



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

Issued by the Chief Inspector

Name of designated centre:	Aclare House Nursing Home
Name of provider:	Aclare Nursing Home Limited
Address of centre:	4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000001
Fieldwork ID:	MON-0038499

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

26

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 November 2022	09:00hrs to 16:30hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, residents were happy with the care and services that they received within Aclare Nursing Home. The inspector observed that there was a relaxed and happy atmosphere within the centre and that residents were at ease in the company of staff, with many positive interactions seen.

On arrival at the centre, the inspector was guided by a staff member through the infection prevention and control measures necessary on entering the designated centre. This included a signing-in process, hand hygiene and the wearing of face masks.

Following a short introductory meeting, the inspector was provided with a tour of the premises by two members of the management team.

This designated centre was across three floors with residents' bedrooms on all floors. Bedrooms comprised of nine twin rooms and nine single rooms. Bedrooms were pleasantly decorated with a secure locked space for each residents' possessions available. The inspector observed that a double room had limited private space for one resident, this resulted in insufficient space for a chair to be placed beside the resident's bed area. This will be further discussed within this report.

The inspectors spent time observing staff and resident interactions and found that staff were seen to care for residents in a professional and friendly manner. The inspector also spoke to four residents throughout the on-site inspection and all commented positively on the staff within the centre, with comments that the staff team were "very kind and helpful", you couldn't get better". Feedback from residents was that they felt happy and safe living in the centre, reporting that the food was good and plentiful.

Activities on offer were displayed on notice boards. There was a wide variety of activities being provided to residents which included music, massage therapy and exercise programmes. Sing songs and exercise activities were taking place on the day of inspection. Residents spoken with said that there were sufficient activities on offer, and they could choose to participate in them. Residents had enjoyed a trip to Marlay Park in Rathfarnham in the summer. One resident was supported to go out daily from the designated centre to shop or go fishing. A future outing was planned to see the Lord of the Dance in the new year.

The inspector observed the mealtime experience on the day of inspection. The dining area was bright and clean, and the food was seen to be well presented. The daily menu was displayed on a board within the dining room to assist residents with their meal choices, with a choice offered for the main meal. The mealtime experience was seen to be a relaxed and social occasion with residents talking

amongst themselves and staff providing help to residents' in a sensitive and discreet manner. Residents spoken with said they enjoyed the food on offer. In addition, the inspector observed drinks were readily available throughout communal areas.

Overall, the centre was clean, however wear and tear was visible in some areas which did not always support effective cleaning and appropriate disinfection. The provider informed the inspector that there were plans to carry out a refurbishment of the designated centre to include every bedroom to have an ensuite and a sluice on each floor. In addition, the inspector found that there was limited storage space within the centre which impacted on residents access to bedroom space. A visitor's area was seen to be blocking a fire exit, this was removed on the day of inspection.

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

Capacity and capability

While there were established management structures in this centre, the inspector found that improvements were required in the management systems for the effective oversight of premises, infection control and residents rights.

Aclare Nursing Home Limited is the registered provider for Aclare House Nursing Home. The management structure was clear with the management team consisting of the provider and the person in charge. The person in charge was supported in their role by nurses, healthcare assistants, activity coordinators, housekeeping, catering and maintenance.

The management team had systems in place for the oversight of the quality and safety of care in the centre, and the provider was clearly involved within the running of the centre. The provider held regular management meetings where performance indicators for the centre were reviewed and discussed; for example on topics such as residents' feedback, staffing, activities, complaints, and household issues. In addition, the centre completed monthly monitoring and data sheets of key resident data which included medication, infection control, falls and restraints.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice. The centre had a comprehensive Safety Statement and an up-to-date plan to respond to major emergencies such as power outages and flooding. However, while the registered provider had provided a statement of purpose, it did not reflect the current conditions of registration.

The person in charge had reviewed the centre's COVID-19 preparedness self-assessment and ensured that it contained up-to-date information to guide staff in

the event of an outbreak. Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.

A comprehensive annual review of the quality of the service in 2021 had been completed by the registered provider, and there was evidence of consultation with residents and their families. However action was required in relation to the management's oversight of resident's rights to choice and privacy. This is further discussed under Regulation 23: Governance and Management.

Contracts of care were in place for each resident and had been appropriately signed. They detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in the centre.

The inspector reviewed the worked and planned roster and were assured that there was sufficient staff to meet the assessed needs of residents. Rosters showed there was a minimum of one registered nurse on duty at all times in line with regulatory requirements.

Records reviewed showed that there was high attendance at mandatory training on safeguarding, manual handling and fire. Staff were aware of the lines of accountability in the centre and knew who to report issues to. Staff who spoke with inspectors said they were supervised in their work and they were knowledgeable regarding the needs of residents, including the policy on safeguarding residents from abuse. They explained how they would protect residents and report any complaints or concerns of abuse. However infection control training was scheduled for every two years instead of annually this is further discussed under Regulation 16: Training and Staff Development.

Residents who spoke with the inspector said that if they have any concerns or complaints, they were dealt with quickly and they were comfortable highlighting issues to staff members. There was evidence within the complaints register that the provider worked hard to ensure that complaints or concerns received were resolved at an early stage and the satisfaction level of the complainant was recorded.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill-mix of staff was appropriate with regard to the needs of the 27 residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were observed to be appropriately supervised on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider management systems recognised the requirement to have sufficient number of showers appropriate to the number and needs of the residents but a solution had not implemented since the previous inspection. For example:

- On the day of inspection there were 12 residents sharing one shower facility. The space was also being used by the hairdresser. This had been identified on the previous inspection. Since that inspection, the occupancy of this floor had risen from eight to 12 without any measures to increase the access to showers for residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Three contracts of care between the resident and the provider were reviewed, and each clearly set out the terms and conditions of their residency in the designated centre which included their room number, occupancy and fees.

Judgment: Compliant

Regulation 3: Statement of purpose

While the registered provider had a written statement of purpose available for review, it did not reflect the service in the following areas.

- The current conditions of registration. Seven conditions were listed instead of three.
- There was no record of resident's access to the national screening programme.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. The complaints policy dated January 2021 set out the steps to be taken to register a complaint, the complaints officer and indicated the appeals process to an independent officer.

The inspector reviewed a sample of complaints from the centres complaints register. Records seen confirmed that closed complaints were well managed in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had all been updated to reflect the practices and procedures in the centre.

Judgment: Compliant

Quality and safety

While areas for improvement were identified in respect of the quality and safety of the service received by residents, overall, residents were supported by staff to have a good quality of life. Residents were able to choose how they spent their day and had access to good quality healthcare and to social activities throughout the week. This inspection found that improvements were required in relation to care planning, infection control measures, premises and residents rights .

The inspector reviewed a sample of resident records. A comprehensive pre-admission assessment was completed for the residents reviewed, which ensured that the centre could meet the personal, medical and social needs of each prior to them being admitted to live in the designated centre. A review of care plans assured the inspector that care plans were person-centred and demonstrated that evidence-based care was being provided to residents. However, not all care plans were developed within 24 hours of admission. The inspector found that two care plans were not reviewed within four months. This is further discussed under Regulation 5: Individual Assessment and Care Planning.

Residents' health and well-being was promoted by regular reviews by general practitioners (GP) services, who visited the centre weekly or as required. Residents

also had timely access to a physiotherapist and were referred to private and community health and social care professional services, such as occupational therapy, speech and language therapy, dietetics, dental, gerontology and tissue viability nursing, when requested by residents or as required.

Residents enjoyed a daily programme of activities, which were led by dedicated activity staff. Activities for the day were displayed on a notice board to identify to residents what was on offer each day from Monday to Sunday. The inspector observed an exercise activity session attended by a number of residents and that residents were positively engaged in this activity.

Staff were observed to engage with residents in a supportive manner and staff were observed to knock on residents' doors and announce their presence before entering resident's private space. There were facilities for residents to engage in recreational and occupational opportunities, and to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers and to the internet. There was an independent advocacy service available in the centre and regular resident meetings were held.

The inspector was not assured residents could undertake all personal activities in private, for example 12 residents had to go down a flight of stairs in their night attire to access a shower. This shower room was also a shared space with the hairdresser. Staff reported that when the shower room was in use, the residents would have to travel to the second or ground floor. Residents spoken to on the day of inspection had no objection to having to share the facility with 11 other residents. However there was a weekly shower list of set days for showers for each resident. While staff reported that residents could change their shower to another day, this practice represents an institutional practice that may impact on resident's choice.

Improvements from the last inspection included a clinical sink being installed on the ground floor with a second sink awaiting installation on the second floor. The cleaner's room and a bathroom had the flooring replaced. There was a plan to replace all carpets with laminate flooring. There was a maintenance schedule planned for 2022, this included paintwork and repairs. However, while there was an identified responsible person, there was no time frame for these actions to be completed.

The inspector observed that within some of the multi-occupancy bedrooms, the layout and design of these bedrooms, did not afford all residents sufficient private space. In one twin room, if a resident wished to access their personal belongings in their wardrobe, they had to enter another resident's personal space. Inappropriate storage was seen on the day of inspection for example, the hoist was stored in the smoking room on the ground floor, this meant that if the hoist was required on an upper floor it would have to be carried up a flight of stairs.

The centres' risk policy included the risks specified in the regulation, and referenced supplementary policies which provided guidance on the management of these risks. Fire drills were seen to be carried out including night time drills. Staff who spoke with the inspector were knowledgeable regarding emergency evacuation procedures

in the centre.

On the day of inspection, visitors who spoke with the inspector were satisfied with the unrestricted visiting arrangements in place. The registered provider had made personal protective equipment (PPE) available, to staff who overall were seen to use the PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. However a number of areas under infection control required review, as discussed under Regulation 27: Infection Control below.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were unrestricted. Residents were able to receive visitors in the designated centre.

Judgment: Compliant

Regulation 17: Premises

The Inspector found that improvements were required to ensure the premises conformed with the matters set out in Schedule 6 as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example;

- There was not suitable storage in the designated centre for the hoist, this was stored in the smoking room on the ground floor.
- The storage of cammodes in bedrooms during the day when not in use meant resident access to personal space was limited.
- There were not sufficient showers available for residents on one floor.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy met the requirements of the regulations and addressed specific issues such as self-harm and the prevention of abuse. There was an up-to-date risk register in place, covering both clinical and health and safety risks, and each was controlled through the risk assessment process with an owner assigned to each and appropriate control measures put in place to reduce the risk.

The centre had a comprehensive Safety Statement in place and up-to-date plan to respond to major emergencies.

Judgment: Compliant

Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- There was one sluice on the ground floor in the designated centre, staff spoken with described the process of emptying and cleaning of commodes on the upper floors. This involved travelling between three floors which posed a risk of cross contamination.
- Inappropriate storage presented a risk of cross contamination. For example clean incontinence wear were stored out of packets and residents' personal hygiene products stored in a shared bathroom.
- Staff were seen to wear wrist jewellery this could lead to ineffective hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not ensured adequate means of escape, for example:

- The identified visiting area was unsafe as it was blocking a fire exit, it was removed on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found that care plans were not prepared within 48 hours of admission to the centre. Two care plans were not reviewed at four month intervals, one care plan was due to be renewed in August 2022 and the other in October 2022.

Gaps were identified in care plans, for example:

- One resident did not have a careplan on their cognitive needs even though it had been identified in their pre -assessment they had a diagnosis of

dementia.

- One resident was reviewed by Old Age Psychiatry in October 2022, there was no record of this review in their care plan or of their change in medication.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to general practitioner and physiotherapy services, and to other medical and health and social care professionals via a referral process. The inspector also noted that eligible residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured that each resident was able to undertake personal activities in private, for example

- Residents on the third floor were unable to access a shower on their floor, instead they had to access one shower on the next landing in their night attire. This shower facility was for the 12 residents on the third floor and the hairdresser.
- The inspector found that the private space for residents in a double bedroom required review, for example one resident had to enter another resident's personal space to retrieve their personal belongings.

The resident's right to choice was not always evident for example:

- There was a weekly shower list with set days for residents, this practice did not ensure that a resident could exercise choice in when they had a shower.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aclare House Nursing Home OSV-0000001

Inspection ID: MON-0038499

Date of inspection: 23/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We are still waiting for the outcome of our planning permission. The application was supposed to be decided on the 22nd of September and was then pushed out to 13th of December and we are still waiting on decision.</p> <p>Following our meeting and agreement with HIQA. The following plan has been formulated as per agreement re: taking away 2metres from bedroom 1, and adding it to the toilet beside it to include a shower area, we have decided to go with this plan. Work will commence on 03/04/2023.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated with the 3 conditions. National screening programme has been added to our statement of purpose.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 We have sourced a space on the ground floor for the hoist.
 The commodes aren't kept in residents bedrooms anymore.
 Our residents always have choice in our nursing home and we would always respect our residents' privacy, dignity and choice.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Staff don't empty or clean commodes on upper floor anymore.
 We don't store hygiene products in shared bathroom anymore.
 We have reiterated to staff not to wear jewelry to work and will continue to monitor this.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The chair was removed on the day of inspection. A new sign has been put up there to remind staff to constantly keep area clear.
 This area is not a visitors' area anymore.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All care plans have been updated to include cognitive needs and all care plans are now reviewed after attendance of MDT.

Regulation 9: Residents' rights	Not Compliant
<p data-bbox="172 208 1428 353">Outline how you are going to come into compliance with Regulation 9: Residents' rights: We are awaiting decision from An Bord Pleanala re planning permission. We have now rearranged said room in question. There is no shower list anymore.</p> <p data-bbox="172 398 1428 544">Following our meeting and agreement with HIQA. The following plan has been formulated as per agreement re: taking away 2metres from bedroom 1, and adding it to the toilet beside it to include a shower area, we have decided to go with this plan. Work will commence on 03/04/2023.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	20/01/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/01/2023
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	20/01/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/01/2023
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	Substantially Compliant	Yellow	20/01/2023

	concerned and where appropriate that resident's family.			
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	30/06/2023
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	30/06/2023