<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Esker Ri Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000733</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilnabinnia,  Clara,  Offaly.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>057 933 0030</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@eskerri.com">info@eskerri.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Clara Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sheila Maher</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Deirdre Lenihan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 30 June 2014 09:30
To: 30 June 2014 14:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Absence of the person in charge</td>
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<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
Esker Ri Nursing Home is a purpose-built, residential centre with places for 67 residents that is currently registered for 28 places. The provider had applied to the Chief Inspector for a variation under Section 52 of the Health Act 2007 as amended to provide places to a further 29 residents. This follow up inspection focused on a number of specific outcomes following the centre’s recent registration inspection and the centre’s application to open a second wing. This inspection was unannounced and took place over one day.

This centre had been built and designed to comply with requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. There were 18 residents living in this newly registered designated centre at inspection time.

Area's inspected against regarding this inspection included:

- Statement of Purpose
- Contract for the Provision of Services
- Safeguarding and Safety
- Health, Safety and Risk Management
- Health and Social Care Needs
- Suitable Staffing

As part of the inspection the inspector met with the provider, the person in charge, clinical nurse manager, the nursing staff, care staff, kitchen staff and household staff members. The inspector reviewed documentation such as care plans, pre-admission assessments, audit logs, registers, meeting minutes, policies and procedures and staff files. The provider, person in charge and persons participating in management demonstrated a good ability in terms of the ongoing operational governance and management of this designated centre.

Areas found by the inspector to require further improvement regarding this inspection were:

- Contract for the Provision of Services
- Health and Social Care Needs

This area will be discussed in more detail in the main body of the report.
## Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found that an updated statement of purpose was present in the designated which met the requirements of the Regulations. The inspector found that the statement of purpose accurately described the service that is provided in the centre and clearly outlined facilities and the manner in which care is provided to residents.

The inspector found the updated statement of purpose included the appropriate changes to take into account the provider's application to open the next phase of the nursing home. For example, the providers plan to move from providing nursing home care for 28 residents to 57 residents.

**Judgement:**
Compliant

### Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall, the inspector found while efforts were being made regarding contracts of the provision services, further improvement was required to meet the Regulations.

The person in charge and provider nominee informed the inspector that since opening
they had encountered some technical and administrative difficulties in terms of agreeing contracts that were largely associated with funding approvals. The inspector viewed evidence of the contract template for residents which met the requirements of the Regulations. The inspector noted these contracts were not in place and agreed with residents in the designated centre. The inspector discussed the issue of contracts, service provision and terms and conditions associated with same with residents and families. The inspector was informed that residents were very happy with the consultation and agreements in place regarding their care. A family member informed the inspector that the provider had facilitated a respite request for a residents sibling to come and stay with them and was highly complimentary of the services and service agreements her family received. However the inspector found that as all residents did not have an agreed contract in place within one month of admission, this did not meet the requirements of the Regulations.

Judgement:
Non Compliant - Moderate

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector found that there were appropriate arrangements in place regarding the absence of the person in charge.

The inspector met the person in charge and provider nominee (who was also the General Manager) and found both were fully aware of regulatory responsibilities regarding having necessary arrangements for the absence of persons in charge. The inspector also met the Clinical Nurse Manager who was not in her appointment at the time of the last inspection. The inspector found all nominated persons involved in the management of the centre to have a good understanding of the regulatory requirements and to be competent to deputise for the person in charge in the event of her absence.

Judgement:
Compliant
Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspector was satisfied that there were good measures in place to safeguard and protect residents from abuse.

The provider, person in charge, clinical nurse manager and staff were all appropriately knowledgeable regarding their responsibilities in the event of an allegation of elder abuse. The inspector reviewed a comprehensive policy on the detection, prevention and response to elder abuse (2014). The inspector found that all staff had undergone protecting vulnerable adults training (2014) and all staff interviewed were very knowledgeable of same. The inspector found a clear system of reporting and recording all instances of abuse was in place. The inspector found that all staff were recruited in line with the recruitment policy which required Garda Síochána vetting.

The inspector was satisfied that staff were aware of the different forms and types of abuse and staff were able to clearly inform inspectors of the signs and symptoms of abuse and the reporting mechanisms in place within the designated centre. All staff spoken to highlighted the needs of the resident as paramount. The inspector observed clear and coherent policy and procedure regarding safeguarding residents finances. All residents spoken to by the inspector stated that they felt safe in the designated centre.

Judgement:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall, the inspector was satisfied that the provider and person in charge had prioritised the health and safety of residents, visitors and staff. The inspector found good policies, procedure and practices in the areas of health, safety and risk.
management.

There was a health and safety statement in place. A risk management policy was in place and the inspector found that this guided practice. The inspector found that this policy had been amended to reflect the actions from the last inspection. The inspector found the risk management policy contained a risk assessment template and governing risk matrix and that staff training was provided in this area. The inspector reviewed completed risk assessments and found a risk register in place that included a number of identified risks and potential hazards and included corrective actions and control measures. For example, slips, trips and falls, use of hoist, temperature control, coffee dock risks, car parking risks.

The inspector found good practice in place regarding fire safety, evacuation procedures, fire equipment maintenance and auditing for fire safety. The inspector noted appropriate assessment for residents requiring the use of hoists and staff demonstrated the safe use of resident hoists and the inspector saw new and appropriate hoisting equipment was available in the designated centre. The person in charge had numerous checklists and safeguards in place. For example, the inspector viewed daily fire panel checks, daily random call-bell checks, daily inspection of escape routes, weekly hoist checks, daily medication checks and daily environmental temperature checks.

The inspector observed some wood panelling that had been left against a wall in an assisted bathroom however this was removed immediately when highlighted to the clinical nurse manager.

The inspector observed cleaning staff throughout the inspection process. The designated centre was kept clean and was well maintained and there were measures in place to control and prevent infection. The inspector saw that there was a sophisticated cleaning routine and ample equipment and supplies of latex gloves and disposable aprons and alcohol hand gels were available throughout the centre. Clinical waste was managed and stored safely. The inspector noted the second wing that is to open shortly is purpose built and the provider has ensured all existing health, safety and risk management policies and procedures extend throughout the nursing home.

Judgement:
Compliant

**Outcome 08: Medication Management**
Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
The inspector found that the medication management policies and procedures were comprehensive, satisfactory and safe. The inspector found policy that was proposed at the last inspection had been implemented.

The inspector found that medication policies were guiding practice. The inspector found the medication policy and procedure was robust and gave clear guidance to nursing staff on areas including medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications, medication errors, crushing medications and medication self administration. Individual medication safes were present in each resident's room so as each residents medication was stored beside residents beds. The inspector discussed medication protocols with nursing staff and observed a nurse doing the medication rounds with a number of residents. The inspector noted that all medication was administered as prescribed and in line with best practice. The inspector observed medications administered safely and professionally at all times.

The inspector noted all recording and documentation regarding prescription and administration protocols were appropriate and noted established arrangements and agreements were in place with a pharmacist. The inspector found that all staff nurses involved in the administration of medications had undergone a medication management course. The person in charge informed the inspector that a local pharmacy supplies all medication and can provide additional training, assistance with policy and guidance for staff as and when required.

Judgement:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there were arrangements in place regarding incidents that occur in the designated centre being appropriately recorded and, where required, notified to the Chief Inspector.

The inspector noted a log of incidents was available on inspection and the person in charge and clinical nurse manager displayed a good knowledge of notifiable incidents. The inspector noted that staff spoken to throughout the course of inspection also had good knowledge of notifiable incidents. The inspector discussed notifiable instances that
have occurred to date with the person in charge and was satisfied with same.

**Judgement:**
Compliant

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**Outcome 11: Health and Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector was satisfied that residents' wellbeing and welfare was maintained to a good standard. The inspector saw good practice regarding residents' health and social care needs being met, however, there was some improvement required regarding up to date assessments being completed in residents care plans.

The inspector reviewed a number of resident care plans, spoke to residents, families and staff. The inspector found good practice in place regarding pre-admission assessment and access to allied health professionals. The inspector noted residents had good access to GP (who was present at inspection time), Occupational Therapy (OT), Physiotherapy and Speech and Language Therapy (SALT) and noted good staff knowledge of individual assessment. The inspector saw evidence of residents weekly and monthly weights being checked, recorded and monitored. The inspector noted many residents had numerous appropriate assessments in place. For example, the inspector viewed up to date assessments regarding percutaneous endoscopic gastrostomy (PEG) feeding, personal evacuation plans, pressure sore prevention assessments and food and nutrition assessments. However the inspector found that one resident who was recorded as requiring a 'chopped diet' did not have a completed food and nutritional assessment specifying this need.

The inspector found that most residents were outside in a sun garden at inspection time (as it was a very warm day) whereby one resident was playing music for the group. Other residents were having their hair done and all residents presented as very happy. The inspector observed sun hats and sun cream being provided to residents who informed the inspector that they enjoyed life in the designated centre very much. The inspector observed drinks readily available to all residents. All residents presented as being very happy and content throughout the course of inspection. The inspector noted
that residents had good opportunities regarding social and recreational activities with a multitude of activities and rooms available for such activities. For example, knitting, music, arts and crafts, games, reading, mass, gardening, hand massage, hair salon, to name but a few. The inspector noted ample opportunity for residents to partake in such activities individually or in groups.

**Judgement:**
Non Compliant - Minor

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents individual and collective needs. In addition, the inspector was satisfied that the premises could more than adequately facilitate the opening of its second wing and provide care for an additional 29 residents.

The building had been designed to comply with the requirements of the Regulations. The buildings accommodation is spanned out over three units all on one large ground floor. At inspection time only one unit was operational. The second unit was at finishing stages and the provider has applied to the Authority to open this second unit. The inspector found the second unit was built and designed to a similar high standard to the first unit. There was additional and ample space throughout the designated centre with specific areas for laundry, showers, toilets, kitchen and dining areas, communal rooms, activities rooms, hair dressing salon, a church/hall.

The inspector was satisfied that the bedroom accommodation would meet residents’ needs for privacy, leisure and comfort. In total there were 63 single and two twin rooms, all with full en suite facilities. Bedrooms in the second unit (28 rooms) had in the most part been appropriately furnished at the time of inspection. These rooms were furnished with a specialised bed, wardrobe, chair, curtains. The provider stated that chairs, medication lockers, safes and all of the features that are present in the first unit will all be replicated in the second unit. The provider stated this will be in place before any resident is admitted. Rooms had coordinating curtains and bed clothes. The inspector noted all bedrooms had call bell facilities. Under floor heating was provided in all rooms, which could be thermostatically controlled in each room. To further promote safety, touch lamp lighting which automatically came on when touched was available in
all bedrooms. The inspector spoke to existing residents about their rooms and all residents were very happy with the design, space and storage in their rooms. This will be discussed further under Outcome 17: Residents clothing and personal property and possessions.

The inspector found assisted toilets and bathrooms throughout the premises; these were located strategically, for example, close to sitting rooms and along the corridors. The inspector was informed that most residents choose to use their en-suites however a number of assisted bathrooms were also available.

A variety of communal day and dining space was provided. The day and dining rooms were bright with large windows and tasteful decoration. In addition there was a fully equipped kitchen that contained many modern appliances and substantive equipment and storage space. The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided in all corridor areas to promote independence. There was a sluice room that was fully equipped with a bed pan washer. There was adequate storage space provided to ensure that equipment and assistive devices were stored in a safe and discreet manner. The inspector noted good attention to detail and a homely atmosphere throughout the designated centre. Residents could spend time in safely enclosed gardens that were bright and landscaped with fresh flowers. The entrance grounds were landscaped, fenced and the drive way and car park was fully tarmacked since the last inspection.

Judgement:
Compliant

**Outcome 17: Residents clothing and personal property and possessions**
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector was satisfied that the designated centre provided adequate space for residents personal possessions. Residents had appropriate secure space to store valuables and personal finances. The inspector found that there were appropriate laundry facilities in place.

The inspector found that residents were facilitated to maintain and store personal possessions of their choosing in large wardrobes, drawers and bedside lockers seen in all resident rooms. The inspector spoke with a number of residents who all informed the
inspector that they were very happy with the space they were provided with and had no issues with this. The inspector saw one resident had requested that shelves be put up and the provider had done so. This particular resident had been facilitated to bring in a lot of personal possessions, ornaments, pictures, music cd's, stereo system and other various possessions. The resident informed the inspector that his possessions were very important to him and that the designated centre had done everything to facilitate him bringing in his possessions to make his room more homely. The inspector noted that residents had safes available to store valuables and finances and maintain control of same.

**Judgement:**
Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector found all staff training was up to date and recruitment practices were in line with best recruitment practice.

The inspector found that there was an appropriate nursing and care staff ratio on duty at inspection time and the inspector reviewed the roster and found that the designated centre was suitably staffed. The inspector found that all staff had been provided with relevant and up to date mandatory training and all staff spoken to were satisfactorily knowledgeable of same. The inspector reviewed a number of staff files and found that all staff had Garda vetting and appropriate references in place. The inspector was satisfied that staff were supervised in accordance with their needs and discussed same with staff. The inspector reviewed staff meeting minutes and discussed these with the person in charge who highlighted the importance of ongoing supervision and communication with staff. The inspector was informed that staffing levels are continually reviewed and would be increased if required as the designated centre increases its number of residents.

**Judgement:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to agree contracts with all residents within one month of admission.

Action Required:
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:
Contracts are now in the process of being signed by residents/next of Kin and new residents will have contracts completed and signed within one month of admission.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 31/07/2014

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<thead>
<tr>
<th><strong>Outcome 11: Health and Social Care Needs</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Failure to ensure all residents needs were appropriately set out in their individual care plan.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All resident assessments are currently up to date</td>
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**Proposed Timescale:** 24/07/2014