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Acorn Lodge, Ballykelly, Cashel, Tipperary

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Authors	Harrington, Mairead
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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Acorn Lodge
Centre ID:	OSV-0000188
Centre address:	Ballykelly, Cashel, Tipperary.
Telephone number:	062 64 244
Email address:	acornhealthcare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Acorn Healthcare Limited
Provider Nominee:	Mary O'Connor
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 August 2017 10:15	15 August 2017 16:00
16 August 2017 09:45	16 August 2017 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection at Acorn Lodge Nursing Home, Ballykelly. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 5 December 2017. As part of the inspection the inspector met with a number of residents, the person in charge and provider, relatives and visitors, persons participating in management and numerous other staff members. The inspector observed practices, the physical environment and reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of health and safety provisions. The findings of the inspection are described under 10 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre demonstrated that a high standard of care was provided in keeping with evidence-based practice. The last inspection of this centre took place on 12 October 2016. A copy of that report is available at www.hiqa.ie. The inspection at that time had focused on care in relation to residents with dementia or a cognitive impairment. The provider was responsive to regulatory compliance and demonstrated a willingness, commitment and capacity to implement any changes required. The inspector found that the centre operated in compliance with both the regulations and the conditions of its registration.

The person in charge was a director of Acorn Healthcare Ltd and its representative, with responsibility for the delivery of the service at the centre since it opened on its current location in 2001. The person in charge and assistant director of nursing were in attendance throughout the inspection process and both demonstrated an effective understanding of their relevant roles and statutory duties. A clearly defined management structure was in place. The centre was well resourced and provided appropriate accommodation and facilities in keeping with resident needs. The premises were clean and very well presented throughout. Residents had access to secure outside space that was well maintained and included a covered gardening area for the benefit of residents. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems were in place and arrangements for supervision were effective. The centre employed several activity coordinators with responsibility for providing an activity programme both during the week and at weekends. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The staff and management team demonstrated a commitment to the provision of a quality service providing person-centred care. The inspection findings were positive and compliant with the regulations. Actions from the previous inspection had been satisfactorily completed.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose was kept under review and was last updated on 31 May 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was a well established nursing home operating under the private management of Acorn Healthcare Ltd. A company director represented the provider entity and was available throughout the inspection to provide information as necessary. Governance was directed through a clearly defined management structure, as set out in the statement of purpose. Care was directed through the person in charge who was in attendance at the centre on a full-time basis. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency. These systems were seen to be implemented in practice through a schedule of audits on key performance indicators, such as the occurrence of healthcare associated infections and related treatments, for example. Other audits took place in relation to the management of medicines, infection control and falls. Nominated members of staff were responsible for ensuring effective work processes in areas such as catering, household and administration.

The inspector discussed communication and consultation processes with members of management and determined that appropriate systems of accountability were in place. These included routine staff meetings and a regular review of clinical governance by management and senior staff. The centre was very well maintained and resources were dedicated on a consistent basis to ensure a continuing programme of upkeep. Resources for the provision of training and education were appropriate to the profile of staff, and also reflected the assessed needs of residents. Management demonstrated a responsive approach to regulatory compliance and a commitment to continuous professional development and quality improvement. An annual review of the quality and safety of care took place and report on this review was available for reference. The review was set against a framework that reflected the relevant national standards and incorporated an improvement action plan for implementation. Residents and relatives had been consulted via a process of questionnaire and survey feedback.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no change to this appointment since the previous inspection. The person in charge had extensive experience in clinical care and was qualified in keeping with the requirements of the post. The person in charge was in attendance throughout the course of the inspection and provided information as appropriate on request. The

person in charge demonstrated a professional approach that included an understanding of the statutory responsibilities of the role and a commitment to continuous learning and improvement. The person in charge also fulfilled the function of provider representative holding appropriate authority, accountability and responsibility for the provision of service.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures on safeguarding and the prevention, detection and response to abuse were current and appropriately reflected relevant national guidelines and legislation. A regular programme of training was in place; all staff had received current training in this area at the time of inspection. Other measures in place to safeguard residents included robust recruitment and vetting procedures. The inspector spoke with members of staff who understood their duties of care and were able to demonstrate their understanding of how to record and report any concerns in keeping with requirements.

The inspector reviewed processes for managing resident valuables with the responsible member of administrative staff. At the time of inspection the centre did not act as an agent for any resident. Management confirmed that residents were encouraged to manage their own finances, either independently or with the support of family. The inspector reviewed a sample of cash management records. Protocols in this regard included the double signing of entries and withdrawals, and the retention of receipts for reference. The storage of valuables was secure and access was appropriately restricted. Residents were also provided with secure storage in their rooms.

As identified on the previous inspection, there were relevant policies and protocols in place on the management of responsive behaviours and psychological symptoms of dementia. Staff had received related training appropriate to their role. The inspector noted that a significant number of employees were long standing members of staff who were very familiar with residents' needs, and had a well developed understanding of their circumstances and background. In instances where residents became agitated or

confused, staff were able to provide support and reassurance as appropriate. Staff and management at the centre demonstrated a commitment to a restraint-free environment and the person in charge explained that residents were assessed for the use of low profile beds, where appropriate, to limit any restrictive practice. The inspector reviewed processes and documentation around the use of bed-rails. Where in use, relevant assessments had been completed, and consent forms had been signed either by the resident or a relative, and authorised by a medical professional as appropriate. Records confirmed that the use of such bed-rails was monitored and regularly reviewed.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Policies and procedures relating to health and safety were site-specific and up-to-date. There was a risk management policy that addressed the areas of unauthorised absence, assault, accidental injury, aggression, violence and self-harm, as required by the regulations. An emergency plan was in place that identified alternative accommodation for residents in the event of an evacuation. There were personal evacuation plans in place for individual residents.

A fire safety register was maintained that demonstrated daily, weekly and monthly checks were completed to ensure effective fire-safety precautions. Regular checks of fire prevention and response equipment were in place, including emergency lighting and fire alarms. Fire drills were conducted regularly for both day and night staff. The inspector noted that learning from these drills was recorded and communicated to staff as part of regular staff meetings. A fire evacuation plan, illustrating the nearest fire exits, was on display in access areas. A regular programme of fire-safety training was in place and a review of the related records indicated that all staff were appropriately trained; the person in charge confirmed this position. Equipment for use to prevent or react to a fire was stored in accessible areas and had been serviced as required; documentation was available to this effect. A smoking room was in use that was ventilated and provided direct access to the outside. This smoking room provided fire-aprons, a fire-blanket and a fire extinguisher. The inspector reviewed a sample of care plans for residents who smoked and noted that relevant risk assessments had been undertaken.

Measures in place to prevent accidents throughout the premises included grab-rails and call-bells. Emergency exits were clearly marked and unobstructed. An accident/incident

log was maintained that recorded the circumstances of events, and any related interventions or actions. These were regularly reviewed by the person in charge. The inspector reviewed the risk register that contained relevant information on the risks and controls specific to both residents and the environment. The risk register was kept under regular review.

The inspector spoke with members of household staff who demonstrated an understanding of effective cleaning practices and understood infection control principles. All staff had received relevant training in the control and prevention of infection. The person in charge had responsibility for monitoring infection control as required by the standards. Audits were in place around the occurrence of healthcare related infections. Regular hand hygiene audits took place. Access to cleaning storerooms and sluice rooms was restricted. These areas were clean and well maintained and hazardous items, such as chemicals, were securely stored. The premises were very well maintained throughout and a high standard of cleanliness was in evidence. Staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. A member of nursing staff demonstrated practice around the storage and monitoring of medicines, including controlled drugs. Robust protocols were in place to ensure that medicines were checked on receipt and stored securely. Fridge temperatures were monitored and recorded. Prescription and administration records for residents included a photograph and other biographical information as required. Times of administration were recorded and signed as necessary. The maximum daily dosage for PRN medicine (taken only as the need arises) was recorded. Compliance aids were in place for reference by administering staff. A signature bank of prescribing staff was in place for reference. No residents were being given their medicine covertly and no residents were self-administering at the time of inspection. Administering staff were able to explain the protocol for referral to the prescriber where residents might consistently refuse their medicine. Processes around regular review by the prescriber and pharmacist were in place. A nominated member of nursing staff had responsibility for the implementation of a regular audit. The assistant

director of nursing described processes around training and review for staff who had responsibility for administering medicine that included competency assessments and supervision arrangements as appropriate.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the care planning process with a member of nursing staff. Processes around admission included the use of a standardised evaluation tool to assess the needs of residents in relation to key areas of care. Care planning assessments and records were maintained electronically; this system was accessible and easy to review and provided effective oversight of the prescribed care for residents at any given time. The person in charge was responsible for ensuring that there were suitable arrangements in place to meet the health and nursing needs of all residents. The person in charge undertook pre-admission assessments that included meeting with the resident personally in either their home or care setting. The inspector noted that care plans in place provided directions around care that were relevant to the needs of the resident as assessed. The inspector noted that care planning processes on the sample assessed were consistent with previous inspection findings. Timely and comprehensive assessments were carried out on areas such as nutrition, mobility, skin integrity and cognition, for example, with care plans reviewed on at least a four monthly basis, or as care needs might change.

The inspector reviewed access to medical and allied healthcare services with management and staff. Residents had access as required to services such as speech and language therapy, chiropody and physiotherapy. Access was provided as necessary to the services of a dentist and optician. Psychiatric and geriatric consultancy services were available on referral and the inspector noted that access to these services had been provided where necessary. Information on the sample of care plans reviewed was clearly laid out and easy to follow. Activities of daily care were regularly recorded and updated. Of the sample reviewed, appropriate care plans were in place around all activities of daily living. Specific plans of care were in place for individual issues such as

the management of wounds and pain, or nutrition and the risk of aspiration. These plans of care reflected regular review and updated assessment. Staff spoken with were familiar with the circumstances of care and specific instructions, such as modifying the consistency of food and drink or positioning during eating, for example. Measures to promote good health and ensure early detection of illness included a programme of vaccination, the routine recording of measured vital signs, and the regular recording and review of any significant weight gain or loss. Medical notes recorded in care plans confirmed regular attendance and review by a general practitioner (GP). Residents also had the option of retaining the services of their own GP and pharmacist. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a complaint policy in place and management confirmed that it was kept under regular review. A summary of the complaint procedure was displayed on the notice wall for ease of reference. Information about the complaints process was also included in the guide for residents and the statement of purpose. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaint officer, and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. The procedure outlined the management of both verbal and written complaints and the related timeframes for action. Contact information for both the independent advocate and the office of the Ombudsman was provided.

Records of complaints were maintained electronically. The recording system included details of any investigation into the complaint and whether or not the complaint was satisfactorily resolved. The inspector discussed the complaints process with the person in charge who explained that processes for consultation, such as the resident forum and the attendance by the independent advocate, also afforded opportunities to address any issues that might be raised by residents without the need to invoke the formal complaints process. The inspector also spoke with relatives of residents who confirmed that communication with management and staff was effective and that there were opportunities to raise any issues on an ongoing basis. The system for dealing with

complaints was in keeping with statutory requirements and effectively implemented.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre promoted a positive approach to the protection of residents' rights around choice, privacy and the promotion of engagement and consultation. A nominated independent advocate attended the centre regularly and engaged with residents both individually and as a group. The centre provided information for residents that included contact details of advocacy services. Residents were provided with opportunities to have input around the management of the centre that included regular resident meetings and consultation. The inspector met with a number of residents and relatives throughout the inspection. Several relatives of residents confirmed that communication with the centre on behalf of their relative was regular and meaningful. Areas of care discussed during these exchanges included the quality and choice of food, comfort and safety, staff attitude and facilities. The feedback the inspector received in these instances was consistently positive on all aspects of care. Residents were seen to exercise choice around how they spent their day, and where they would like to take their meals, for example.

The centre had an open visiting policy and the inspector noted that visitors and relatives were in regular attendance throughout the inspection. Management confirmed that appropriate arrangements were in place to support residents in their engagement with local services, such as access to day facilities, or to vote, for example. Residents had meaningful access to local information via regional papers, and the support of staff in communicating local news. Access to communication technology was also in evidence with many residents having their own mobile phone. Some visitors also described how their relative was provided with online access for personal and group communication. The inspector noted that where closed circuit television (CCTV) monitoring was in use in the centre it was restricted to access areas such as entrances, exits and corridors.

The centre provided a comprehensive programme of activities that was well resourced

and delivered by staff who had received relevant training. A broad range of activities was provided that included arts and crafts, music, massage and reminiscence therapy around life stories. The inspector noted that residents were given personal attention, such as nail-painting, and that a hairdresser regularly attended the centre. The centre had well maintained grounds that were wheelchair accessible and provided a secure outside area for recreation. Residents spoken with were able to describe how they enjoyed going to the centre's polytunnel where fruit and vegetables were grown, and sometimes used in the preparation of meals for residents. In keeping with practice identified on previous inspection, both staff and management were observed to engage with all residents in a manner that respected their personhood and preferences.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There was a regular programme of training to ensure that all staff received current training, as necessary, in the required areas of elder abuse, manual handling and fire-safety. A review of the training matrix indicated that all staff had received relevant training; this was confirmed by the person in charge. The inspector spoke with members of staff who were able to demonstrate an effective understanding of their roles and responsibilities in relation to the welfare and protection of residents. Staff members referenced training they had undertaken and reported that they felt appropriately supported by management in developing competencies relevant to their role. The role of the person in charge in providing leadership and support was widely acknowledged. Additional training provided by the centre included person-centred dementia care, infection control, asphyxia, infection control and hand hygiene practice. Certificates of training courses completed were maintained for reference.

Recruitment and vetting procedures were robust and appropriately referenced the verification of qualifications, training and security backgrounds for appointed staff. At the time of inspection the only volunteer at the centre was the independent advocate,

who was qualified and vetted appropriate to the role. A sample of staff files was reviewed and documentation in this regard was in keeping with the requirements of Schedule 2 of the regulations; this included Garda vetting as required for all staff. The inspector reviewed a planned and actual staff rota that reflected staffing levels appropriate to the size and layout of the centre, in keeping with the assessed needs of the resident profile. A qualified nurse was on duty at all times and arrangements were in place to ensure that staff were appropriately monitored and supervised. The inspector reviewed supervision arrangements with the assistant director of nursing, who confirmed that the competencies of newly appointed staff were fully assessed before engaging in the full range of duties. Competencies were also assessed on an ongoing basis through systems of audit and routine performance appraisal. Nursing and healthcare staff attended routine handover meetings at the changeover of shifts when responsibilities were allocated and care staff were paired for specified duties to support accountability and safeguarding.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

