



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	09 July 2024
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0042032

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 36 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 18 single bedrooms, seven twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of one single and four twin bedrooms facilitating nine residents. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 July 2024	10:25hrs to 17:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

To gain an insight into life in the centre, the inspector spoke with residents and observed the practices of staff and management. From what residents told the inspector, and from what was observed on the day, it was clear that the residents of Ardeen Nursing Home received a high level of care from skilled and compassionate staff. The staff and management team were committed to promoting a person-centred model of care.

This was a one-day inspection which was announced in advance. The inspector met the person in charge on arrival to the centre and held a brief opening meeting. Following this, the inspector completed a walk around of the premises. Residents were aware that the inspection was taking place and were eager to meet the inspector and to discuss their experiences of living in the centre.

Residents told the inspector that they were very happy living in Ardeen Nursing Home. They addressed staff by name and appeared comfortable and relaxed in their presence. This level of satisfaction was echoed in a recent residents' and relatives' survey which showed high levels of satisfaction with the overall service provided. Residents spoken with were happy with the selection of activities on offer which included baking, art, reading, quizzes and hand massage. Staff displayed a thorough knowledge of each resident's preferences for activities. Residents were seen coming and going from activities during the day, and spending quiet time in their rooms if they preferred. Some residents went out to day care services, appointments and to the shops.

The centre was clean throughout and well-maintained and was warm and comfortable. There was a relaxed and unhurried atmosphere and an overall sense of well-being was evident. The centre is registered to accommodate 36 residents, and there were 33 residents accommodated there on the day of inspection. Bedrooms are comprised of single, twin and one four-bedded rooms, and are spread over two floors, with the first floor accommodating five residents in single rooms. The residents had access to communal areas including a dining room, sitting room and an oratory. There was a planned schedule of ongoing redecoration and maintenance in the centre, and many areas including the sitting room had been reconfigured and freshly painted since the previous inspection. The style of décor combined with some period features such as the existing high ceilings and tiles in the main entrance corridor provided a homely and traditional feel to the centre.

The sitting room was the heart of the home and residents were seen to gather there throughout the day to chat and to participate in activities. In the afternoon a local musician led a lively sing song. Residents were encouraged to participate and a song book was passed around so residents could pick their favourite song to sing. Residents told the inspector they loved the live music and that they really enjoyed gathering together. Some residents were unable to express their opinions or give feedback on the service, due to their cognitive impairments. The inspector observed

that these residents were for the most part content and comfortable, and they appeared to enjoy the music by clapping and tapping their feet. The inspector met several visitors who were unanimous in their praise for the staff and the level of care provided. One visitor said they were confident that their loved one was happy and safe. Others said staff went "above and beyond" to ensure that their loved ones were taken care of.

The inspector observed meals being served in the main dining room, with a choice of options for main course. Residents described the food as fantastic and said they had input into the menu selections. The inspector observed snacks and drinks being offered during the day, and glasses of fresh water and juices for residents were topped up regularly. Discreet assistance with eating and drinking was provided when required. Residents who chose to dine in their bedrooms told the inspector that they were happy with this arrangement. Nonetheless the inspector observed that some residents who required the texture of their food to be modified did not have a choice at mealtimes, and this food was not attractively presented.

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

Capacity and capability

Overall, there were effective management systems in place in this centre. The centre was adequately resourced ensuring that good quality care and a safe service was provided to residents. The management team were proactive in response to issues as they arose.

Ballincaoirigh Ltd., the registered provider, has two company directors, one of whom is involved in the operational management of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the overall delivery of care and support to the residents. She was supported in her role by a clinical management team, supernumerary to the nursing complement. There was a team of nurses and healthcare assistants, and a team of social, catering, domestic, administrative and maintenance personnel who each supported the running of the centre.

The person in charge gathered data on key areas such as, falls, restraints, residents' rights and infection control on a regular basis. These were analysed and contributed to a schedule of audits of practice and environmental audits. Quality improvement plans were developed following completion of the audits. The person in charge held regular meetings with the clinical management team, clinical staff and with ancillary staff. Minutes of these meetings included discussions on all operational issues in the centre, roles and responsibilities, and disseminating information about audit findings. Compliments and any learning from complaints were also discussed. The person in charge was a visible presence in the centre. The inspector observed that

she frequently walked through the centre and actively engaged in care tasks. This enabled good monitoring of the service, staff practices and also ensured she was available to meet with residents if they had any concerns.

All staff had access to relevant training. Some training courses were mandatory for all staff, for example safeguarding of vulnerable persons and moving and handling. Staff were encouraged to identify their learning needs and interests and were supported to complete additional training courses. Registered nurses undertook annual medication management training and had undertaken additional training such as venepuncture and palliative care.

Policies and procedures required by Schedule 5 of the regulations were available to guide staff, for example the policies on use of restraint, fire safety management and end-of-life care. These policies were centre-specific and were up to date with relevant information and national and international guidance.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included residents' assessments and care plans, staff training information, staff recruitment files, residents' admission documentation and the duty rosters. Overall, the records viewed by the inspector were clear, informative, up to date and well organised.

Regulation 15: Staffing

Based on a review of staff rosters, and observations of the inspector, the number and skill mix of staff rostered each day, was appropriate to meet the assessed needs of the residents, having regard for the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that staff were up-to-date with mandatory training such as safeguarding of vulnerable adults and fire safety. New members of staff were booked on additional important training modules shortly after commencing employment. There was a good system of induction in place and staff were well-supervised in their roles on a daily basis.

Judgment: Compliant

Regulation 21: Records

A review of a sample of staff files identified that these were well-maintained, accessible in the centre and met the requirements of Schedule 2 of the regulations. For example, each contained the required qualifications and references for each employee.

Other records required under Schedules 3 and 4 of the regulations, for example, records of each drug or medicine administered, and records of the maintenance of fire equipment were also kept in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected an annual contract of insurance against injury to residents, which was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

There were arrangements in place to monitor the quality of care and support in the centre. The management team carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these, and follow-up audits were completed showing higher levels of compliance.

There was good communication systems in place and staff were aware of the lines of authority and accountability within the service. Management and staff meetings were held regularly which discussed all aspects of the quality and safety of the care provided in the centre, and included discussion on recent audit results.

The person in charge had completed an annual review of the quality of care delivered in 2023. This included feedback and consultation with the residents, and outlined the service's plan for 2024.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures on the matters set out in Schedule 5 of the regulations. These policies and procedures were made available to staff in the centre.

Judgment: Compliant

Quality and safety

The inspector found that management and staff promoted a person-centred model of care. Residents' individual rights were supported and there was a good level of nursing, social and medical care provided. Some aspects of the premises required review, to ensure that it fully met the needs of the residents, and was maintained in a manner that promoted good fire safety. Improvement in individual resident assessment and care planning was also required.

Systems were in place to monitor fire safety procedures in the centre. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulated fire evacuations were conducted in various fire compartments, including the largest compartment within the centre. Preventative maintenance of fire safety equipment including fire extinguishers and the fire alarm was conducted at regular recommended intervals. Action was required to ensure that fire doors were maintained in good working order and to ensure that risk assessments were completed to minimise the risk of fire occurring within the centre.

Residents received a high level of nursing and medical care in the centre. There was good systems for referral to, and review by, a range of social and health care practitioners. Resident's records were viewed by the inspector, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plans in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans. Nonetheless, a sample of records identified deficits in the assessment of malnutrition in a number of resident, which resulted in missed opportunities to refer residents for specialist dietitian review. Practices in relation to prescribing, administration and review of medicines met with regulatory requirements and reflected professional guidelines as set by the Nursing and Midwifery Board of Ireland (NMBI) on Medication Management.

Meals were served in the main dining room and a smaller dining area adjacent to the kitchen. The main dining rooms which was further away from the kitchen was serviced by a heated trolley. For the most part, the food provided was wholesome and nutritious and was enjoyed by residents. However, the manner in which food was presented and served to residents differed based on their swallowing difficulty.

This meant that it was not an equitable dining experience for all. Management acknowledged this deficit and took steps on the day to address the issue. The inspector noted that this manner of presenting modified meals was a departure from previous inspections where meals were attractively presented.

Activity staff members maintained records of resident's level of engagement with different activities, and adjusted schedules to suit the needs and interests of the residents. Residents' rights were protected and promoted in the centre. Regular residents' meetings were held and records showed that these had a good level of attendance. The records also identified any issues or suggestions put forward by the residents to improve the service they received. Management responded to all of the residents' feedback. For example, when a resident expressed dissatisfaction with the temperature of food, an action plan was put in place to address this. Subsequent meeting records identified that residents were happy with the action taken.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. Evidence in residents' records showed that communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communications.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that visiting arrangements were in place which did not pose unnecessary restrictions on residents.

Judgment: Compliant

Regulation 17: Premises

A review of storage areas within the centre was required, to ensure that these designated storage spaces were used for resident equipment. For example, assistive equipment such as hoists were routinely stored in a large bedroom, which is not appropriate.

One multi-occupancy room was awaiting delivery of new privacy rails and curtains which would enhance the space and privacy afforded to each resident. Evidence was provided that these were ordered.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Not all residents were afforded a choice of menu at mealtimes. The inspector observed that one option was served to residents who required a modified diet, for example pureed or minced. Furthermore, this meal was not attractively or properly presented. For example, meat, vegetables and potato were mixed into one bowl and served to residents. Staff could not identify what meat was being served. This way of presenting food is not in line with a person-centred service.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and corresponding risk register which identified a number of clinical and environmental risks and detailed the control measures in place to manage those risks. The risk management policy detailed the measures and actions in place to control the five specified risks outlined by the regulation, including the risk of accidental injury to residents and the risk of abuse.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the centre's fire doors had been completed in 2022, and a number of doors had been replaced or repaired. Nonetheless, the inspector observed some bedroom and cross-corridor doors which had excessively large gaps between the floor and the bottom of the door. There were no fire-resistant seals at the base of the door, meaning that they would not sufficiently contain smoke in the event of a fire.

There was no risk assessment in place for the hoist charging area. This was important as it was located in the same area as other electrical equipment such as

TV and Internet modems. An extension lead was also in use for these items, which could pose further risk to the area if not appropriately risk assessed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents and were available to meet with residents if required. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of five residents' assessment and care planning records were reviewed. The validated risk assessment tool to measure risk of malnutrition was incorrectly calculated on numerous occasions for two of these residents, incorrectly underestimating the level of risk present. If completed correctly, the result of the assessment directed the assessor to refer the residents to a dietitian. This had not been completed and the residents continued to lose weight. As a result of this error, individual care plans were not put in place to mitigate the risks of malnutrition and guide the nutritional care of the residents.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse;

- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- There was secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident.
- Staff were knowledgeable as to the different types of abuse that can occur, and were aware of the correct reporting mechanisms should an allegation of abuse be disclosed.

- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

A review of satisfaction surveys and the minutes of residents' meetings provided evidence that residents were consulted with and participated in the organisation of the centre. Overall, residents' right to privacy and dignity were respected. Staff were respectful in their interactions with residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0042032

Date of inspection: 09/07/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Assistive Equipment ie Hoists have been re-located to Storage Area /Front Corridor.</p> <p>Multi-Occupancy Room,(33).Privacy Rails,and Curtains have been fitted,</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Modified Diets have been reviewed,giving residents choice of menu, Meat ,Vegetables,and Potato are plated,and served individually in line with Person Centred Service.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Consultancy has been contacted to complete Fire Report on all Fire Doors. Hoists and charging equipment have been re-located to Storage Area /Front Corridor,thus eliminating risk in same area as other electrical Equipment.Extension lead is no longer required.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Must Screening Tool is completed on all residents on admission, All Staff have now been instructed to use Bapen App in order to correctly calculate BMI Category, and eliminate risk of malnutrition, and /or necessity for Dietetic review. Individual Care Plans are updated to mitigate risks of Malnutrition, guiding appropriate Nutritional Care to the Residents.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/07/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	10/07/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	10/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate	Substantially Compliant	Yellow	31/10/2024

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	23/08/2024