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:	Ailesbury Private Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	58 Park Avenue, Sandymount, Dublin 4
Type of inspection:	Announced
Date of inspection:	19 June 2024
Centre ID:	OSV-0000002
Fieldwork ID:	MON-0043502

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

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 19 June 2024	09:00hrs to 17:00hrs	Una Fitzgerald	Lead
Wednesday 19 June 2024	09:00hrs to 17:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Residents living in Ailesbury Private Nursing Home told the inspectors that they felt safe living in the centre and that staff were kind, patient and polite to them. The inspectors found that residents received a good standard of person-centred care from a team of staff who knew their individual needs and preferences. Residents feedback was that the centre was a pleasant place to live. In the main, residents expressed high levels of satisfaction with the provision of meaningful and engaging activities that supported them to develop good social relationships with other residents and staff.

This was an announced inspection. Following an introductory meeting with the person in charge and persons participating in the management of the centre, the inspectors walked through the centre to review the premises and meet with residents and staff. There was a calm, relaxed and homely atmosphere in the centre.

Overall, the premises were observed to be clean. Residents spoke about the centre, describing it as 'homely'. The centre is an old building that has been extended over the years. Corridors are narrow and storage is an ongoing challenge. Bedrooms are multi-occupancy and the majority of bedrooms do not have ensuite facilities. To overcome the challenges of the premises, the provider had reduced the occupancy of multiple bedrooms to ensure residents have sufficient space to allow for privacy and dignity while receiving care. The provider had recently reduced the capacity of the centre from a total of 42 residents down to 34 residents. The impact of this change had been very positive for the residents living in the centre. In speaking with residents about the premises, the feedback was mainly positive. Residents told inspectors that while they had to mobilise outside of their bedrooms to have a shower in the communal bathrooms, what mattered most to them was the availability of daily assisted showers.

The inspectors spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions were respectful and person-centred. Staff assisted residents in an attentive and supportive manner. Staff who spoke with the inspectors demonstrated a good knowledge of residents' individual needs and preferences.

Residents stated that staff and management were responsive to their needs. The residents knew who the management team were and told inspectors they were confident that any concerns raised would be managed appropriately. Residents were satisfied with the length of time it took to have their call bells answered.

Conversations with residents and staff showed that residents liked to guide their own care, engage in activities of their choosing, and were supported by staff to make choices about their daily lives. Residents told the inspector that they could go to bed at a time of their choosing. Residents were observed walking independently

around the centre, spending time alone in their bedroom and chatting to one another in the communal day room. Other residents were observed to leave the centre and confirmed that there was no restriction on their movements outside of the centre.

Activities were held seven days a week, with dedicated staff to support the residents. Residents were engaged in activities throughout the day. In addition, visitors were welcomed and also observed to join in with the exercise programme held on the morning of the inspection. Outings to the "fish and chip" takeaway had taken place with residents enjoying the time by the sea. There was a detailed weekly activity schedule in place to support residents to choose what activities they would like to participate in. The inspectors observed the interactions between residents and staff during activities and found that staff supported residents to enjoy the social aspect of activities.

Residents spoken with told inspectors that they wished to remain part of the community. The proximity to the local village and the location of the bus stop within easy walking distance of the main door entrance was a positive benefit to residents.Residents told inspectors that they felt that their feedback was listened to at residents' meetings, and that their rights were respected.

The dining experience was observed to be a social occasion for residents. Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. Residents told the inspector that they could also request something that was not on the menu. Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, if necessary.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The inspectors found that this was a well-managed centre. The high level of compliance found with the regulations reviewed reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. Inspectors found that residents were supported to have a good quality of life. The provider was delivering appropriate care to residents.

This announced inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).

- review the detail of an application to remove and vary restrictive conditions from the registration of the centre.

Significant non-compliance with Regulation 17: Premises was identified during the last two inspections of the centre in March 2022 and January 2023, where the provider had failed to ensure that the premises of the designated centre met with regulation requirements. As a result, the Chief Inspector of Social Services attached three restrictive condition to the registration of the designated centre. Two of these restrictive conditions related to a time-bound plan to address the physical environment, and one related to addressing the multi-occupancy rooms. The inspectors found that, there were positive improvements made to the premises, including the reduction in the number of registered beds in the centre. However, a delay in the progress of a proposed plan to address the deficits in the building, including issues related to bathroom access, found that the centre was not in full compliance with the requirements of the regulations. This inspection found that the provider had systems in place to manage the risks associated with this continued non-compliance, and the impact on residents, including reducing the current occupancy of the centre from 42 beds down to 34 beds. On the day of inspection, inspectors found examples of how this reduction had positively improved the lives of the current residents.

ANH Healthcare Limited was the registered provider of Ailesbury Private Nursing Home. This was a family run centre. There was evidence that the provider representative was actively involved in the day-to-day operation of the centre, and they attended the centre on the day of inspection. There was a clearly defined management structure in place that was known to the residents and the staff. The person in charge was supported in the centre by a director of nursing (DON), a general manager, a clinical nurse manager, a team of nurses, health care assistants, maintenance, cleaning, catering and administration staff. This management structure was found to be effective for the current number of residents. On the day of inspection, there was 32 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Records reviewed by the inspectors confirmed that, training was up to date. Training was provided on-site. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, fire safety and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were appropriately supervised and supported to perform their respective roles within the centre. Staff responses to questions asked demonstrated a good level of knowledge. Staff responses in relation to what action to take in the event of the fire alarm sounding were detailed and consistent.

The inspectors reviewed a sample of three staff files. The files contained the necessary information, as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau

(Children and Vulnerable Persons) Act 2012. The provider had taken action to ensure that all records required under Regulation 21: Records, were made available to review. The records policy had been updated to reflect this change.

The management team were proactive in response to issues and concerns brought to them by residents and relatives. There was a low level of complaints in the centre. At the time of inspection, all complaints had been resolved and closed.

There were policies and procedures available to guide and support staff in the safe delivery of care. The director of nursing had responsibility for completing clinical and environmental audits. The audits reviewed on the day of inspection were detailed and the findings were known to the person in charge. Where areas for improvement were identified, action plans were developed and completed to ensure positive outcomes for the residents. There was an annual review of the quality of the service provided. Notifications of incidents were appropriately notified to the Chief Inspector of Social Services.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had access to, and had completed training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The pathways of communication and escalation of risk between the designated centre and the registered provider were clear and known to staff.

The management systems in place to ensure the service was safe and effectively monitored were robust and were effective in identifying areas of risk and quality improvement.

The provider had applied for an extended time-line to address the non-complaint issues related to Regulation 17: Premises. This application was reviewed on this inspection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents contracts were reviewed and were found to meet regulation requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in the centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with the direct care provided. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

Following on from the last inspection, the provider took some action to come into compliance with Regulation 17: Premises. The layout and configuration of the multi-occupancy bedrooms had been completed and as a result all residents now had access to a table, chair, locker and adequate storage space for their personal possessions and for items that were of importance to them. The new design and layout of bedrooms also meant that residents dignity and right to privacy was ensured. An overview of resident choice in relation to access to bathing and showering facilities had also occurred. This had a positive impact on the residents quality of life. For example, multiple residents told inspectors that they showered daily with no restriction in place. However, inspectors observed that the first and second floors of the centre continued to have limited availability to shower and bathing facilities with multiple residents sharing the one shower room and one bathroom.

Care plan documentation was available for each resident in the centre. All care plans reviewed by inspectors were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. Daily progress notes reflected the residents' current health status. Nursing and care staff were knowledgeable regarding the care needs of the residents. A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their needs.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and associated procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results.

Residents confirmed that their feedback was used to improve the quality of the service they received. For example; resident that had requested assistance with daily showers were accommodated.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

On the day of inspection, resident had adequate storage to store their personal belongings.

Judgment: Compliant

Regulation 17: Premises

Following previous inspections, the Chief Inspector had attached two restrictive conditions relating to the premises. The conditions in place detailed that the work required would have a completion date of 31 May 2024. At the time of inspection, the required works had not been fully completed and the provider had submitted an application to vary the date of compliance, to allow further time to address the issues.

This resulted in repeated non-compliances being found on this inspection. The issues identified included;

- carpets on the main stairs used by residents were worn and the floorboards were exposed.
- showering and bathing facilities were insufficient to meet residents' needs as evidenced by continued reliance on the use of commodes to meet residents' toileting needs.
- access to bathing facilities for 18 residents accommodated on the first and second floors remained insufficient.

- there was inadequate storage space for resident supportive equipment such as hoists, wheelchairs and mobility aides.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were informed through assessment using validated assessment tools that assessed, for example, residents dependency, risk of falls, risk of malnutrition and skin integrity. Residents care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with access to health and social care professional services, as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on residents' outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by An Garda Síochána (Irish police) prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ailesbury Private Nursing Home OSV-0000002

Inspection ID: MON-0043502

Date of inspection: 19/06/2024

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 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By November 30th 2024 we will have completed the new flooring throughout the centre, including carpets in the main stairway and amtico flooring throughout the remaining building and completed the installation of new furnishings and fittings throughout. Furthermore we will renovate a bathroom on the upper 2nd floor, remove the parker bath and insert a modernized wet room. Having consulted the residents it has been agreed that the preference is to remove our parker bath and convert the bathroom space to a wet room with shower, which increases the volume of available showers for residents.

Furthermore we propose to reconfigure an existing single room, room 206, to reduce its size (at present it measures 15.6 m2) and to utilize the new space to create a new wet room for use by residents on the first mezzanine floor. The existing toilet will be converted in to a wheelchair bay and hoist bay.

This will result in our shower facilities ratio of 8:1. And will provide 2 shower wet rooms on ground floor level, one shower wet room on the first floor and 2 shower wet rooms on the second floor.

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.	Not Compliant	Orange	30/11/2024