



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

## Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	Glenageary Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0045616

## About the designated centre

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

Altadore Nursing Home is located on the Upper Glenageary Road in Dun Laoghaire. It can accommodate 63 residents, both male and female over the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term respite, long term care and convalescence care. The centre comprises of 57 single rooms and three twin rooms, all of which are en suite. There are communal areas available to residents, such as activity rooms, sitting rooms and outside terrace areas. The person in charge is supported by an assistant director of nursing, nursing staff and other support staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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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
Tuesday 14 January 2025	07:45hrs to 15:40hrs	Aoife Byrne	Lead

## What residents told us and what inspectors observed

Residents living in Altadore Nursing Home told inspectors that this was a nice place to live. Residents spoke positively of the staff and the care they received. Residents stated that they were happy, felt safe and the food was good. The inspector observed kind and respectful interactions between staff and residents throughout the day of the inspection.

Altadore Nursing Home is located in Glenageary in Co. Dublin. The centre is registered for 63 residents with five vacancies on the day of the inspection. The centre provided accommodation over three floors and was accessible by stairs and lifts. Residents are accommodated in single and twin occupancy bedrooms with en suites. The centre also had a penthouse which had one twin room and an adjoining sitting room and assisted bathroom. The basement did not accommodate residents and contained the laundry, treatment room and further storage rooms. There are no clinical hand sinks available on the second floor.

The inspector found that the centre was bright, warm, visibly clean and laid out to meet the needs of the residents. Residents were observed chatting with one another and staff in the communal sitting, dining and activity rooms. Staff were seen to be attentive to their requests for assistance. Residents were observed to receive patient and unhurried care from the staff. Call bells were answered promptly.

Residents were served their lunch in the dining rooms and in their bedrooms. Meals were seen to be nicely presented and appeared appetising and nutritious. The daily menu was displayed outside the dining rooms. Residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. Overall residents spoken with were very complimentary regarding the quality of the food provided. However a resident spoken with informed the inspector the food was "very salty", while another resident was "not happy with choice available".

The social activities timetable was displayed throughout the centre. The activities available to residents included hand massage, music, gardening and exercising. Residents also had access to day trips and enjoyed going to Powerscourt for the day on the last outing. Residents told the inspector that they looked forward to the activities and enjoyed spending time with the activities staff. During the afternoon, residents participated in a quiz facilitated by the dedicated activities staff. The person facilitating the session actively encouraged all residents to participate. Residents were observed to be enjoying the activity.

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

## Capacity and capability

Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. A small number of actions were required to address décor issues, and to ensure care plans reflected residents current needs.

The inspector followed up on the actions taken by the provider to address improvements following the last monitoring inspection in May 2023. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed. However some areas for improvement were identified as further described in the report.

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations.

Glenageary Nursing Home Limited is the registered provider for the designated centre. The registered provider had three company directors one of whom was the registered provider representative. The person in charge was supported in their role by an assistant director of nursing, clinical nurse manager, a team of staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including financial, hand hygiene, falls and call bell audits. An annual review of the quality and safety of care delivered to residents had been completed for 2023 and the team were in the process of completing the annual review for 2024.

A review of the centre's training records showed that there was a large number of important training modules offered, including moving and handling, infection control and fire safety. A small number of staff who's mandatory training had expired in December were booked in for training in Safeguarding and Fire Safety in February. There was a good induction programme for new staff

The inspector reviewed a sample of staff files. The documents to be held in respect of the person in charge and each staff member were made available on an online system. One staff file was not available online and was archived off site, however this was made available to the inspector before the end of the inspection.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

## Regulation 14: Persons in charge

The person in charge had the relevant experience and qualifications to fulfil the regulatory requirements of the role. The person in charge worked full-time in the centre. The inspector found that the person in charge knew the residents and was familiar with their needs.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Following up on the last compliance plan in relation to the statement of purpose stating there were three whole time equivalent (WTE) activities coordinators working in the centre. There was one WTE activities co-ordinator and the other two staff worked part time however healthcare assistants were included on the activities rota to cover two days per week which equates to three WTE.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was provided with evidence that this training was booked for the near future.

Judgment: Compliant

## Regulation 21: Records

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 21: Records and found that the gaps identified in relation to references and gaps in employment are no longer an issue. A new form was developed to identify gaps in employment and the reason for the gap.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

There was a schedule of audits in place including audit of falls, incidents and restraints, which were completed on a regular basis. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

The inspector followed up on the compliance plan, a falls committee is running on a monthly basis, tracking and trending falls and there are clear actions included in the quality improvement plan. The infection control audits are clearly more comprehensive and clearly identify issues that may arise.

Judgment: Compliant

### Quality and safety

The inspector found that residents' rights were upheld and staff supported residents to receive a good standard of care in the centre. It was evident there had been significant improvements in the quality and safety of care being delivered to residents since the last inspection. However, further improvements were required in relation to care planning, premises and infection prevention and control.



The inspector reviewed a sample of care records, assessments and care plans on the day of the inspection. Pre-assessments were seen to be completed prior to a new admission to ensure that the designated centre could care for the individual needs. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition. However, the inspector found that actions were required to improve the quality of residents care plans specific to residents nutritional care needs. While there was evidence that residents needs had been assessed using validated assessment tools, the care plans reviewed were not always informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents. In addition, not all care plans were updated as the residents' condition changed. This is further discussed under Regulation 5: Individual Assessment and care plan.

The centre had a restraints register in place to record the use of restrictive practices in the centre. There was a low use of restraints such as bed rails in the centre. When these were used, they were subject to regular risk assessment. There was ongoing efforts to ensure that alternatives were trialled for example, falls reduction mats and sensor alarms in use rather than bed rails. Supporting documentation was in place with regard to the decision making process in consultation with the resident concerned.

Overall the centre was generally well maintained and cleaned to a good standard with a few exceptions. The cleaning schedules and routines were well-organised. The previous monitoring inspection in May 2023 had identified a number of issues in relation to the overall infection prevention and control procedures in the centre. Many of these findings were related to effective cleaning and decontamination. The provider had committed to a series of actions in their compliance plan. The majority of these actions were taken. The three sluice rooms did not contain clinical waste bins however this was actioned during the inspection. Further findings in regard to Regulation 27: Infection control are discussed further in the report.

The registered provider had an up to date fire safety policy in place. Fire drills were taking place on a monthly basis and it was clear staff were competent in the procedures to evacuate residents from the different compartments and vertical and horizontal evacuation.

## Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

### Regulation 17: Premises

Overall the centre was well maintained, however improvements were required to ensure compliance with schedule 6 of the regulations. For example:

- A ceiling tile was missing from the sluice room and had stains from the ceiling to wall which required repair.
- The floor covering in the corridor outside the library on the first floor was damaged and was repaired with silver electrical tape. This did not provide a safe floor covering and posed a potential risk of falls.
- The ventilation of the sluice room in the centre was not adequate, as the room was found to be overly warm and a fowl odour remained throughout the day.

Following the last inspection in May 2023, the registered provider had committed to the compliance plan in relation to Regulation 17: Premises. The portable dividers were replaced with curtains and the visiting screen had been removed. All bedrooms had the appropriate number of beds as set out in the statement of purpose.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was clean throughout, and cleaning staff spoken with were clear about the cleaning procedures in place. Records showed there was a comprehensive plan for cleaning all areas of the centre, and the list of completed tasks was checked and signed off by a manager.

Following up on the compliance plan from the inspection in May 2023 in relation to Regulation 27: Infection prevention and control. The following actions were taken;

- There were new clinical hand washing sinks installed in the laundry room, housekeeping room and on the ground and first floor.
- The dual purpose sinks were for hand hygiene only and the boiling tap has been removed.
- Clinical waste bins were in place in the sluice rooms.
- The Inspector reviewed the cleaning schedule for equipment such as hoists, weighing scales and chairs. Equipment was visibly clean.
- A cleaning schedule was made available for upholstered furnishings. Carpets were cleaned on a six monthly basis.

- Inspector spoke to housekeeping staff and there was plenty of mop heads available and different mop heads were used in both a residents bathroom and bedroom.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector followed up on the compliance plan from the last monitoring inspection.

- Fire door on ground floor was replaced
- Records of timed fire evacuation drills showed that these were being completed monthly, clearly simulating various different scenarios and detailing the methods of evacuation of each resident, and the level of assistance required. This included taking into account evacuation of the largest compartment. Staff confirmed that they were aware of the procedures to follow in the event of a fire in the centre.
- Fire training was up to date except for five staff whose training was just out of date. The inspector was informed that fire training was booked for 10 February 2025.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- A care plan was not updated to reflect the updated guidance from a dietician in September 2024 and continued to have outdated information from October 2022.
- Residents care plans were not reviewed and updated. For example, the care plan for a resident with sustained weight-loss had not been reviewed or updated following further significant weight-loss.
- While there was evidence that residents needs had been assessed using validated assessment tools, the care plans reviewed were not always informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours that challenge (residents who behave in a manner that is challenging or poses a risk to the resident concerned or to other persons) all had an individual care plan which detailed the specific needs of the residents including the triggers to the behaviour, and the known methods to de-escalate and minimise the behaviour.

Following up on the compliance plan from the last inspection in relation to restraint use in the centre. The inspector found that the use of bed rails had reduced and was low, with 8 of 58 residents using restrictive bed rails on the day of inspection. It was evident that restraint was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed a transparent system in place for managing residents finances. The inspector verified that there was a secure two person system in place for the management of residents' personal finances and a weekly audit was completed. Residents have access to their finances on a 24 hour basis. This was in line with the centres policy on resident's personal property, personal finances and possessions. The centre was not acting as a pension agent for any resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Following up on the compliance plan in relation to concerns arising in the residents meetings and how action was taken. The inspector identified that clear action was identified with a specific time frame. Issues that arose during the residents meetings followed the complaints process. Residents' concerns in relation to food were regularly addressed and the chef attended these meetings.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Altadore Nursing Home OSV-0000004

Inspection ID: MON-0045616

Date of inspection: 14/01/2025

## 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
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The ceiling tiles had been identified in our internal audits, and it was on the Maintenance log to be completed. Maintenance had ordered the tiles and were waiting for the material. It was replaced in the sluice room on 16/01/25.</li> <li>• The floor covering the corridor outside the library was repaired on 13/02/25.</li> <li>• The ventilation in all sluice rooms was reviewed by maintenance and all extract vents are now working correctly. Housekeeping staff have been educated to increase flushing to these outlets to 3 times a week to help reduce any odours.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: <ul style="list-style-type: none"> <li>• The care plans have been updated and outdated information from dietician reports have been removed.</li> <li>• Assessments have been checked, and care plans have been reviewed and changed to reflect the residents’ care needs.</li> <li>• Assessment and care planning training are to be arranged for all nurses. Awaiting available dates from our training company.</li> </ul>	



## 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	26/02/2025
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	31/03/2025