



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Acorn Lodge
Name of provider:	Acorn Healthcare Limited
Address of centre:	Ballykelly, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 August 2024
Centre ID:	OSV-0000188
Fieldwork ID:	MON-0044098

About the designated centre

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

Acorn Lodge is a single storey, purpose-built centre established in 2001, and the registered provider is Acorn Healthcare Limited. The centre is registered to accommodate 50 residents both male and female over the age of 18 years. Residents are accommodated in single bedrooms, each containing en suites. Bedroom accommodation is provided in two wings and each wing also accommodates a linen room, sluice room, a non-assisted bathroom and a nurses' station.

The aim of the centre is to provide person centred care and services to residents, and caters for residents of all dependencies; low, medium, high and maximum care needs. These include persons requiring extended or long term care as well as those who require respite care or convalescence, dementia and cognitive impairment; residents with physical and sensory impairments and residents who may also have mental health needs. In addition, the centre caters for residents requiring Percutaneous Endoscopic Gastrostomy (PEG) feeds or special diets, subject to and in conjunction with, the support of the residents' General Practitioner (GP). There is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, administration, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 August 2024	09:00hrs to 17:10hrs	Mary Veale	Lead
Wednesday 28 August 2024	09:00hrs to 17:10hrs	John Greaney	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Based on the observations of the inspectors, and discussions with residents and staff, Acorn Lodge was a nice place to live. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspectors spoke with 13 residents and two visitors in detail on the day of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction with staff, the activities programme and food served. Interactions observed were seen to be respectful towards residents and all residents spoken with knew the person in charge and confirmed their accessibility to her.

Acorn lodge is a single storey building situated near Cashel, Co. Tipperary. The design and layout of the premises met the individual and communal needs of the residents'. There was a choice of communal spaces. For example, a day room, a dining room, a visitors room, a library, a drawing room and oratory. The environment was homely, clean and decorated beautifully. Armchairs were available in all communal areas. The drawing room had a fireplace, large television and a piano. The day room had a television, large tables and was a space in which residents' could read the newspaper, listen to music or partake in activities. The dining room tables were covered with white cloth table clothes and had a fine dining room atmosphere.

Bedroom accommodation consisted of 50 single bedrooms with en-suite shower, toilet and wash hand basin facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms.

Residents had access to a secure garden area, the doors to the garden area were open and were easily accessible. Residents had access to garden areas to the front of the building. Inspectors were informed that residents were encouraged to use the garden spaces. The garden areas were attractive and well maintained with raised flower beds, seating areas and decorative animal ornaments. The centre had a poly tunnel to the rear of the building which was available for the residents to use.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily menu was displayed outside the dining room. There was a choice of two options available for the main meal. Jugs of water and cordial were available for residents. The inspectors observed home baked pastries and scones been offered to residents outside of meal times.

The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions throughout the day. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be content, appropriately dressed and well-groomed.

Residents' spoken with said they were very happy with the activities programme in the centre. The weekly activities programme was displayed in all residents' bedrooms. Seated exercises and live music entertainment was observed taking place in the day room on the day of inspection. In the afternoon a group of residents met to play cards in the drawing room. The inspectors observed staff and residents having good humoured banter during the activities.

Visitors whom the inspectors spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre on the day of inspection. Visits took place in the residents' bedrooms. There was no booking system for visits and the residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

The centre provided a laundry service for residents. All residents' who the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that over all this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspections in June and October 2023. Improvements were found in Regulation 5: Individual assessment and care planning, Regulation 16: Training and staff development, Regulation 23: Governance and management, Regulation 29: Medicines and pharmaceutical services and Regulation 31: Notification of incidents. On this inspection, the

inspectors found that actions was required by the registered provider to comply with areas of

- Regulation 21: Records,
- Regulation 27: Infection prevention and control, and
- Regulation 34: Complaints procedure.

Acorn Healthcare Limited was the registered provider for Acorn Lodge. The registered provider representative was also the person in charge who worked full time in the centre. The person in charge was supported by a team of consisting of an assistant director of nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. Safeguarding, dementia training and restrictive practice training was scheduled to take place in the week following the inspection.

There were good management systems in place to monitor the centre's quality and safety. There were regular clinical governance. The inspectors was informed that staff meetings were informal and took place at handover most days. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. Members of the nursing staff had responsibility for undertaking audits. Findings from audits were documented and discussed with the team on a regular basis. Key performance indicators (KPI's) such as falls, antibiotic usage and infections were monitored on a quarterly basis. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits.

The annual review for 2023 was available during the inspection. It set out the improvements completed in 2023 and had detailed improvement plans set out for 2024 such as training, policy reviews and fire safety.

Records maintained in the centre were in paper and electronic format. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff. However, improvements were required in the centre's staff personnel files and stock control records for control drug medications which is discussed further under Regulation 21: records.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to. Improvements were required in the complaints procedure which is discussed under Regulation 34: Complaints procedure.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse and three health care assistants on night duty in the centre at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

Actions were required in the checking of control drugs balances in the centre. For example; there were gaps in the control drugs balances at some shift change overs. This is a requirement by the Misuse of Drugs Regulations 1988 and as per guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann, a count of controlled drugs should be carried out at all staff changeover shifts.

Action was required in relation to the requirements of Schedule 2 of the regulations. For example:

- A review of a sample of four staff files found that there was a gap in the employment history for two members of staff for which an explanation had not been recorded.

- Employment references were not available for one member of staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy and procedure on the management of complaints required review in order to accurately reflect S.I. 628 of 2022 of care and welfare regulations that became effective in March 2023. For example:

- The complaints policy provided to inspectors was most recently reviewed in August 2022 and did not reflect the updated regulation. Further detail was required in order to ensure that all the criteria contained within the regulations were reflected in the policy.
- The notice on display, outlining the complaints process, required additional detail to ensure that the procedure was clear for residents and visitors.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have a good quality of life in Acorn Lodge which was respectful of their wishes and choices. On this inspection some further improvements were required to comply with areas of infection prevention and control.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP). Allied health professionals also supported the residents on site, where possible, and remotely, when appropriate. The centre had access to GPs from a local practice who visited the centre.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff were knowledgeable of what constituted abuse and what to do if they suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Through observation, the inspectors could see medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. A pharmacist was available to residents to advise them on medications they were receiving.

There was a rights based approach to care in this centre. Residents had the opportunity to meet together and discuss relevant issues in the centre. Residents had access to an independent advocacy service. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Mass took place in the centre weekly which residents said they enjoyed.

Improvements were found in infection prevention and control since the June 2023 inspection. The provider had installed hand hygiene sinks in line with current recommended specifications, sluice rooms were clean and tidy, and furniture was found to be in a good state of repair. The centre was clean and tidy.

A schedule of maintenance works was ongoing, ensuring that the décor of the centre was consistently maintained to a high standard. Communal spaces and bedrooms were homely. Alcohol gel was available, and observed in convenient locations throughout the building. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. There were infection prevention and control (IPC) policy which included COVID-19 and multi-drug resistant organism (MDRO)

infections available to staff. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

The inspectors viewed a sample of residents' nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, skin care and falls. Care plans viewed by the inspectors were person-centred and had sufficient information recorded to effectively guide and direct the care of these residents.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centres en-suite bathrooms was required as a small number of en-suite bathrooms had staining to the tile grout. This posed a risk of cross-contamination as staff could not effectively clean these areas.
- The floor in some of the entrances to the en-suite bathrooms required review. For example; the flooring in room 44 at the en-suite entrance door was damaged.
- A review of the grab rails in the en-suite bathrooms was required. For example; the grab rail in the en-suite of room 19 had extensive rust.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. The centre did not act as a pension agent for any of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Acorn Lodge OSV-0000188

Inspection ID: MON-0044098

Date of inspection: 28/08/2024

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: As discussed on the day, the two members of staff who were found to have gaps in their employment history in their CVs dating back to 2002. At this time, gaps in employment were acceptable during the interview process and therefore not documented. More recent employee and all future employee records will comply with current and future regulations/legislation.</p> <p>Outstanding reference for one staff member has been received.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Policy and notice on display to be reviewed and updated by 30/11/2024.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: As explained on the day of inspection, we are aware that some en-suites need attention. Particularly the rooms mentioned. These rooms are occupied by visually impaired, mobile Residents with Dementia and are under the care of psychiatry of old age. They</p>	

spend most of their time in their rooms and are very territorial regarding their space. Any interruption to their day-time routine would be very stressful for them. This issue will be attended to at a time in the future when it will not be a cause of stress to the Residents. We are unable therefore to give a timeframe to rectify the rooms but reassure you it is part of our maintenance schedule.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	14/10/2024
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with	Substantially Compliant	Yellow	30/11/2024

	complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	30/11/2024