



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

Issued by the Chief Inspector

Name of designated centre:	Ailesbury Private Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	58 Park Avenue, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0000002
Fieldwork ID:	MON-0038779

About the designated centre

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

Ailesbury Private Nursing Home is situated beside St Johns Church on Park avenue near Sandymount Village. The nursing home is serviced by nearby restaurants, public houses, libraries and community halls. Ailesbury Nursing Home is a 42 bedded facility, accommodating male and female residents over the age of 18. The centre can accommodate residents with low to high levels of dependencies, and varying care needs. Accommodation is provided in single, twin and multi-occupancy rooms. Ailesbury Nursing Home is managed by a Director of Nursing who is supported by a clinical nurse manager and a team of nurses, healthcare assistants, activities coordinators and other ancillary staff. The director of nursing is further supported by the person in charge who is in daily contact.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Tuesday 31 January 2023	08:00hrs to 20:00hrs	Margo O'Neill	Lead
Tuesday 31 January 2023	08:00hrs to 20:00hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Residents praised staff and reported that staff 'do the best for you' and that they 'would be lost' without them. Inspectors observed that while staff interactions with residents were overall kind and respectful, some of the care observed was task orientated and institutional in nature. For example; inspectors observed that during a drinks round that residents were not engaged by staff to ask what they would like to drink that day or how they would like their drink served. On other occasions inspectors observed that residents were not asked for consent before providing assistance; for example, staff were observed to place residents feet on the foot plates of wheelchairs without saying anything to residents about what they were about to do or asking if it was alright to assist them first.

The atmosphere in the centre was calm and residents reported to inspectors that they appreciated the care provided to them by staff. Some residents reported that they would like to live a freer life however. For example they reported that they accepted that they 'could not go out or leave the centre without staff' but 'would like to go out more'. Inspectors found that this was also echoed in records of advocacy meetings held in the centre in August 2022 and January 2023.

Communal spaces comprised of a main sitting room, a living room and two dining areas at the front entrance of the premises and another day room located at the rear of the building. In the main sitting room there were 20 armchairs for residents to use, mostly these chairs were arranged against the walls of the sitting room. There was also a row of five armchairs placed in front of the sitting room television; these seats were placed in front of other seats so residents were sitting with their backs to those sitting in chairs placed at the wall. This layout did not enable or facilitate engagement between residents. Inspectors observed residents being assisted to the sitting room after their morning care by staff and noted that there was little engagement with residents as to where they would like to sit. Inspectors were told by residents that they sat 'in the same chair' on a daily basis in the living spaces; for some residents this was acceptable as they said they 'got on' with whom they sat beside.

A lift and sets of stairs facilitated movement between the three floors of the centre. Residents' bedrooms were laid out across the ground, first and second floors and comprised of single and multi-occupancy bedrooms. There were 17 single bedrooms, four double bedrooms, three triple bedrooms and two four-bedded bedrooms. Some residents had personalised their bedroom space with photographs and items to reflect their hobbies and life experiences. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions, however in some bedrooms inspectors noted that residents items had to be stored on the floor as their storage facilities were insufficient. For example, inspectors noted in one single bedroom that the resident's items were placed on a chair and observed bags of clothes under the chair as there was insufficient storage

space and shelving available.

Inspectors observed many areas of significant wear and tear throughout the centre such as; heavily scratched and worn flooring in communal areas and bedrooms, there was gouged and chipped door frames, chipping plaster and scratched paint work on walls. As a result of this wear and tear these surfaces would not support effective cleaning.

Inspectors observed that generally there was a lack of adequate storage space which resulted in inappropriate storage of items and equipment throughout the centre. For example inspectors observed equipment such hoists, specialised seating equipment and commodes being inappropriately stored in residents' bedrooms and in communal areas. Items such as crash mats, hoist slings and bed wedges were stored in wardrobes in multi-occupancy bedrooms where there was a vacancy. A medicine trolley and wheelchairs were observed to be stored in a lift lobby which was part of a fire evacuation route which was required to be kept clear at all times.

Six of the single bedrooms in the centre had en-suite facilities, which comprised of a toilet and hand wash basin. There were two communal bathing facilities on the ground floor for the 12 residents who were accommodated there. These were found to be of an adequate size to allow residents to undertake bathing independently or with assistance. On the first and second floors there was one communal bathroom with a shower and another bathroom fitted with a bath for the 30 residents accommodated on these floors. Inspectors were not assured that there was adequate access to bathing facilities to meet residents' personal hygiene needs while respecting their right to privacy and dignity. For example, inspectors noted that for some residents who wished to have a shower that they were required to move from one side of the centre to the other and take a flight of stairs or take a lift in order to reach a showering facility. Staff reported to inspectors that at times to facilitate this, commodes were used to transport residents from their rooms. Furthermore inspectors were made aware that there was a shower list used in the centre with set days on which residents preferred to bath. Feedback received from residents was that they could have a shower everyday if they wished however they at times had to insist. Another resident reported that they would 'love a shower everyday' but were 'happy' that they could 'shower twice a week'.

In the vast majority of bedrooms, inspectors observed that there was a commode present. One resident reported to inspectors that they did not want a commode in their bedroom however due to the limited number of communal toilets, they were afraid of 'getting caught short' as these facilities were occupied frequently.

There was a schedule of activities offering a range of activities. These activities included daily celebration of Mass on the television, sit and be fit exercise classes several times a week, quizzes, sing-a-longs, aromatherapy and nail care. Some residents who spoke with inspectors reported that they enjoyed the exercise classes but would like more opportunities for activation as they felt that they spent much of their day sitting around looking at the television. Residents reported positively regarding their recent trip for fish and chips to Clontarf however they hoped that outings could be more frequent. Residents also expressed to inspectors their great

appreciation for the support from staff to attend religious services for their friends who had passed away in the centre.

A residents' advocacy group and a resident council meeting were held regularly to discuss areas such as visiting, complaints or upcoming activities. A member of staff from another nursing home owned by the provider, chaired these groups.

Most residents who spoke with inspectors said that they enjoyed the food provided to them. Written menus were displayed on the wall of the main dining space; pictorial menus were not.

There was no outbreak of COVID-19 in the centre at the time of the inspection however inspectors were informed that there were restricted visiting times in place. Inspectors did not get an opportunity to speak to visitors attending the centre on the day of inspection.

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

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of the centre's registration for Ailesbury Private Nursing Home. An application applying for the renewal of the registration had been received by the Chief Inspector prior to the inspection and was under review.

During the inspection inspectors followed up on the outstanding actions identified on the last inspection in March 2022 and found that little progress had been made to come into compliance in the following areas; premises, infection control, governance and management, assessment and care planning, managing behaviour that is challenging and residents' rights.

The registered provider for Ailesbury Private Nursing Home is A N H Healthcare Limited. There was an established and defined management structure in place that identified lines of authority. The director of nursing was present in the centre on a daily basis Monday to Friday with the centre's general manager. Their role was to oversee the day to day operations of the centre. Inspectors were informed that the person in charge attended the centre regularly and was contactable at all times. Although there were management systems in place for reviewing the service, inspectors found that these were ineffective at identifying and addressing issues. Key areas of concern are discussed under Regulation 23, Governance and Management.

A written statement of purpose was in place. This required further review to ensure that it adequately detailed and reflected the service correctly. Action was also

required to ensure that the centre's official roster was accurate to reflect where and when all staff had worked. On review of the rosters, inspectors identified that this did not reflect the actual hours worked by the person in charge in the centre. Inspectors were also informed that not all required records had been retained on site.

There was a suite of written policies and procedures made available to inspectors. These were not dated however and had not been signed so it was unclear when these policies had been implemented. Inspectors also identified that a number of notifiable incidents had occurred in the centre that the Chief Inspector had not been notified of. This required addressing.

Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector as part of the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 21: Records

On review of the rosters, inspectors identified that they did not reflect the actual hours worked by the person in charge in the centre. Action was required to ensure that the centre's official roster was accurate to reflect where and when all staff had worked.

Not all required records had been retained on site. Inspectors were informed that records related to residents who had passed away had been moved to another nursing home that was owned by the provider to be stored there. This was not in line with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were not sufficiently robust to ensure the service provided was safe, appropriate consistent and effectively monitored. The following required action:

- Oversight for ensuring residents' rights were maintained and supported in the centre required strengthening. For example; inspectors observed that there

were institutional practices around bathing and personal hygiene for residents. There is further detail under Regulation 9, Residents' rights.

- Management systems for the oversight of the upkeep and maintenance of the premises was found to be ineffective. Inspectors identified several areas of risk and wear and tear throughout the building which required addressing. For example; inspectors identified an area of corridor flooring on the second floor that posed a trip hazard to residents and other persons walking in that area. Although this and many other issues had been reported and logged, they remained unaddressed. This is further detailed under Regulation 17, Premises.
- Inspectors found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). The following areas required action; infection prevention and control governance, environment and equipment management and hand hygiene facilities. Details of issues identified are set out under Regulation 27.
- The appropriateness of allocating bedroom accommodation with en-suite facilities to residents who were unable to utilise these facilities required review. Inspectors were informed of at least two bedrooms with en-suite facilities which could not be accessed by the residents who occupied them while other residents who could have benefited from access to these facilities found it necessary to have a commode in their bedroom due to insufficient toilet facilities.
- Inspectors found that visiting arrangements at the time of the inspection were overly restrictive and action was required to ensure that visiting arrangements were in line with current Health Surveillance and Protection centre (HSPC) guidance. This is detailed further under Regulation 11, Visits.

Furthermore the following risk was identified and required mitigating action:

- Inspectors observed that chemical products were left unsecured in a communal bathroom area, posing a potential risk to vulnerable residents who may, for example, ingest these chemicals. This is a repeat finding from the last inspection in March 2022.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors found that not all contracts accurately reflected the occupancy of the bedroom within which each resident was accommodated. For example one contract provided to inspectors stated that the bedroom that the resident was to occupy was a three-bedded room. However the resident was accommodated in a four-bedded bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating with regard to the following:

- Removal of reference to day services as there was no day service being offered at the time of inspection nor was there sufficient space, facilities or staff to provide a service of this nature.
- Supports in place for residents to access their entitlements under the general medical scheme and national screening programmes.
- A clear description (either narrative form or a legible floor plan) of all buildings and all rooms of the designated centre, including details of their size and primary function.
- Details of the arrangements in place for the supervision of external providers of specific therapeutic techniques used in the centre.
- Addition of details regarding the external services buildings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

During the inspection inspectors identified that a number of notifiable incidents relating to safeguarding had occurred, however, the Chief Inspector had not been notified, as required by the regulations. The person in charge undertook to complete the required notifications for submission. These were received following the inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 were available to inspectors. These policies were not dated or signed therefore it was unclear when these policies had been initiated and updated.

Judgment: Substantially compliant

Quality and safety

Service improvements were required in Ailsebury Private Nursing Home under the following Regulations; Resident's rights, Premises, Infection Control, Visits, Personal possessions, Individual assessment and care plan, Protection and Managing behaviour that is challenging.

A sample of care records were reviewed and found that overall they contained validated assessments to identify residents' individual care needs. These assessments informed the development of care plans. Inspectors found however that this was not the process in place when compiling residents' recreational and occupational care records. This is detailed under Regulation 5, Individual assessment and care plan.

Visiting arrangements for residents to receive visitors was not in line with the Health Surveillance and Protection centre (HSPC) guidance and were found to be unnecessarily restrictive. Furthermore inspectors were not assured that there was a suitable private area, other than a residents' bedroom available to residents to receive a visitor in private if required. Inspectors were also not assured that all residents had adequate storage space to store their personal belongings, this is detailed under Regulation 12, Personal possessions.

Although inspectors found improvements with documentation for restrictive practices implemented, there remained a significant number of residents with some form of restrictive practice in place. This required further action and is detailed under Regulation 7, Managing behaviour that is challenging.

On the day of inspection an advocacy meeting, chaired by a member of staff from another nursing home took place. Records from this and other advocacy meetings and resident council meetings indicated that residents were given opportunities to voice their views and any concerns about the service. However, although residents were supported in aspects of their life to exercise choice, action was required to eliminate institutional practices occurring and to ensure that all residents' rights were protected and upheld. This is detailed under Regulation 9, Residents' Rights.

Oversight of safeguarding required improvement. During the inspection, inspectors became aware of several safeguarding allegations which had not been recognised as safeguarding concerns or notified to the chief inspector. This outlined under Regulation 8, Protection.

Management outlined verbally to inspectors that there was a schedule of painting and maintenance works developed that would be rolled out during 2023 such as repainting of bedrooms and replacing areas of flooring throughout the centre. No defined time-frame was outlined to inspectors for when these works would commence or be completed. Inspectors identified a number of areas of risk and significant wear and tear throughout the centre. Action was required to ensure that the premises was safe and maintained to a good standard.

The registered provider had failed to ensure infection prevention and control practices were in line with the National Standards. Identified issues are outlined in

detail under regulation 27, infection Control.

Regulation 11: Visits

The visiting policy which had been last updated in September 2022 and the visiting arrangements for residents to receive visitors in the centre at the time of the inspection were found to be overly restrictive. For example; visiting was restricted to 11:00-19:00 hours with protected meal times from 12:30 to 14:30 hours and 17:00 to 18:00 hours. Additionally visitors were required to book visits through an online system. Further restrictions in place resulted in only two visitors per resident being permitted to attend the centre at a time. Inspectors were informed that these restrictions were in place to reduce the risk of outbreak and transmission of COVID-19. From records of resident council meetings held in December 2022, inspectors identified that the provider communicated to residents that public health still advocated for booking visits; this did not reflect the HSPC guidance at that time.

Inspectors were not assured that there was a suitable private area, which was not the residents' room available to residents to receive a visitor in private if required. Communal spaces identified to inspectors that were available for visits were the side lounge, porch or garden area. The side lounge contained a office and a desk which staff were observed to use throughout the day of inspection. The porch area was the main entrance and exit from the centre and observed to be a busy area throughout the inspection. The garden was not a viable option for private visits during inclement weather. Records from a residents' council meeting indicated residents were also not satisfied to use their bedrooms for visits as the rooms are 'too small', 'no space', 'no chairs' and that their rooms were 'their personal and private spaces'.

Judgment: Not compliant

Regulation 12: Personal possessions

Inspectors were not assured that all residents had adequate storage space to store their personal belongings. For example; inspectors observed for some residents, some of their personal items were stored on the floor or on chairs as there was insufficient space in their wardrobe or locker.

Judgment: Substantially compliant

Regulation 17: Premises

Inspectors identified the following issues which required action;

- Inspectors observed on the second floor, an area of corridor flooring that posed a significant trip hazard to those walking in the area. Many areas of flooring throughout the centre were observed to be heavily scratched and damaged.
- Water damage and leaking was evident in several areas; for example, in one communal toilet the ceiling and wall had signs of water damage. In two communal bathrooms, inspectors observed that there was leakage surrounding a sink and a toilet which had not been addressed. In one en-suite bathroom inspectors observed a leak from a hand wash basin.
- Toileting facilities were insufficient to meet residents' needs as evidenced by the over reliance on the use of commodes to meet residents' toileting needs. Inspectors also identified that access to bathing facilities for 30 residents accommodated on the first and second floors was insufficient. Inspectors observed that there was one bath and one shower available for 30 residents to use. Due to this many residents were required to move from one side of the centre to the other or take a flight of stairs or a lift in order to reach a bathing facility.
- Inspectors observed that parts of commodes located throughout the centre had become rusty. One commode observed leaked dark black brown fluid from the commode legs when moved.
- Inspectors were informed that there was a schedule of works planned to ensure that the centre was maintained such as an ongoing schedule of painting. In many resident bedrooms and some communal areas however, inspectors observed that paint work on walls, skirting boards, door frames, doors and furniture required attention as some areas were observed to be heavily scratched, and chipped. Inspectors observed too that in some bedrooms plaster from the walls was cracking and falling to the floor.
- There was inadequate storage available resulting in items such as hoists, communal high support wheelchairs and commodes being stored in residents' bedrooms. Items such as bed wedges, crash mats were observed in empty wardrobes in residents' bedrooms and inspectors also observed that in the small dining room at the front of the centre there was a labelling machine for residents' clothing and boxes of personal protective equipment stored on the floor.
- Items of equipment such as pressure mattresses were not verified as being tested and serviced by a certified person; inspectors noted that some pressure mattresses had stickers that stated 'warranty voided'.
- No documentation around required periodic electrical testing of small electrical appliances was available for inspectors and so inspectors were not assured that these required periodic safety tests of electrical appliances was carried out in the centre.
- The layout and configuration of most multi-occupancy bedrooms required reconfiguration to ensure that all residents accommodated in the room had

access to a table, chair, locker and adequate storage space for resident's possessions whilst maintaining their right to privacy.

Judgment: Not compliant

Regulation 27: Infection control

There were ineffective governance arrangements in place to ensure appropriate oversight so that there was a sustainable delivery of safe and effective infection prevention and control. For example;

- Oversight of cleaning practices required review. Inspectors observed that a combined detergent and disinfectant solution was used to clean all areas in the centre when there was no indication for its use. This solution was not being used in accordance with manufacturer's guidance and was resulting in corrosion of surfaces of furniture and equipment throughout the centre.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The two available sluice rooms did not support effective infection prevention and control. Each sluice room had one or two standalone bed pan washers and a small sink which did not comply with the recommended specifications for clinical hand wash sinks. There was no equipment cleaning sink in sluice rooms. Inspectors observed that several commode basins were placed into each other and stacked upright; although inspectors were informed that these had been through a cycle in the bedpan washer the basins were observed to still have residue present.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of commodes, high support wheelchairs and hoists in residents' bedrooms. These practices can lead to cross contamination.
- Inspectors noted that in many rooms that corners and edges required deep cleaning as there was visible signs of debris from chipped plaster and paint work. A room that was vacant and had been reported to inspectors as having been cleaned still contained rubbish in the bin, debris on the window sill and contained belongings from the previous resident in the wardrobe.

Equipment was not decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Inspectors observed that commodes stored in the vast majority of bedrooms were found to be visibly dirty and some showed signs of rusting on the legs. A standard operating procedure (SOP) was in place that required staff to clean commodes in resident communal bathrooms at a certain time daily. Inspectors observed that this SOP was not an appropriate infection prevention and control measure nor was it being adhered to by staff as

evidenced by the number of commodes that remained unclean after the time by which they should have been cleaned. In multi-occupancy bedrooms it was unclear which resident used the commode as they were unlabelled. All of these practices posed a risk of cross-contamination.

- Inspectors observed that some cleaning equipment was visibly dirty and worn; for example in one communal bathroom a floor brush was frayed and visibly dirty. This posed a risk of cross-contamination.
- In bedrooms inspectors observed that there was dust and debris collected in corners. Cleaning standards required attention.

Arrangements were not in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. For example; although there were sufficient alcohol-bases hand gels throughout the centre, there was insufficient hand wash basins available for staff to use to clear their hands.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident care records and found that action was required. There was no formalised assessment or systematic approach when assessing residents to identify their recreational and occupational needs. Inspectors found that only some residents had a life story in place. When reviewing recreational and occupational activity care plans inspectors found that not all contained information regarding the residents' preferred activities, instead it contained other information such as their mobility needs and food preferences. Other recreational and occupational activity care plans had not been reviewed and updated within the required four month interval or as the residents' needs had changed. For example; two activity care plan had not been reviewed since early September 2022 while another had not been updated to reflect the resident's recent deterioration which would impact their ability to partake in the activities they had previously enjoyed.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Since the last inspection, inspectors found that there had been improvements made with the documentation in place for restrictive practices being implemented. However, inspectors found that there remained a significant number of residents with some form of restrictive practice in place. For example; 28 of the 35 residents living in the centre had some form of restrictive practice in place, 18 of whom had bedrails in place. Furthermore there was no written consent for all restrictive

practices in place.

Judgment: Substantially compliant

Regulation 8: Protection

During the inspection inspectors became aware of a number of allegations. Although these allegations had been appropriately managed and measures taken to ensure residents' protection, these allegations had not been recognised as safeguarding concerns nor referred to the community safe-guarding team.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors observed that there were institutional practices in key areas of care. For example;

- With bathing and personal hygiene for residents, there was a weekly shower/bath schedule in place for residents. Feedback received from residents was that they could have a shower everyday if they chose however they at times had to insist. Records from a resident meeting provided to inspectors indicated however that residents were not empowered to choose when they would like to bathe. Instead they were informed when their 'shower day' was occurring during the week.
- Action was required to ensure that residents' right to choice, privacy and dignity was supported and upheld in all aspects of their care and daily life. For example; inspectors observed that there was one bath and one shower available for 30 residents to use on the first and second floors. Due to this many residents were required to move from one side of the centre to the other or take a flight of stairs or a lift in order to reach a bathing facility. Inspectors were also informed by staff that some residents who required assistance to get to the bathing facilities were transferred using commodes.
- Inspectors observed that there was over reliance on the use of commodes to meet residents' toileting needs. Inspectors observed that the majority of bedrooms contained a commode. Feedback from residents was that they used the commodes, even though they could get to the bathrooms, as frequently the communal bathrooms and toilets were occupied and busy for lengthy periods of time.

The layout and configuration of multi-occupancy bedrooms did not support residents' right to privacy and dignity. For example;

- Inspectors observed most multi-occupancy bedrooms contained commodes, however, inspectors found that the configuration of multi-occupancy rooms did not support privacy or dignity for residents while utilising a commode due to the limited space available within privacy curtains and within the bedrooms.
- Inspectors noted too that in many multi-occupancy bedrooms there was insufficient space to place a chair beside residents' beds without limiting access to lockers.
- In some multi-occupancy bedrooms inspectors were not assured that privacy for residents' who required the assistance of staff and special mobility equipment such as hoists could be maintained during transfer manoeuvres due to the close proximity of other residents' beds.
- The configuration of some multi-occupancy bedrooms did not support residents' autonomy and independence to enter and exit the room without encroaching on other residents' private space.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ailesbury Private Nursing Home OSV-0000002

Inspection ID: MON-0038779

Date of inspection: 31/01/2023

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: The roster will set out the planned hours of the PIC each week and how those hours are split between the two sites for which she is responsible for.</p> <p>The files of deceased or discharged residents will continue to be stored offsite in a secure, lockable storage space and continue to be retrievable onsite within 30 minutes upon request. This has been our record management practice through previous registration cycles for which we have never received a non-compliance. However, a proposed extensive refurbishment will be undertaken within which additional storage will be explored. The aim of this proposal will be to accommodate additional administration storage.</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with 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).</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1) The PIC / DON have developed a revised training programme for HCA's which will be delivered to all staff with specific reference to ensure that no inference of institutionalization exists in the delivery of care to residents in the Centre. This training</p>	

will be provided to all Healthcare staff over June, July and August. The staff offer the residents a shower / bath every day, and there is no question that if a resident requested a shower / bath everyday that this would not be provided. The shower list is used to supervise and audit the practices of healthcare staff and is not used as a fixed timetable for residents showering as suggested in the report. Residents care plans are reviewed at a minimum every 4 months and where a resident wishes to increase their showering frequency this is always followed through in accordance with their wishes.

2) N/A.

3) Enhanced supervision of domestic staff cleaning practices has been implemented. We are in the process of developing a suite of specific equipment decontamination procedures, checklists and audit tools, which we aim to have implemented by June 2023. Household auditing is currently being carried out on a weekly basis, with specific weekly auditing tools already implemented. Each commode is resident specific and is now labelled.

4) The two residents referenced in the report who currently occupy a bedroom with ensuite facilities will not be asked to move room as they are perfectly happy in the rooms they currently occupy. Their preference was always for a single room, therefore they were prioritised when a single became available. One of the residents needs has since changed and was able to make use of the ensuite facilities when they moved into the room initially. The other resident requires the large single room they occupy due to the volume of personal property they wish to retain. We will not be seeking any change to their accommodation.

5) The visiting booking system is no longer in use. There are no restrictions on visiting except protected mealtimes and in the case of warranted restriction due to PH instructions in the management of an outbreak of an infectious disease, or outcome of risk assessment which has deemed restrictions on visiting has been deemed appropriate.

Over the next 12 months an extensive refurbishment of the building will be explored, which will include the provision of ensuite facilities for an increased number of bedrooms and will include larger sluice rooms fully equipped with all the necessary infrastructure. An equipment room will also be considered which will provide for the storage of clean commodes and other cleaning equipment. Availability of hand wash basins for staff has been further addressed in the Provider feedback.

The aim will be to reduce the amount of overall commodes in use and to provide for clinical handwashing sinks to be installed.

All commodes will be sluiced and thoroughly cleaned after every use in the mean time. The auditing of this practice will be increased to weekly. The practice of stacking commode basins has been rectified in that once they have been through the cycle of the sluice machine they are stored as clean in the upside down position. Our sluice machines have been tested and audited and are deemed to be effective in their decontamination process. The first task attended to by domestic staff at the beginning of every shift is to clean and disinfect all bathrooms and all sluice rooms, so that all equipment is clean and ready for use.

The flooring identified on the day of inspection on the 2nd floor has been repaired since

the inspection.

The practice of using actichlor plus throughout the centre has ceased and we have reverted back to using household cleaning detergents appropriate to the environment.

Any resident who owns a wheelchair retains this equipment as part of their personal property in their bedrooms. All commode chairs are resident specific and are stored in a residents bedroom in accordance with their needs. The hoists in bedrooms are specific to residents needs at that time. All equipment has a specific storage bay for after use. The storage of this equipment does not lead to cross contamination due to the fact that equipment is stored in the residents personal area for their specific use and its cleaned after use and returned to its particular storage area.

Floor brush has been replaced.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with 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).

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A meeting was held with the specific resident in respect of the administrative error on their contract. The resident has indicated their preference of staying in their specific room and as such an amendment to their Contract was made.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: SOP has been updated as per requested amendments – sent to the Inspector on 24/04/2023.	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In respect of any resident complaint in the future the PIC in conjunction with the DON will discuss and review and counter-sign each resident specific complaint where an allegation against a staff member or similar has occurred. All relevant complaints will be viewed through a safeguarding lens in order to ascertain whether a notification is required. Our policy has been updated to reflect this practice.</p> <p>Furthermore records like advocacy meetings, resident council meetings, critical incident analysis records and the direct observations of staff will be reviewed through a safeguarding lens to ensure that no further incidents are left unnotified.</p> <p>The PIC / DON have developed a revised training programme for HCA's which will be delivered to all staff with specific reference to ensure that no inference of institutionalization or safeguarding exists in the delivery of care to residents in the Centre. This training will be provided to all Healthcare staff over June, July and August</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All hard copies of policies implemented between Aug – Nov 22 have been audited to ensure the relevant date and signature has been inserted.</p>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The visiting booking system is no longer in use. There are no restrictions on visiting except protected mealtimes and in the case of warranted restriction due to PH instructions in the management of an outbreak of an infectious disease, or outcome of</p>	

risk assessment which has deemed restrictions on visiting has been deemed appropriate

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Each resident has a wardrobe and a locker in their bedroom at a minimum. However, where some residents have excessive personal possessions which cannot be easily stored in the storage space provided we will request their opinion and feedback as to how they wish for their extra property to be contained. As per the Provider Feedback report some residents according to their wishes gain solace and emotional security from having their belongings in a space where they can be easily seen and accessed by the resident. This does not interfere with thorough cleaning and decontamination of each bedroom.

Under the planned proposal for an extensive refurbishment of the building, within the next 12 months a full review of residents storage will be undertaken. Where deficits are identified, they will be addressed accordingly.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with 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).

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

During the COVID pandemic, and more recently with huge inflationary costs and coupled with insufficient State funding through Fair Deal it had not been possible to carry out the full upgrading works required, however the following actions are currently in process:

There are now 4 full-time maintenance personnel working between the two nursing homes (1 newly employed since inspection). The maintenance team are set to commence work on a full re-paint and refurbishment of the nursing home.

With reference to point 3 under Reg 17 in the report, please note that the residents on the second floor are NOT required to go to another floor to have a shower or bath, there are both options on this floor in two separate bathrooms.

Over the next 12 months an extensive refurbishment of the building will be explored, which will include the provision of ensuite facilities, including showering facilities for an increased number of bedrooms.

Any resident who owns a wheelchair retains this equipment as part of their personal property in their bedrooms. All commode chairs are resident specific and are stored in a residents bedroom in accordance with their needs. The hoists in bedrooms are specific to residents needs at that time. All equipment has a specific storage bay for after use. The storage of this equipment does not lead to cross contamination due to the fact that equipment is stored in the residents personal area for their specific use and its cleaned after use and returned to its particular storage area.

We have engaged a PAT testing practitioner who will carry out the necessary testing of all necessary devices, including pressure relieving mattresses.

Areas that require improvement are recorded within the maintenance log and therefore the ongoing maintenance is being addressed, within the limitations of our maintenance team.

The trip hazard has been addressed.

We are in the process of engaging a flooring contractor and we aim to have one engaged and work commenced within the next 12 months.

Ceiling and water damage has been repaired and addressed. The flooring as per above will be reviewed.

All equipment has been reviewed and where necessary, equipment has been repaired or replaced.

A number of bedrooms have empty wardrobe space due to a reduction in bed numbers within those bedrooms. Large items such as bed wedges or crash mats can be stored in these available storage spaces in order to ensure the bedroom is free of unnecessary clutter. This extra storage space has been designated to the specific resident within the bedroom where it is required.

Each pressure mattress is fitted with a sensor and alarm. Where the skilled and experienced maintenance team are unable to detect the route cause of a fault the pressure mattress is removed from service and replaced with a new pressure mattress.

See above re PAT testing contractor.

Each resident has a wardrobe, locker and chair available to them in accordance with the Regulations. Each resident has a clothes hanging facility within their privacy curtain to ensure they have privacy, dignity and choice and they are supported by staff on a daily basis to arrange same. In addition, the review of the building and its planned refurbishment will take into account the privacy curtain reconfiguration in the multi-occupancy bedrooms.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with 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).

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The practice of using actichlor plus throughout the centre has ceased and we have reverted back to using household cleaning detergents appropriate to the environment.

Over the next 12 months an extensive refurbishment of the building will be explored, which will include the provision of ensuite facilities for an increased number of bedrooms and will include larger sluice rooms fully equipped with all the necessary infrastructure. An equipment room will also be considered which will provide for the storage of clean commodes and other cleaning equipment.

Availability of hand wash basins for staff has been further addressed on our Provider feedback.

The aim will be to reduce the amount of overall commodes in use and to provide for clinical handwashing sinks to be installed.

All commodes will be sluiced and thoroughly cleaned after every use in the mean time. The auditing of this practice will be increased to weekly. The practice of stacking commode basins has been rectified in that once they have been through the cycle of the sluice machine they are stored as clean in the upside down position. Our sluice machines have been tested and audited and are deemed to be effective in their decontamination process. The first task attended to by domestic staff at the beginning of every shift is to clean and disinfect all bathrooms and all sluice rooms, so that all equipment is clean and ready for use.

Any resident who owns a wheelchair retains this equipment as part of their personal property in their bedrooms. All commode chairs are resident specific and are stored in a residents bedroom in accordance with their needs. The hoists in bedrooms are specific to residents needs at that time. All equipment has a specific storage bay for after use. The storage of this equipment does not lead to cross contamination due to the fact that equipment is stored in the residents personal area for their specific use and its cleaned after use and returned to its particular storage area.

Enhanced supervision of domestic staff cleaning practices has been implemented.

<p>Enhanced auditing of decontamination of residents equipment in the form of visible weekly spot checks are now in place, including commodes and other equipment such as hoists. Each commode is resident specific and is now labelled.</p> <p>Floor brush has been replaced.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are scheduled for review on a 4 monthly basis or earlier as indicated by residents changing condition. The DON and CNM will undertake an audit every quarter to ensure that care plans are reviewed within the specified time frame.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A monthly review of all restrictive practices is now part of routine and is ongoing. Where appropriate an attempt at reducing restrictive practices will be implemented. However, the least restrictive alternative is always implemented in accordance with residents needs. A thorough review of all residents documentation was undertaken and no breach was identified.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In respect of any resident complaint in the future the PIC in conjunction with the DON will discuss and review and counter-sign each resident specific complaint where an allegation against a staff member or similar has occurred. All relevant complaints will be viewed through a safeguarding lens in order to ascertain whether a notification is required. Our policy has been updated to reflect this practice.</p>	

Furthermore records like advocacy meetings, resident council meetings, critical incident analysis records and the direct observations of staff will be reviewed through a safeguarding lens to ensure that no further incidents are left unnotified.

The PIC / DON have developed a revised training programme for HCA's which will be delivered to all staff with specific reference to ensure that no inference of institutionalization or safeguarding exists in the delivery of care to residents in the Centre. This training will be provided to all Healthcare staff over June, July and August.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC / DON have developed a revised training programme for HCA's which will be delivered to all staff with specific reference to ensure that no inference of institutionalization exists in the delivery of care to residents in the Centre. This training will be provided to all Healthcare staff over June, July and August. The staff offer the residents a shower / bath every day, this will be verified at the next residents council meeting, there is no question that if a resident requested a shower / bath everyday that this would not be provided. The shower list is used to supervise and audit the practices of healthcare staff and is not used as a fixed timetable for residents showering as suggested in the report. Residents care plans are reviewed at a minimum every 4 months and where a resident wishes to increase their showering frequency this is always followed through in accordance with their wishes.

With reference to point 3 under Reg 17 in the report, please note that the residents on the second floor are NOT required to go to another floor to have a shower or bath, there are both options on this floor in two separate bathrooms.

Over the next 12 months an extensive refurbishment of the building will be explored, which will include the provision of ensuite facilities, including showering facilities for an increased number of bedrooms.

Residents are now offered to be transferred to the bathroom using a wheelchair or on foot, whatever their preference, the staff will ensure that it is accommodated, and this will be verified again in the residents council meeting.

Specifically with reference to point 3 in the report, over the next 12 months an extensive refurbishment of the building will be explored, which will include the provision of ensuite facilities.

The aim will be to reduce the amount of overall commodes in use and to provide for clinical handwashing sinks to be installed.

Each resident has a wardrobe, locker and chair available to them in accordance with the Regulations. Each resident has a clothes hanging facility within their privacy curtain to ensure they have privacy, dignity and choice and they are supported by staff on a daily basis to arrange same.

An audit of all private bed spaces will be completed by 30th April. The review of the building and its planned refurbishment will take account the privacy curtain reconfiguration in the multi-occupancy bedrooms in order to ensure that each bed space will provide sufficient space for residents to receive personal care with dignity and also so that they may carry out their personal activities in private and with dignity.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with 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).

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Orange	31/03/2023
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's	Not Compliant	Orange	31/03/2023

	room, is available to a resident to receive a visitor if required.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/05/2024
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.	Not Compliant	Orange	31/05/2024
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	31/05/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained	Substantially Compliant	Yellow	31/05/2024

	for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.			
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.	Not Compliant	Orange	31/05/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/03/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/04/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/03/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	30/06/2023

	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.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/08/2023

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.	Not Compliant	Orange	31/05/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/05/2024