate 27 residents, both male and female above the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term care, long term care, convalescence care and respite care.

The centre comprises of nine single rooms some of which are en-suite and nine twin rooms, some of which are en-suite. Other accommodation includes a computer area, assisted bathrooms, showers rooms, designated smoking area, staff facilities, kitchen, laundry, sluice room. There are communal areas for use by residents such as the lounge, dining room, conservatory and visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 July 2021	08:55hrs to 19:00hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

This was a good centre where residents were happy and had a good quality of life, supported by the person in charge and the staff team. National level five restrictions to prevent transmission of COVID-19 infection had eased at the time of this inspection. Residents and a visitor who spoke with the inspector said they were enjoying the return of visiting to the centre again.

This was an unannounced inspection and on arrival and prior to entering the centre, the inspector was guided through the infection prevention and control assessment and procedures. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. During this tour and throughout the day of inspection, the inspector met several residents and spoke to five residents in more detail.

The centre was visibly clean, although some areas required improvement for example flooring in one bathroom and damaged paintwork on the door which compromised good cleaning standards. The provider gave assurances that these would be repaired. Equipment was required in the cleaners room to ensure that cleaning processes supported good infection control standards.

The centre was located over three floors. Bedroom accommodation was located on each floor. There were a variety of communal areas available for resident use. There was an enclosed internal courtyard with suitable seating and a variety of plants for residents to enjoy, however repairs were required to ensure that paths were safe. The inspector observed that the centre was decorated in a homely style that was comfortable for the residents. Residents were seated in comfortable chairs that could be effectively cleaned. Residents' personal clothing was laundered on-site by healthcare assistants and residents said they were happy with this service.

The inspector's observations and feedback from residents was that the centre was a good place to live in. They said that they had choice in how they spent their days, such as when they got up or went to bed. They had the opportunity to take part on a variety of activities on offer such as exercise classes, hand massage, nail painting, arts and crafts, music and singing, soft ball play and skittles. Some residents said that they were looking forward to doing some gardening when the weather got better. Other residents particularly enjoyed quizzes, crosswords puzzles and playing cards.

Most of the activity in the centre was in the communal sitting room and staff generally based themselves there. This arrangement ensured that staff were close by if any residents needed assistance or support. Other residents enjoyed time in the garden or watching TV and taking their meals in the conservatory.

Residents were seen to take walks in the garden and one resident had started to go back out into the community to go shopping. Residents said they were able to keep

in touch with their families by phone and various social media technology. They said they were pleased to have visitors come into the centre again with life returning to normal.

The week before the inspection, a classical group came to perform on the driveway of the centre where residents and some visitors viewed the performance. Residents said they got great pleasure from this.

The atmosphere was positive, where staff were seen to interact with residents in a companionable and cheerful way. The inspector saw that staff seemed to know the residents well and knew their likes and preferences which supported them to live a good life.

Residents said staff were very friendly. Residents' feedback to the inspector was that staff were attentive and respectful of their choices. They said they were cared for as they preferred, to a high standard and they were enjoying living in the centre. One visitor said that staff were 'very friendly, warm and inviting and communication was good with regard their relative and visiting arrangements.'

All but one resident told the inspector that they really liked the food. There was a choice of a hot or cold breakfast and two choices at other meal times and there were a range of snacks and drinks on offer throughout the day. Residents said they were satisfied with their meals and their mealtime experiences. Meals were seen to be well presented and residents could choose to have their meals when and where they liked. Staff were observed discreetly prompting and assisting residents as they needed.

In the absence of religious ceremonies being held in the centre, residents told the inspector that religious services were shown on the TV. The inspector was told that residents liked to join in group rosary prayer, which was led by one of the residents.

Residents who were spoken with said that they would speak to staff if they had any concerns or complaints and they were dealt with quickly. Staff were aware of how to respond to complaints and all said that they would bring any issues to the attention of senior staff if they were not able to resolve it themselves.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The centre was well managed by an established management team who were focused on improving resident's wellbeing. There were effective management structures in place that ensured care was provided in a safe and sustainable way however, improvements were required with regard to governance and management

to ensure that risk assessments were monitored.

Aclare Nursing Home Ltd is the registered provider for Aclare House Nursing Home. There are two directors on the company board. They were very well known to residents and staff and were involved in the day-to-day running of the centre. The person in charge reported to them regularly. They were supported in their role by an assistant director of nursing, nurses, healthcare assistants, activity, kitchen, household and administrative staff.

The centre had experienced an outbreak of COVID-19 on 24 December 2020 and was declared over on 23 March 2021. During the outbreak 24 residents and 16 staff contracted the COVID-19 virus and sadly three residents died. On the day of inspection there were no active cases of COVID-19 in the centre.

The provider had ensured that there were sufficient resources to ensure the effective delivery of care. There was a defined management structure where staff knew the lines of authority and accountability. They were knowledgeable about their roles and responsibilities and the standard of care that was expected of them. There was a system in place to monitor the quality of care where daily, weekly and quarterly management meetings took place to analyse clinical and non-clinical data about the service to improve and support the residents to enjoy a good quality of life. Staff meetings were held regularly throughout the day. Staff who spoke with the inspector said that the management team was very approachable and at least one manager was available at all times to respond to queries or concerns made by them. They said they were kept regularly updated with new guidance and information with regard to the services.

There was an ongoing training programme for staff and records confirmed that staff had completed training in safeguarding, fire and moving and handling. Training was also available to staff on topics related to care including dementia, medication management, safe food handling and infection control. The training available to staff, ensured that they were informed and appropriately skilled regarding best practice in caring for residents. This was borne out in care delivery and interaction with residents and records seen by the inspector.

While there was a detailed risk register in the centre, improvements were required with regard to the appropriate recording of required information on the risk register in order to ensure that it was consistently and effectively monitored. However, the risk assessments on visiting and emergency plans to prevent transmission or manage a COVID-19 outbreak met the standard expected.

Staff supervision arrangements were robust and ensured all staff were appropriately supervised and their performance was monitored on an on-going basis. This ensured that each member of staff was aware of their roles and responsibilities regarding provision of person-centred care and timely assistance for residents.

A sample of staff records were reviewed. Records were stored safely on site and available for the inspector to view. They contained the required prescribed information set out in Schedule 2 of the regulations. For example Garda vetting disclosures, references from previous employers and staff qualifications. There was

evidence of active registration with the Nursing and Midwifery Board of Ireland seen in nursing staff records viewed. Management were aware of the importance of keeping staff records up to date.

There was a complaints procedure in place with information displayed in reception on how to complain. There had been no complaints received since 2019. A recording system was in place which showed how complaints were managed and the satisfaction levels of the complainant. A member for the activity team acted as an advocate for the residents if they had any complaint. This assisted in the provider responding quickly to any concern by a resident and improve the quality of life for residents.

Residents were consulted with and their feedback on the service they received was valued by the provider and the person in charge. There was good evidence that residents' feedback was being used to improve the service. For example additional outdoor seating to facilitate visiting, the redecoration of outside of the building and the provision of more activities in the community had already been completed. The annual review of the quality and safety of the service delivered to residents in 2020 was completed in consultation with residents.

Regulation 15: Staffing

There were sufficient staff with appropriate skills to meet the individual and collective needs of residents. There was at least one registered nurse available in the centre at all times, with on-call arrangements for senior management when they were not present in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend mandatory and professional development training appropriate to their roles. The management structures in place ensured all staff were supervised and supported. Three staff were trained to take swabs for the detection of COVID-19 in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured the records seen as set out in Schedule 2, 3 and 4

of the regulations were available for inspection and stored in a safe manner.

Judgment: Compliant

Regulation 23: Governance and management

While there were systems in place to monitor the quality and safety of care, the risk register was not effectively monitored. For example the date that risks were identified or last reviewed were not recorded and a responsible individual for mitigation action was not allocated.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure and they were responded to promptly and overseen by a senior member of the management team.

Judgment: Compliant

Quality and safety

Overall, residents' wishes and choices regarding their care and quality of life were respected and were central to service provision in the designated centre. The management team ensured residents had the opportunity to feedback on the service they received. There was evidence of good consultation with residents and arrangements were in place to ensure their social, health and nursing care needs were being met with appropriate access to timely medical services and good standards of nursing care and support. Improvements were required with regard to premises, infection control and fire which are discussed in detail under the relevant regulation.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. Monitoring procedures were in place to ensure any deterioration in residents' health or wellbeing was identified without delay.

Where residents were seen by specialists their recommendations were actioned and integrated into care plans. For example specialist seating and additional nutritional requirements to enhance the quality of life for residents were documented.

Improvements identified during the last inspection with regard to activity care plans, showed that the enjoyment and participation levels of residents were now well documented and overseen by senior management. Care plans viewed were person centred and provided sufficient detail regarding residents' individual care, support needs and preferences. Residents' care plans were regularly updated in consultation with residents or their families, as appropriate

Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings. Some residents were also facilitated to continue to enjoy and use small items from home in their bedrooms. There was sufficient space for residents to meet visitors in private within the designated centre.

Infection prevention and control strategies had been implemented to effectively manage and prevent infection in the centre. These included but were not limited to:

- Implementation of transmission-based precautions for residents where required.
- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- Monitoring of visitors and residents for signs of COVID-19 infection.
- A seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to residents and staff. There had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection prevention and control practice in the centre there were gaps in practice with regard to hand hygiene and cleaning equipment storage which is further detailed under Regulation 27: Infection Control. The provider advised the inspector that they were keeping one twin room and one single room vacant to provide for cohorting should an outbreak occur.

While the premises was generally well maintained the following improvements were required to ensure the environment was safe and cleaning was effective:

- Appropriate storage in bedrooms, sluice and cleaners' rooms.
- Provision of a cleaners sluice sink.
- Safe footpaths in the enclosed garden.
- Provision of adequate bathing facilities should the top floor bedrooms be fully occupied. This was an outstanding action from the previous inspection. The inspector was informed that delays were due to COVID-19 pandemic.

Improvement was seen following the last inspection where all fire doors viewed were in a good condition and their expandable strips intact. All fire escape routes and refuge areas were clear and freely accessible. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described the equipment and assistance they required from staff in the event of an emergency. Staff were facilitated to complete fire safety training. However night time simulated fire evacuations were required to ensure that residents could be evacuated safely and in a timely manner.

Regular servicing of the fire alarm and the emergency lighting systems were available, a record annual fire alarm system certification and a record of the annual emergency lighting certification were available in the centre on the day of inspection.

Residents' rights were respected and their privacy, dignity and access to social activities were assured. The provider ensured that the impact of the COVID-19 national restrictions was reduced with the provision of coordinated meaningful activities for residents in the centre. The activity programme was varied and fulfilled most residents' interests and capabilities. Residents who needed additional one-to-one support were provided with an activity programme that suited their individual needs. For example being able to leave the centre to attend to personal business or hobbies.

Visiting had resumed indoors for residents in line with public health guidance and the systems were in place to facilitate scheduled safe visiting for residents. There was sufficient space for residents to meet visitors in private within the designated centre. For example additional sheltered outdoor seating and resident rooms was facilitated. There was a comprehensive risk assessment to manage the prevention of COVID-19 transmission for residents, staff and visitors.

Regulation 11: Visits

Infection prevention and control measures were in place which allowed residents to receive visitors safely. The Inspector saw that the person in charge ensured that the up-to-date guidance from the Health Protection Surveillance Centre was being followed and was communicated to residents and families.

Judgment: Compliant

Regulation 17: Premises

While the premises was of sound construction improvements were required in the following areas which impacted on cleanliness, safety and rights of residents:

- There was inappropriate storage of equipment in a twin bedroom such as a hoist. As a result the residents in this room did not have access to their belongings in a wardrobe.
- There was inappropriate storage of a broken bed table, three walking frames and paint tins in the cleaners' room.
- The flooring in the cleaners' room was made of chip board and did not facilitate effective cleaning.
- While the cleaners' room was kept locked it did not contain a sluice sink.
- Clinical supplies were stored on the floor in clinical room/office, which could

lead to floors not being cleaned adequately and contamination of supplies.

- There were three areas on the foot path in the garden area that were damaged and could pose a trip hazard.
- The flooring in one bathroom and damaged paintwork on the door compromised good cleaning standards.
- On the inspection day there was eight resident's residing on the top floor, and they had access to toilets nearby. There was inadequate bathrooms available should any additional residents occupy the vacant beds on this floor. Should these rooms be fully occupied there was only one shower room available for 12 residents, located at a half landing. This meant that residents on this floor may have to wait for a longer time to access the shower or bathing facilities or may have to travel down a stairs to another floor to attend to personal care needs, which may impact resident rights to privacy and dignity.

Judgment: Substantially compliant

Regulation 26: Risk management

An up-to-date safety statement and a comprehensive risk management policy was in place. It contained all the risks with their measures and actions required by the regulation. The provider had a plan in place to respond to major incidents likely to cause disruption to services or serious damage to property. There was a separate COVID-19 emergency plan available to guide staff, which was regularly updated.

Judgment: Compliant

Regulation 27: Infection control

While there was evidence of good infection control practice outlined above, there were issues important to good infection prevention and control practices which required improvement:

- Staff hand hygiene practices required review as one staff member was seen to wear a watch, nail varnish and a stoned ring and another staff member wore a stoned ring. This meant that they could not effectively clean their hands.
- The provision of splash backs behind a clinical hand wash sink, cleaners hand wash sink and a toilet sink where walls were damaged and would not support effective cleaning.
- Availability of alcohol hand rub and soap in the cleaners room.
- A large number of cleaning brushes were heavily worn and not clean.
- Supplies of disposable equipment were stored on the floor in the

- office/clinical room obstructing access to the clinical hand wash sink.
- The cleaners' room was not clean.
- Cleaning staff were making up cleaning solutions in the sluice room. They were also storing cleaning equipment in this room. This could lead to a potential for cross contamination. The Inspector discussed this with the provider, who assured the inspector that this practice would cease.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following finding required immediate action by the provider:

- Night time simulated emergency evacuations to ensure that residents can be moved to safety in a timely and safe manner with the number of staff on night duty.
- Records with regard to fire drills required improvement to show the exact details to reflect the simulated time they were done. For example day or night time evacuations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment of residents' needs was completed on pre-admission and again within 48 hours of their admission. These assessments were used to develop care plans that were seen to be person-centred and reviewed regularly as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner of their choice, who attended to them frequently in the centre, and to other healthcare services based on their assessed needs.

A high standard of evidence-based nursing care was provided as evidenced by the use of regular clinical risk assessments using validated tools.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that staff understood and respected residents' rights to make their own decisions and live in a way that suited them. They had access to advocacy services and were frequently consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aclare Nursing Home OSV-0000001

Inspection ID: MON-0033733

Date of inspection: 14/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Date is now on all our risk records and a responsible person is allocated for mitigation of the risks.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Hoist is no longer stored in resident's room.</p> <p>All equipment that was stored in cleaning room has been removed.</p> <p>New flooring has been ordered and we are awaiting delivery of same for cleaning room and bathroom downstairs.</p> <p>A sluice sink is going to be ordered and installed.</p> <p>The Door has been painted</p> <p>Footpath outside is completed</p> <p>We have provided shelving for clinical room.</p> <p>We are awaiting planning permission to upgrade the building and as part of this, all bedrooms upstairs will have en-suite bathrooms.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff have been informed of correct practices regarding wearing of jewelry and nails.</p> <p>Splash back are on order and awaiting delivery.</p> <p>Alcohol gel has been provided in cleaner's room.</p> <p>New brushes are in situ.</p> <p>New shelves in clinical area have been created.</p> <p>Cleaners room is now clean.</p> <p>The practice of make cleaning solutions in the sluice room has ceased.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We continue to simulate emergency evacuations at nighttime.</p> <p>We are documenting exact times each evacuation took place at.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/09/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/07/2021