Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre: Esker Ri Nursing Home
Name of provider: Clara Nursing Home Limited
Address of centre: Kilnabinnia, Clara, Offaly
Type of inspection: Unannounced
Date of inspection: 05 March 2020
Centre ID: OSV-0000733
Fieldwork ID: MON-0024681
About the designated centre

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

Esker Ri Nursing Home is a purpose-built, single-storey premises. The centre is situated on an elevated site off the Tullamore road on the way out of the village of Clara. The centre currently provides accommodation for a maximum of 130 male and female residents aged over 18 years of age. The provider recently increased accommodation capacity to 130 residents with completion of a new two-storey 50-bed extension to one side of the centre. Residents are accommodated in single and twin bedrooms with full en suite facilities. The centre provides mainly residential care to older adults and also provides respite, convalescence and care for people with an intellectual disability, physical disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, activity coordination staff, administration, maintenance, housekeeping and catering staff. The provider states that their aim is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 120 |
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:

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<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Thursday 5 March 2020</td>
<td>09:45hrs to 18:15hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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<tr>
<td>Friday 6 March 2020</td>
<td>09:45hrs to 15:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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What residents told us and what inspectors observed

The inspector met with residents and some of their relatives who were visiting them on the days of the inspection. The feedback from residents and their family members was predominantly positive on all areas of the service. Residents commented that they were 'very happy with all the facilities' and the centre 'was homely' but some mentioned that they would like to go out into the courtyards when the weather was sunny. This information was shared with the provider representative and person in charge who gave assurances that scheduled maintenance to the courtyards would be prioritised to facilitate residents to access the outdoors as they wished.

Residents confirmed they felt very safe in the centre. Staff were observed to be kind and caring towards residents and residents and their relatives said staff were 'exceptional people' and that they believed that staff cared about them and their quality of life in the centre.

Residents told the inspector they enjoyed the activities in the main sitting room and had enough to do. However, residents in another sitting room told the inspector that they 'had nothing to do only watch the television', which one resident referred to as 'rubbish'. The inspector observed that there were three dependent residents in this sitting room and a staff member was not available at all times to assist/supervise in this sitting room. One resident in this sitting room told the inspector that it was difficult to find staff when they needed them.

Other residents said they enjoyed the 'relaxed' and 'comfortable atmosphere' in the centre and said they could come and go as they wished. They talked about the friends they had made in the centre and that they liked to see them in the sitting and dining room.

Residents and relatives who spoke to inspectors said they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied. Most said they never had any need to complain but those who said they did said that the issue they raised was addressed to their satisfaction without delay.

Residents told the inspectors that they could personalise their bedrooms as they wished and that they had brought in items of furniture and photographs they liked from their own home. The inspector observed that several residents had items in their bedrooms from their homes.

Residents were satisfied with opportunities provided for them to practice their religion. Residents could attend a weekly Mass celebrated in the centre by a local priest and the inspector observed a high attendance at an evening rosary prayer. Clergy from other faiths also attended the centre and met with residents.
Capacity and capability

This was an unannounced inspection to monitor on-going compliance with the regulations and standards. The inspector followed up on the provider's progress with completing the compliance plan from the previous inspection in February 2019. The provider and person in charge had progressed and completed one of the four action plans developed to achieve compliance following the previous inspection. The provider and person in charge had progressed improvements with the other three action plans but further improvements were found to be necessary to achieve compliance with the regulations. The activity and social engagement needs of residents with one-to-one or small group needs continued to need improvement. The detail in some residents' care plans was improved but further improvements were necessary in others to ensure the information clearly informed staff regarding the priorities of care they must provide for each individual resident.

The inspector followed up on notifications and unsolicited information received since the previous inspection in February 2019. While, insufficient supervision of some residents in the centre was substantiated, the provider had implemented improvements to ensure residents had timely access to healthcare at all times and their deteriorating health was communicated to their families without delay.

The centre's governance and management structure was clear and oversight of the service was generally assured. Although management systems were in place to review and monitor the quality and safety of the service, improvements were necessary to ensure continuous quality improvement of the service. While the provider was proactive in managing risk in the service such as risk of fire, assurances were not available that the provider had assessed the efficacy of the arrangements in place to ensure residents' safe evacuation in the event of a fire in the centre. This necessitated urgent action by the provider and satisfactory assurances were forwarded by the provider to the Health Information and Quality Authority in the days following this inspection. The person in charge and provider representative also operated an out-of-hours on-call system at weekends and at night to ensuring timely support to staff in the centre and that a member of the senior management team was available at all times to address any issues that arose.

Residents and relatives spoke positively about the staff in the centre and indicated that staff were kind, caring and treated them with respect and dignity. Good person-centered interactions were seen between residents and staff and there was evidence that staff knew the residents very well. Staff were facilitated to access training and staffing resources provided reflected the centre's statement of purpose. A review of staffing was necessary to ensure there were sufficient staff available to meet residents' needs.

The provider ensured that all staff had completed Garda Vetting before commencing working in the centre in line with the National Vetting bureau (Children

Regulation 15: Staffing

A staffing rota detailed the staff on duty and reflected the actual staff numbers on duty at all times. There were always a minimum of five nurses on duty each day and four nurses on duty each night. Three clinical nurse managers worked as part of the nursing team over seven days each week to provide senior support at weekends.

There were eight care assistants on duty each night. There was a regular pattern of rostered household, catering and activity staff on duty over seven days each week.

A review of staffing in the centre was required to ensure residents' safety and supervision needs were met. Staffing levels during the inspection generally appeared adequate to meet the needs of the residents. The inspector saw that the main sitting room was where the majority of residents preferred to be. There was sufficient staff in this sitting room at all times to respond to residents' needs. However, some residents and their relatives in one of the other sitting rooms said that they experienced difficulties on occasions with locating staff to assist residents. The inspector observed that vulnerable residents in this sitting room were not appropriately supervised by staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a training programme available to staff in the centre. A staff training matrix was maintained by the person in charge and referenced that all staff had completed mandatory training in safeguarding and prevention of abuse, moving and handling and fire safety. These records and staff who spoke with the inspector confirmed that staff were facilitated to attend up-to-date mandatory training.

Staff were appropriately supervised according to their roles. Annual staff appraisals were completed by the person in charge and together with residents' needs, informed the training made available to staff to ensure they had the necessary skills to competently care for residents' diverse needs.

Judgment: Compliant

Regulation 19: Directory of residents
A directory of residents was made available to the inspector. The directory of residents detailed all information as required by the Regulations regarding each resident.

Judgment: Compliant

**Regulation 21: Records**

Records of weekly simulated emergency evacuation drills completed and testing of fire equipment (including fire alarm equipment) conducted in the designated centre was maintained.

A record pertaining to schedule 3, paragraph 4(c) regarding a daily nursing record of each resident's health, condition and treatment was completed.

A sample of staff files were examined by the inspector and contained all required information as set out in Schedule 2 of the regulations. All files contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and the provider representative gave the inspector assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures in their files.

The policies as required by Schedule 5 were available and were up-to-date.

A record of all visitors to the centre was maintained. Staff controlled access to the centre.

A register of any restrictive procedures used in residents' care was maintained and made available to the inspector.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clear governance and management structure in place. Individual roles and responsibilities for all staff were clearly defined. The management team met formally on a regular basis. Meetings were minuted and referenced review of key aspects of the service by senior management. Both the provider representative and person in charge worked full-time in the centre. This arrangement ensured timely address of any issues regarding residents or the service provided. While there was generally good oversight arrangements in place regarding the quality and safety of the service, improvements were required to ensure that supervision arrangements in place for vulnerable residents were implemented.
Although needing some improvement, there were systems in place for monitoring the quality and safety of the service through measuring of key clinical parameters to ensure the service was effective and with auditing of various aspects of the service. Audits were generally analysed and improvement actions were described and implemented. However, action plans with the areas identified as needing improvement, persons responsible and timescales were not consistently developed. There was also improvement needed to ensure some audits were appropriately analysed to ensure all areas needing improvement were comprehensively addressed. For example, analysis of environmental audits did not identify repetition of deficits from audit to audit and therefore did not ensure improvements were established in staff practice. A survey on residents' satisfaction with the quality of the service was completed on 21 February 2020 and was being analysed at the time of this inspection.

An annual review report on the quality and safety of care and quality of life for residents was in preparation for 2019. The report was being done in consultation with residents.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The centre's statement of purpose was recently revised. The revised document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

**Regulation 34: Complaints procedure**

A up-to-date policy was available to inform the management of complaints in the centre. The complaints procedure was displayed and provided instruction on making a complaint and the response process thereafter. The person in charge was the designated complaints officer for the centre. The provider and person in charge welcomed residents' feedback on the service and used this information to make improvements as necessary.

A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. Complaints received were appropriately recorded and were investigated. Records were maintained of the investigations completed and discussions with complainants regarding the outcome of their complaint.
investigation. Complainants satisfaction with the outcome of investigations was recorded and an appeals procedure was in place.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed.

Complaints received were reviewed at the centre's governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure in the centre and said they would express their dissatisfaction or concerns to the person in charge, other staff members or their family members.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were centre-specific, available to staff and included the policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

Quality and safety

Residents' nursing needs were met to a good standard and while there were improvements made regarding the quality and content of some residents' care plans since the last inspection. However, this improvement was not consistently implemented in all residents' care plans to ensure this documentation clearly informed the care interventions that were of priority for individual residents and reflected their individual preferences and wishes. Staff who spoke with the inspectors knew residents' well and were knowledgeable regarding their individual needs. The person in charge and staff had developed good relationships with residents and were committed to ensuring their needs were met. Residents had timely access to a general practitioner of their choice and to allied health professionals. Two physiotherapists were employed by the provider and supported residents to optimise their independence, safe mobility and wellbeing.

Although behaviour support care plans required improvement, residents with behaviours and psychological symptoms of dementia (BPSD) were well supported by their GP, staff in the centre and community psychiatry of later life services. A minimal restraint environment was promoted and alternatives to full-length
restrictive bedrails were successfully implemented. Residents told the inspector that they felt safe in the centre and spoke positively about the staff team caring for them and management in the centre. Staff were facilitated to attend training on safeguarding residents from abuse and clearly articulated their responsibilities regarding any suspicions, disclosures or incidents of abuse they may witness.

The provider promoted a proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents' health and safety needs were met. While procedures were in place to protect residents from risk of fire in the centre, assurances that their safe evacuation would be achieved were not available on the days of inspection. Following this inspection, the provider forwarded satisfactory assurances that residents' safe and timely evacuation in an emergency would be achieved during the day and at night as response to a requirement for urgent address by the Health Information and Quality Authority. Fire safety management procedures and equipment were in place and all staff were facilitated to attend fire safety training and evacuation procedures.

The layout and design of the centre premises met residents' individual and collective needs to a good standard. The centre was visibly clean and in a good state of repair. Residents' accommodation was comfortable and provided them with an accessible and homely living environment. Improvements were found to be necessary to ensure some practices and procedures in the centre were in line with Infection Prevention and Control Standards. The provider valued residents' views and provided them with opportunities to participate in the running of the centre and any works done to the premises. Enclosed outdoor areas were freely available to residents but were in need of maintenance.

Residents were provided with choices about how they spent their day, where they ate their meals, the time they retired to bed and the time they got up in the mornings. While residents had access to meaningful activities in the main sitting room, improvements were necessary to ensure residents in the other sitting rooms in the centre had access to meaningful social activities that met their individual needs.

**Regulation 11: Visits**

There was an open visiting policy in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in several private areas throughout the centre outside of their bedroom if they wished.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

Judgment: Compliant
Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Residents were given opportunity to express their end-of-life care wishes regarding their physical, psychological and spiritual care and where they wished to receive care. Residents choices about where they wished to receive their end-of-life care was described in advanced care directives. Where possible, residents were involved in making advanced decisions regarding their end-of-life care. Where residents were unable to communicate their decisions, staff make efforts to get information from families that best reflected residents' end-of-life care preferences and wishes. This information was regularly reviewed to facilitate residents to change their minds if they wished. End-of-life care plans were in place to ensure residents' individual wishes were communicated to the staff team.

Residents were provided with good support to meet their spiritual needs from local clergy who attended the centre regularly and individual residents as requested. An oratory was available to residents in the centre for their funeral services if they wished. Residents' families were facilitated to be with them overnight when they became very ill.

Measures were in place to ensure residents did not experience pain. Each resident's level of pain and the effectiveness of pain management medicines administered was monitored on an ongoing basis.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met the individual and collective needs of residents and provided them with a therapeutic and comfortable environment. The centre provides accommodation for 130 residents in 112 single and 18 twin bedrooms. All bedrooms had full en suite facilities. Accommodation for residents was primarily provided at ground floor level. The first floor was accessible by a stairs or a mechanical lift and provided bedrooms, a sitting room, quiet room and dining room accommodation for 25 residents. Residents were encouraged and assisted to personalize their bedrooms and many residents availed of this opportunity by continuing to enjoy small items of their furniture, photographs and soft furnishings.

A number of spacious sitting and dining areas were provided. Measures were in place to promote residents' independence and way finding. Good quality clear signage was used to help residents identify key areas such as toilets and bathrooms. The various corridors were named after local areas. Residents were seen to be mobilizing around the centre throughout the days of inspection either independently or with the support and supervision of staff. Floors covering on all floors was non
slip, bright and non-patterned throughout the centre. Large windows throughout promoted good use of natural light in communal areas and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Handrails were fitted on both sides of corridors and in toilets and showers.

A maintenance person was employed by the provider to ensure timely repairs to the centre fabric as necessary. The internal centre premises was well maintained and was visibly clean throughout. Maintenance work to the enclosed courtyards was scheduled. The provider had identified that high iron concentrations was causing some discolouration to the water supply to toilets and showers in the centre. The provider was working to address this issue and had ensured that fresh, clear drinking water was available from a mains supply for residents.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

**Regulation 26: Risk management**

A safety statement was prepared for the centre and was up-to-date. A risk management policy and a register of hazards were made available to the inspector and provided assurances that risk was proactively managed to ensure residents' health and safety was safeguarded.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Risks were identified, assessed with described controls implemented to mitigate levels of assessed risks. Procedures were in place to ensure that risks were frequently discussed and updated at the centre's governance and management meetings.

All residents' moving and handling procedures were completed in accordance with best practice procedures. Each resident's moving and handling needs were assessed by staff with support of physiotherapists employed by the provider. Staff training in safe moving and handling procedures was facilitated and the staff training records
confirmed that all staff had attended this training. Several procedures of staff moving and handling residents were observed by the inspector during the days of inspection and were found to be safe and in line with recommended best practice procedures.

All incidents and accidents involving residents were reviewed and investigated. Areas for learning were identified and implemented. Measures to mitigate residents' risk of falling were reviewed and included increased checking procedures and physiotherapy consultations and treatment plans, as appropriate.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform responses to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

**Regulation 27: Infection control**

The premises environment was visibly clean throughout. Cleaning staff worked over seven days each week to ensure a consistent standard of cleanliness was maintained in all areas of the centre. All cleaning trolleys had lockable units fitted to mitigate risk of vulnerable residents or others accessing potentially hazardous cleaning solutions.

While measures were in place to ensure residents were protected from risk of infection, not all practices were in line with infection prevention and control standards as follows;

- Appropriate waste bins were not available for disposal of hazardous waste in the sluice rooms.
- Trolleys used for residents' personal care with clean linen and clean disposable cleaning equipment on them were inappropriately stored in the sluice rooms.
- Used linen skips were inappropriately stored in the sluice rooms

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

The provider had procedures and practices in place to protect residents from risk of fire in the centre. Fire fighting equipment was in place throughout the building and emergency exits were clearly displayed and free of any obstruction. Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures and no gaps were noted. The centre's fire alarm
was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment including emergency lighting by a suitably qualified external contractor and service records were made available to the inspector. The centre's fire safety contractor also provided an on-call repair service. The smoking room for residents was equipped with appropriate fire prevention and fire extinguishing equipment.

Progressive horizontal evacuation arrangements were in place if necessary. Each resident's emergency evacuation and supervision needs were assessed and this information was readily accessible in the event of an emergency. While, simulated evacuation drills were completed weekly by a member of staff trained in fire safety and evacuation procedures, the records did not provide sufficient assurances that timely evacuation of residents from a number of compartments with up to 14 residents in each, during day and night time conditions including sufficient staffing. Staff who spoke with the inspector were not sufficiently knowledgeable regarding procedures for evacuation of residents to a place of safety. The provider was required to urgently address this finding by within three working days following the inspection. The provider responded to the Health Information and Quality Authority with sufficient assurances regarding residents' timely evacuation as required. This mitigated the level of risk to residents' safety found on inspection.

Arrangements were in place to ensure effective containment of smoke or fire. All staff were facilitated to attend fire safety training and to participate in a simulated evacuation drill. While, a floor plan of the premises that identified compartmentation was displayed close to the fire alarm panel but needed improvement to ensure compartment boundaries were clearly identified to inform the centre's evacuation procedures.

**Judgment:** Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident’s needs were assessed within 48 hours of their admission to the centre. A variety of tools were used by staff to assess residents’ needs including their risk of falling, malnutrition and skin integrity, among others. Residents’ needs regarding their safe mobilization, their level of cognitive function and support were also assessed on admission and regularly thereafter. These assessments informed the development of care plans that generally described the care and support interventions to be implemented by staff to meet their assessed needs. The quality and detail of the detail in the sample of residents' care plans examined by the inspector varied. Residents’ care plans in the sample reviewed by the inspector did not consistently and clearly reference person-centred information regarding their individual care preferences and priorities for their care.

The level of detail in care plans for residents with diabetes was improved since the previous inspection and informed high their care to ensure their ongoing health and
wellbeing. Care plans for residents with diabetes clearly described the recommended frequency for sampling of their blood glucose levels and the parameters their blood glucose levels should be maintained within. Residents with assessed risk of developing pressure related skin injuries in the centre were closely monitored and procedures were in place to ensure effective pressure relief on their skin. Skin checks and body mapping procedures were in place to ensure any damage to residents' skin was identified and appropriately addressed. Wound care procedures reflected evidence based practice. Residents including residents at risk of dehydration were encouraged and supported to drink sufficient fluids. The recommended amounts of fluid these residents should drink within a 24 hour period and the actions that staff should take if residents were symptomatic of dehydration was not consistently detailed these residents' care plans.

Residents or their families on their behalf were consulted with regarding their care plan development, however the details of consultation regarding their subsequent care plan reviews was not consistently documented.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had arrangements in place to ensure residents' healthcare were met and that they had timely access to a GP, acute healthcare services and specialist medical services such as psychiatry of older age and palliative care services, as necessary. The provider employed a two physiotherapists in the centre to ensure their access to this service was not delayed and their independence was optimised. Referrals were made for residents to community allied healthcare professionals as appropriate and their recommendations were documented in residents' care plans and implemented. The provider has also put arrangements in place so that residents had access to these services without delay to ensure timely interventions to meet their needs.

Residents were supported to attend out-patient appointments. Arrangements were in place for residents to access national screening services such as diabetic retinal screening, breast and bowel screening.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were systems in place to support residents with managing any episodes 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). The inspector was informed that a small number of residents were periodically predisposed to episodes of responsive behaviours. Details of any episodes of responsive behaviours experienced by these residents were recorded to inform possible triggers and treatment plans. Residents who experienced responsive behaviours were well-supported by staff who knew them well and implemented person-centred de-escalation strategies as necessary. However, behaviour support care plans for these residents required improvement to guide consistency in care and staff support regarding each resident's individual behaviours, triggers to their behaviours and the most effective person-centred prevention and de-escalation strategies. This finding is discussed under Regulation 5: Assessment and Care Planning. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents with responsive behaviours had appropriate access to community psychiatry of older age services.

A minimal restraint environment was promoted and non-restrictive alternatives to full-length bed rails, used by the person in charge and staff team had ensured that no residents used full-length bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard and protect all residents in the centre from abuse. Procedures were in place to ensure residents were closely monitored by staff for any signs of them experiencing abuse. For example, any incidents of injuries of unknown origin to residents' skin was investigated to rule out any abuse having occurred. Training records examined by the inspector confirmed that all staff were facilitated to attend training on prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse and clearly articulated their awareness of their responsibility to report any disclosures, incidents of abuse they witnessed or suspected.

All staff interactions with residents were observed by the inspector to be person-centred, respectful, courteous and kind. All residents and residents' relatives who spoke with the inspector confirmed these observations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and given opportunity to participate in the
organisation and running of the centre. Residents' views were welcomed regarding the service and they were facilitated and encouraged to share their views at regular residents' meetings. Meeting and attendance records demonstrated that the residents' meetings were well attended and areas identified for improvement were actioned. However, some improvement was necessary to ensure improvements made as outcomes of residents' meetings were embedded in the service provided. For example, availability of sufficient cutlery in one of the dining rooms in the centre.

An activity manager and two activity coordinators organised and facilitated residents' social activity programme on a weekly basis. Facilitating residents' social activities was an integral part of carers' roles in the centre. Residents interests and capabilities were assessed to ensure that they were supported and facilitated to meet their individual social activity needs. Each resident had a 'key to me' completed and other information regarding the activities that interested them. A care plan was developed for each resident that aimed to describe their interests and the social activities that best suited their capabilities. However, the records of the activities residents participated in did not give assurances that the activities suited them or that they were interested in them. Most residents liked to sit in the main sitting room during the days of inspection but given the number of residents in the centre, their age profile and the range of their dependencies and capabilities, it was not possible to meet their social activity needs in the main sitting room alone. The provider and person in charge had made efforts to encourage a number of residents to spend time resting in other sitting rooms in other locations in the centre. However, the choice of activities available to them was limited and their supervision by staff required improvement.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were respected. Residents' rights to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks.

Residents could access some of the outdoor courtyards provided but these areas were in need of maintenance. The provider representative told the inspector that this maintenance work was scheduled but delayed due to inclement weather. Outdoor sheltered seating was in storage and the inspector was given assurances that this equipment would be made available for residents' use when work to the courtyards was completed in preparation for warmer weather conditions.

There were no restrictions on visitors and there were areas in the centre where residents could meet their visitors in private if they wished. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. Residents were facilitated to practice their religious faiths and clergy from various religious faiths attended residents in the centre.

Staff respected residents’ privacy and dignity by closing screen curtains around beds in twin bedrooms and closing all bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors before entering.
Privacy locks were fitted on bedroom and bathroom doors for residents' use as they wished.

Judgment: Substantially 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:

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<td>Regulation 3: Statement of purpose</td>
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<td>Regulation 34: Complaints procedure</td>
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<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially 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>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0024681

Date of inspection: 06/03/2020

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. 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>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: Following review of the social programme, staff allocations within each area reviewed to ensure appropriate supervision of residents’. Ongoing supervision of staff.</td>
<td></td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management: Action plans have been reviewed &amp; template updated to clearly show corrective actions required, person responsible &amp; time frame, also reviewed to ensure all corrective actions have been completed.</td>
<td></td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control: Appropriate hazardous waste bins are now allocated in each sluice room. All staff informed of appropriate storage of personal care trolley &amp; used linen skips. To ensure ongoing compliance the S/N on duty in each area is supervising storage of any equipment &amp; its appropriateness.</td>
<td></td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Ongoing simulated fire &amp; evacuation drills. Compartmentation boundaries highlighted on all floor plans of the premises to inform the evacuation procedure. Staff educated re: PEEP assessments (all PEEP assessments reviewed &amp; updated)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans reviewed &amp; updated to clearly &amp; consistently reference person centered care for each individual resident their preferences &amp; priorities for their care. Care plan reviews with residents’ &amp; their families is now documented in resident / family communication, to include the changes that have been made. Care planning guidelines have been reviewed &amp; updated &amp; circulated to all staff. Auditing of care plans.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Social programme of activities has been reviewed to ensure suitable activities, residents’ interests &amp; choice of activities are available throughout the center. Supervision of all residents &amp; participation in each activity has been improved. Ongoing education of staff &amp; auditing of the social programme &amp; residents’ choices.</td>
<td></td>
</tr>
</tbody>
</table>
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 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/03/2020</td>
</tr>
<tr>
<td>Regulation 23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
</tbody>
</table>
that the service provided is safe, appropriate, consistent and effectively monitored.

<table>
<thead>
<tr>
<th>Regulation 27</th>
<th>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>09/03/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(1)(e)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/03/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/03/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
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<td>------</td>
<td>------</td>
</tr>
<tr>
<td>28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/03/2020</td>
</tr>
<tr>
<td>5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>5(5)</td>
<td>A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/03/2020</td>
</tr>
</tbody>
</table>
capacities.