Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>FirstCare Nursing Home - Earlsbrook House</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>FirstCare Nursing Home - Earlsbrook House</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>41 Meath Road, Bray, Wicklow</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 July 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000033</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026603</td>
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</table>
About the designated centre

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

The centre is registered to accommodate 64 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 48 single rooms, nine of which have en-suite shower, toilet and wash-hand basin while three others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor and chairlifts were provided to provide access to areas not accessible by passenger lifts. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a small oratory, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided.

According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 56 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 July 2019</td>
<td>09:50hrs to 18:10hrs</td>
<td>Liz Foley</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents told the inspector they were happy living in the centre. Some residents who could not express their own opinions were represented by family members.

All staff in the centre were highly complimented by residents and family members. Some residents said staff turnover was high however they were not affected in any way by changes in staffing. Both residents and families said that staff were very competent, caring and looked after them to the best. Some residents felt staff were very busy at times and told the inspector that they had to wait for long periods of time at night to have their call bell answered.

Residents felt safe in the centre and were confident in expressing any concerns or complaints they may have to any member of staff. Residents enjoyed the social aspects of living in the centre particularly the group activities and looking after the rabbits. Some residents who were involved in the knitting group hoped it would continue as the volunteer who facilitated this was no longer able to call to the centre. Residents said their choice was respected and they were afforded privacy by staff.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with regulations. Prior to this inspection unsolicited information had been received by the Chief Inspector in relation to concerns about poor care, staffing and poor choice of specialised diets. The inspector followed up on these concerns and found that they had been robustly investigated and an action plan had been developed to address the failings found.

The person in charge worked full time in the centre and satisfied the requirements of regulation 14. The centre was part of a group of nursing homes and had further management supports available which included individuals with responsibility for quality and safety, operations, and human resources management. Local audits were ongoing and planned with the information used to improve safety and quality of care. The registered provider representative and the person in charge together with local clinical managers and group managers met on a regular basis to discuss the centre's needs. This resulted in improved oversight of the service and more targeted planning of safety and quality in the service, for example, plans are in place for the imminent improvement and development of a falls prevention and management strategy.
The provider used complaints and feedback from residents, and visitors to inform quality improvements'. The centre had reviewed how staff were being supervised and how care was safely provided. Changes were subsequently made to improve standards and safety of care. According to residents, visitors and staff, recent changes in governance structures had improved the availability of staff to care for and supervise residents; ongoing monitoring of these improvements was required to ensure they were sustained.

Complaints were managed well in the centre. The updated complaints procedure was displayed in the reception area. Both residents and visitors were aware of the procedure for making a complaint and said there were no impediments to voicing their concerns. All complaints, verbal and written, were investigated and documented in line with the centre's policy. A recent complaint relating to standards of care was reviewed and found to have been thoroughly investigated with aspects of the complaint upheld. The action plan included improvements in staff supervision, changes in staff allocations, staff training and a review of and improvements in choices of modified diets. Close monitoring of these improvements is ongoing.

All staff in the centre were up to date in mandatory training including fire evacuation drills and infection control and were supported to perform their respective roles. There was positive feedback from recent staff training around staff roles and responsibilities and the standards of care required in the centre. Staff felt more confident in their daily duties having had clear instruction on what was expected particularly in terms of reporting structures and standards of care. All staff and volunteers had Garda vetting disclosures in place.

For a three month period from February to April there were nine notifications of serious injuries to residents, five of which resulted in fractures. Seven of these injuries occurred after 8pm when staffing levels were lower. Levels of falls in the centre remain high, however, since the end of April there was only one serious injury sustained as as a result of a fall. The centre had identified this trend in falls and were currently developing their falls prevention and management strategy. Arrangements were in place for the identification, recording, investigation and learning form adverse incidents.

**Regulation 14: Persons in charge**

The person in charge was a registered nurse. Garda vetting was in place and there was evidence of her commitment to continuous professional development. The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

**Judgment: Compliant**
Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. The centre had eight vacant beds on the day of inspection. There was a minimum of two registered nurses on duty at all times. Staff turnover had been high, however this had stabilized in recent months. New staff had received thorough induction training. The inspector found good levels of supervision in communal areas throughout the inspection. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training in fire safety, including evacuation drills, safeguarding, manual handling and infection control. Ongoing training and refresher training was planned in both mandatory training and additional trainings for example, palliative care, medication management, managing behaviour that is challenging, caring for residents with swallowing problems, and falls prevention and management.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents which also included specified risks.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources available to ensure care was delivered in accordance with the centre's statement of purpose. Management structures were improved with additional group resources for quality improvement and human resources: this strengthened and supported local management in the centre. Staff were aware of their roles and responsibilities. Systems were in place to monitor safety and quality of care and these audits informed ongoing improvements in the centre. The
registered provider representative worked closely with the person in charge and this resulted in improved oversight of the quality and safety of care.

There was an annual review of the quality and safety of care completed for 2018.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers attended the centre to enhance the quality of life of residents. A Garda vetting disclosure was in place for all volunteers. Roles and responsibilities were outlined for all volunteers however the centre was undertaking to review and expand on the roles and responsibilities for all volunteers.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector were reported appropriately.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure had been recently updated and was on display in the reception area of the centre. The management team had recently reviewed and implemented an action plan to strengthen complaints management in the centre.

The inspector found robust evidence that complaints were investigated in accordance with the centres' procedures and records were stored securely and distinct from residents' care plans. Complaints were audited and staff were aware of their responsibilities when managing concerns and complaints. Residents and families were aware of the procedures and had no hesitations in expressing any concerns they might have.

Judgment: Compliant
Residents received a good standard of healthcare in this centre. Their wellbeing was promoted by timely access to GP and allied health services. Resident’s had a choice of local GP services or could retain the services of their own GP. Residents were supported to access national screening programmes and residents with medical cards were supported to access services they were entitled to. Residents had access to private physiotherapy assessments in the centre and residents with general medical services cards who were entitled to services could access physiotherapy off site. Because residents did not have timely access to community occupational therapy (OT) services, the provider had organised to make OT assessments available to residents at no extra cost. The inspector found that the majority of residents chose to have private assessments as they did not have timely access to community resources to which they were entitled if they held a GMS card.

There was good access to specialist psychiatry of old age and palliative care services.

Some residents had responsive behaviors (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred approach to their assessment and care. The impact of some responsive behaviours on other residents was also considered and in some instances extra staff resources had been put in place to mitigate and maintain the quality and safety of care of all residents. Review of some restrictive practices was required, for example, two key-coded doors at the reception area of the centre were restricted to all residents and visitors; these were in addition to a secure front door. These restricted doors had not been identified as an environmental restraint.

A recent review of menu's and food choices had been completed in the centre in response to a complaint. Residents were happy with the quality, choice and amount of food and had access to snacks and drinks outside of meal times. Improvements were required to ensure that changes made to residents nutritional care plans were consistently communicated to the catering department.

Residents were protected in the centre and all staff had up to date training in safeguarding. Staff were familiar with the signs of abuse and were competent with process of reporting concerns. The centre managed pensions for some residents and this was done in line with the department of social protection guidelines.

Residents were supported to exercise their civil, political and religious rights in the centre. Services were organised around the needs and requests of residents. Activities were enjoyed by all residents with a focus on ability and residents with very advanced needs were provided with suitable person-centred one to one activities. Residents particularly enjoyed bingo, music, dancing, knitting and minding the rabbits. Gardening was popular in fine weather and some residents enjoyed independent access to the local amenities. Residents were kept informed...
about their care and privacy and choice were respected.

**Regulation 18: Food and nutrition**

All aspects of catering were managed in the centre by a contracted company which was overseen by the person in charge and the registered provider. Recent improvements had been implemented to ensure residents who required special modified diets had a choice of meals daily. The care staff took the menu orders daily and communicated these to the kitchen. Residents had regular nutritional assessments and those with identified nutritional needs had appropriate care plans in place. Review was required to ensure all changes to nutrition care plans were communicated to the catering staff.

Residents were happy with the quality, quantity and choice of meals. Snacks and drinks were available to residents outside of mealtimes. There was adequate staff supervision and assistance for residents during mealtimes.

**Judgment:** Substantially compliant

**Regulation 5: Individual assessment and care plan**

The person in charge completed a pre-admission assessment on all residents prior to admission to ensure the centre could meet their needs. Residents needs were comprehensively assessed on admission and regularly on a four month basis thereafter. Residents care plans were developed from a range of validated tools and risk assessments and were person-centred and detailed. Staff were aware of individuals’ needs and preferences.

**Judgment:** Compliant

**Regulation 6: Health care**

There was good access to GP services locally and some residents chose to retain the services of their own GP. Good supports were also available to residents who required specialist psychiatry of older age and palliative care service. Physiotherapy was available in house to all residents that required assessment. Other services were also available by referral for example, chiropody, dentistry, optician, audiology and national screening programmes.

Staff told the inspector about unacceptable delays for residents to access community occupational therapy assessments. In order to ensure that residents had timely
access these services the provider had organised and paid for residents to have OT assessments done privately so that they could access suitable seating and other equipment from the HSE when they needed it. In late 2018 the HSE guidelines changed, and the HSE now provides equipment and specialist seating only following an assessment by a HSE community occupational therapist. The outcome for residents is that rather than endure unacceptable waiting times for community OT services, they usually opt for private OT assessments and then pay for specialist equipment and seating which they are entitled to access free of charge, if they hold a GMS card.

On foot of a complaint made in the centre in relation to poor standards of care an internal investigation was completed by the provider. Some aspects of this complaint were upheld and the provider had put measures in place to improve the standards of care.

The centre had identified that there were a high number of falls, some of which led to serious injuries for residents and had commenced a review of this. Plans were in place to review and update the centre’s falls prevention and management strategy. The provider assured the inspector that extra resources would be available to implement this strategy.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Residents whose behaviour was challenging and impacted on others were managed well in the centre. Staff were knowledgeable of residents' individual needs, triggers and antecedents and were therefore able to prevent incidences of challenging behaviour form occurring. There was a multidisciplinary team approach to managing the complex needs of these residents, this resulted in better care outcomes and improved quality of life for the residents.

Restrictive practices in use in the centre were risk assessed and there was evidence that restrictions were reviewed regularly. Safety checks on restrictive practices were carried out. The inspector viewed a sample of resident safety checks and found that some entries were made retrospectively and checks were not always documented two hourly in line with the national guidelines on restraint. There was open access to an enclosed outside courtyard for residents to use as they wished and there was good supervision of resident safety in this area that supported residents' freedom. The provider had agreed to review key-coded door access at the front of the centre as two doors within the entrance hall had restricted access to all residents and visitors. In addition to this there was controlled access to the front door of the centre and it was unclear why the two internal doors needed to be restricted and they had not been identified as an environmental restraint.
Judgment: Substantially compliant

Regulation 8: Protection

All staff were up to date and familiar with the centre's safeguarding procedures. There were robust procedures in place for the prevention detection and response to suspected abuse. The centre was a pension agent for some residents and this was managed in line with the department of social protections guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre. The ethos of care was person centered with residents and their families informed about their care and involved in the organisation of the centre. Residents' rights, privacy and dignity were respected by staff, and advocacy services were also available to assist residents, where required.

An open visiting policy was in place, with the exception of protected time for residents at mealtimes. There were arrangements in place for residents to receive visitors in private.

Residents and their families' feedback was sought through a number of different means. Surveys were conducted with residents and families and regular residents meeting were also held. Residents and visitors told the inspector they regularly spoke with the person in charge and had no hesitation in expressing any concerns or suggestions they had to any member of staff.

There were two staff with responsibility for activities working in the centre for a total of 60 hours per week. A comprehensive activity programme was in place in the centre. A review of social care plans demonstrated that this programme was informed by comprehensive assessments of residents' preferences, interests and capabilities. Bingo, music and dancing were popular group activities and residents that were involved in the knitting group hoped this would continue also. One to one interventions were available for residents who were unable to participate in groups and there were plans in place to develop more specialist sensory activities for residents with dementia. There was a dedicated room in the centre for residents with specialist sensory needs. Artwork created by residents was displayed throughout the centre as well as photos of special occasions. Gardening and outdoor activities featured when weather permitted and residents were looking forward to the summer barbecue at the end of the week. Some residents also assisted with minding and feeding the centre's rabbits.
Residents had access to daily newspapers, to internet, telephone facilities and to local media. Residents were supported to exercise their civil, political and religious rights. Volunteers attended the centre to enhance the quality of life of residents.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</table>
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-complaints 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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The CNM meets weekly with the chef to discuss resident needs, and where there are changes these are communicated verably as well as followed up with a written food plan.

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<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
There is a specific project in progress relevant to restrictive practice and the guidelines issued by HIQA in March 2019. This project includes self assessment, identification and definition of what constitutes restrictive practices, review and update of policies, procedures and guidelines.
(ii) As a priority the two internal doors that have key pads, will be reviewed in terms of current policy, procedure and practice;
(iii) and if appropriate included in the restraint register and notified as per statutory NF39 requirements.
(iv) The EpicCare computer record management system is in use, same reviewed and restrictive practices safety checks are carried out in line with national guidelines.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 18(1)(c)(iii)</td>
<td>The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2019</td>
</tr>
<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on</td>
<td>Substantially Compliant</td>
<td></td>
<td>31/12/2019</td>
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the website of the Department of Health from time to time.