



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

## Issued by the Chief Inspector

|                            |                                |
|----------------------------|--------------------------------|
| Name of designated centre: | Athlunkard House Nursing Home  |
| Name of provider:          | Athlunkard Nursing Home Ltd    |
| Address of centre:         | Athlunkard, Westbury,<br>Clare |
| Type of inspection:        | Unannounced                    |
| Date of inspection:        | 07 December 2023               |
| Centre ID:                 | OSV-0000729                    |
| Fieldwork ID:              | MON-0040810                    |

## About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post-operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 89 |
|--|----|

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    |
|-----------------------------|-------------------------|-------------------|---------|
| Thursday 7<br>December 2023 | 09:30hrs to<br>18:30hrs | Sarah Quilter-Lee | Lead    |
| Thursday 7<br>December 2023 | 09:30hrs to<br>18:30hrs | Una Fitzgerald    | Support |

## What residents told us and what inspectors observed

Overall, the inspectors received good feedback from the residents on what it was like to live in the centre. Residents told the inspectors that the "staff are so good", and that they "feel safe" in the centre. Another resident told the inspectors that while they had found it difficult to adjust living in a nursing home, they now call the centre "home".

This was an unannounced inspection. Inspectors were met by the person in charge on arrival to the centre. Following an introductory meeting, an assistant director of nursing accompanied the inspectors on a walkabout of the premises. The atmosphere in the centre was unhurried and the Christmas decorations created a warm Christmas atmosphere. There was dining, communal and living areas on both floors of the centre. The building environment was well laid out to meet the needs and independence of residents. The centre had two passenger lifts and stair access between floors. Bedrooms were furnished with personal items such as photographs, fridge, computers and soft furnishings. There was seating, storage and lockable drawers in each room. While bedrooms had call bells in place, inspectors observed that the call bells were not always within the residents reach. This was addressed at the time of inspection. All bedrooms had en-suite shower room facilities which suited the majority of residents. The bath in an assisted bathroom was being plumbed on the day of inspection. Notice boards containing an activity schedule was displayed prominently on both floors of the centre.

On the morning of the inspection, inspectors observed residents going about their daily lives. Inspectors were introduced to a number of residents who were relaxing in the communal day room, and to residents who were in their bedroom resting or reading. Some residents were observed having breakfast in the ground floor dining room while others were preparing to go into the community with family members.

Staff interactions with residents were observed to be kind and person-centred throughout the inspection. Residents were observed to be engaged in activities throughout the day and residents told the inspectors that they were satisfied with the variety of activities available. In the afternoon, Mass was held in the ground floor communal room and during the day, residents were observed to be participating in group activities, and others were reading newspapers in their private room. Residents who could not verbalise their experience of living in the centre appeared relaxed and comfortable throughout the day.

Inspectors observed that some communal rooms and some bedrooms were not cleaned to an acceptable standard.

Visiting was not restricted and inspectors observed residents meeting visitors in communal areas and in their private rooms throughout the day. Visitors expressed

satisfaction with the quality of care provided to their relatives, and describe staff as "attentive".

The next two sections of this report details the findings of the inspection with regarding to the capacity and capability of the centre, and how these findings support the quality and safety of the service being delivered to the residents.

## Capacity and capability

This was an unannounced inspection by inspector's of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in January 2023. While the overall provision of care was found to be of an appropriate standard, some further action was required in the monitoring and oversight arrangements in place to ensure compliance with Regulation 21; Records, Regulation 23; Governance and Management, Regulation 5: Individual Assessment and Care Plan.

Athlunkard Nursing Home Limited is the registered provider of Athlunkard House Nursing Home. The management structure in place identified clear line of authority and responsibility. The person in charge was supported by a regional manager, two assistant directors of nursing, two clinical nurse managers, and a team of nurses. There were also health care assistants, activity, housekeeping, catering, administration and maintenance staff directly employed by the designated centre. On the day of inspection, a number of residents in the centre were supported with their social care needs by persons who were not employed by the registered provider.

The provider had available policies and procedures on matters set out in Schedule 5 of the regulations. They were all reviewed at intervals not exceeding three years and were available to staff.

The centre had established management systems in place to monitor the quality of the service provided to residents. For example, there was an auditing system and regular management meetings. Key aspects of the quality of resident care was collected and reviewed by the person in charge, including information in relation to wound management, nutritional care and falls management. There was some evidence that this information was analysed to identify areas for quality improvements. However, a review of the sample audits found that some audits were not effectively used to identify risks or deficits in the service. For example, the housekeeping audits to support infection prevention and control did not identify that areas of the premises were unclean.

On the day of inspection there were sufficient numbers of staff on duty delivering direct care. Following the last inspection in January 2023, recruitment of new staff had occurred.

Inspectors reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that the majority of staff had received up-to-date training in areas such as safeguarding residents from abuse, fire training and dementia care. Staff responses to questions asked displayed a good level of knowledge.

A sample of staff personnel files were reviewed. File contained the information required by Schedule 2 of the regulations. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. A review of the recording of residents finances found that the payments for services made by resident for whom the provider was a pension agent was not always clearly documented. The provider committed to submit a review of the recording of residents finances following this inspection.

The centre-specific complaints policy was in line with regulatory requirements. Staff demonstrated knowledge regarding identifying a complaint and how to manage a complaints. Inspectors reviewed a sample of documented complaints which demonstrated that complaints and concerns were promptly investigated. Written responses were completed in line with regulatory requirements.

### Regulation 15: Staffing

On the day of inspection there was adequate staffing and skill mix available to meet the needs of the residents present on the day, taking into consideration the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had appropriate levels of training, commensurate to their role. Staff demonstrated knowledge of residents needs and how to deliver person-centred care.

Judgment: Compliant

## Regulation 21: Records

The provider was a pension agent for 13 residents. The provider held residents' money in a named resident bank account. While records of residents' finances were maintained, these records did not clearly outline how the residents funds were being managed. The provider committed to a review of the system in place to record residents' finances.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The management system in place to monitor the cleanliness of the centre was not fully effective. A review of the systems in place to monitor the quality of the cleaning was not robust. For example, while cleaning checklists and environmental audits were regularly scheduled and had been completed, they had not been effective in identifying areas of the cleaning service that required improvement.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

## Quality and safety

This inspection found that residents received care that was person centred, evidence-based and delivered by staff who know the resident well. While the direct provision of care was of a good standard. Since the last inspection the provider had taken action to ensure recommendations from health and social care professionals were acted upon in a timely manner. There were some areas where action was required to ensure full compliance with the regulations. These included the cleaning of the premises and documentation to the care required to support residents with complex needs. In addition, residents' preferences in relation to washing and dressing was not always fully facilitated.

Inspectors reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including skin integrity, falls risk, nutrition and manual handling needs. During this review the inspectors found one resident with a chronic health care condition who did not have their nursing and medical requirements integrated into their care plan. This meant the staff were not guided to care for this residents needs in a manner that reflected their nursing and social needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Since the last inspection inspectors found improvement in the system to ensure that recommendations for health and social care professionals were acted upon in a timely manner.

On the day of inspection, inspectors observed that some areas of the premises were cleaned to a poor standard. Staff had completed appropriate training, and resources were in place to ensure effective cleaning. However, as described under Regulation 23, Governance and management, the arrangements in place for the monitoring of cleaning in the centre were not robust, resulting in a poor standard of cleanliness.

Residents had access to facilities for occupation and recreation such as bingo, music and mass. Residents were facilitated to provide feedback on the quality of the service, through resident surveys. They were also provided with information on advocacy services available and advocacy posters were displayed in prominent locations in the centre. However, inspectors found that residents expressed wishes and choice was not always supported and facilitated. A resident could not have a shower at the time of their choosing as the staff member required to assist was not available.

Inspectors spoke with a number of visitors during the inspection who reported satisfaction with the quality of care provided and reported that there were no restrictions to visiting times.

## Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

### Regulation 27: Infection control

The premises was not cleaned to the appropriate standard. Some bedroom and en-suites were observed to be visibly unclean. For example,

- toilet cabinets were heavily soiled, curtains were heavily stained and some window-sills had visible dirt present.
- in the dining room, kitchen equipment, water dispensers and table tops were visibly unclean.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents assessment and care plans and found that one resident with complex care needs did not have the assessment outcomes relating to a chronic care condition incorporated into their care plan. This meant that their care plan did not guide the staff on the person-centred and evidenced-based care to be delivered.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to general practitioner of their choice. Residents also had access to a range of health and social care professional such as occupational therapy, physiotherapy and dietitian.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents expressed wishes and choice was not always supported and facilitated.  
This was evidence by;

- A resident could not have a shower at the time of their choosing as the staff member required to assist was not available
- A resident who expressed a preference for using a bath rather than a shower could not do so as the bath was not fully plumbed.

Judgment: Substantially 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                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 21: Records                            | Substantially compliant |
| Regulation 23: Governance and management          | Substantially compliant |
| Regulation 34: Complaints procedure               | Compliant               |
| Regulation 4: Written policies and procedures     | Compliant               |
| <b>Quality and safety</b>                         |                         |
| Regulation 11: Visits                             | Compliant               |
| Regulation 27: Infection control                  | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care                         | Compliant               |
| Regulation 9: Residents' rights                   | Substantially compliant |

# Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0040810

Date of inspection: 07/12/2023

## 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 21: Records   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:<br/>           A review of the management of resident's financial records is currently being undertaken by the Registered Provider and finance team to ensure full compliance with the regulations and to reflect best practice. The review and actions taken in response to the findings of this report will be fully implemented by 30 June 2024.</p>  |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:<br/>           The Director of Nursing in conjunction with the Housekeeping Manager completed a review of the systems in place to monitor the quality of the cleaning and reminded staff that checklists are to completed accurately and kept up to date. A review of the cleanliness of the centre is completed daily by the Director of Nursing (or designate) and any shortcomings identified are actioned immediately.</p> |                         |
| Regulation 27: Infection control   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>  |                         |

Following inspection, the Director of Nursing spoke to relevant staff and undertook a comprehensive review of cleaning practices. An enhanced cleaning schedule, including the cleaning of curtains, cabinets, window sills, kitchen equipment, water dispensers and table tops was introduced. This is monitored weekly by the Assistant Director of Nursing and any shortcomings identified are actioned immediately.

|   |                         |
|---|-------------------------|
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 The care plan highlighted during inspection was immediately revised by the Director of Nursing to ensure the complex needs of the resident were fully reflected in the evidence-based person-centred care provided. A sample of care plans are reviewed at monthly governance meetings by the Regional Director to ensure they are fully reflective of each residents assessed needs.

|                                 |                         |
|---------------------------------|-------------------------|
| Regulation 9: Residents' rights | Substantially Compliant |
|---------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 The bath was plumbed immediately following inspection and the Director of Nursing has met with staff and residents to promote awareness around resident choice over shower or bath times.

## 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 21(1) | The registered provider shall 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. | Substantially Compliant | Yellow      | 30/06/2024               |
| 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 | Orange      | 31/01/2024               |
| Regulation 27    | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare   | Substantially Compliant | Yellow      | 31/03/2024               |

|                    |  |                         |        |            |
|--------------------|--|-------------------------|--------|------------|
|                    | associated infections published by the Authority are implemented by staff.   |                         |        |            |
| Regulation 5(2)    | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Substantially Compliant | Yellow | 31/12/2023 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.  | Substantially Compliant | Yellow | 30/11/2023 |