### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Elmhurst Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-000134</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hampstead Avenue, Glasnevin, Dublin 9.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 807 3249</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mbell@highfieldhealthcare.ie">mbell@highfieldhealthcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>J &amp; M Eustace Partnership T/A Highfield Healthcare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Stephen Eustace</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>47</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
01 October 2014 10:00 01 October 2014 19:30
02 October 2014 06:00 02 October 2014 16:00

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

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Summary of findings from this inspection
This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application
to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

The fitness of the nominated person on behalf of the provider and person in charge was determined by interview during the previous registration inspection process and through ongoing regulatory work such as inspections.

A number of residents’ questionnaires were received by the Authority prior to the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided although findings in relation to staffing levels, skill mix and insufficient supervision of care practices were reflected by comments made by residents and relatives during the two day process and by responses made on some of the questionnaires returned to the Authority.

Overall, evidence was found that residents’ healthcare needs were met. Residents had access to general practitioner (GP) services and allied health professionals such as physiotherapy, speech and language therapists and community health services were also available.

The inspector found there were aspects of the service that needed improvement such as governance, staffing, care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
**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 2013 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:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a clearly defined overarching management structure that identified the lines of authority and accountability at a senior level within the broader organisation of Highfield Healthcare however, the inspector found that the management systems in place in this centre were not effective nor targeted to meet recognised deficiencies during a sustained period of transition in terms of high staff turnover resulting in poor outcomes for residents'.
Appropriate responses to concerns expressed by staff, residents and relatives in relation to staffing were not found. The inspector found that the lack of resources, managerial direction and supervisory supports given to the person in charge contributed to a lowering of the standard of care delivered to residents.

Examples include lack of appropriate and sufficient supervision of both direct and indirect care staff to ensure policies and processes in place to provide safe and suitable care were implemented in practice. Lack of equipment identified as required to safely transfer or move residents such as slide sheets; shower mats, curtains and bins which were dirty or grubby and required replacement. Findings which are linked to this outcome are detailed under other outcomes in this report specifically under outcomes; 11, 12, 15 and 18.

A system was found to be in place to monitor quality and safety of care and the quality of life of residents including; audits of the environment for safe access/egress; health and safety; medication audit on temperature, administration and stock controls; restrictive practice audits to reduce use of physical restraint measures and monitoring of pressure ulcer prevalence. However, the system in place did not include a process to identify improvements required or raise standards of care as part of an overall quality improvement and did not provide for consultation with residents and/or their representatives.

Judgment:
Non Compliant - Major

**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

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

**Findings:**
Evidence was found that each resident had a contract which set out the terms and conditions of the services provided and the fees being charged and were agreed within one month of admission.

A residents guide and statement of purpose was available for residents in the centre

**Judgment:**
Compliant
Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was managed by a suitably qualified and experienced nurse. She held authority accountability and responsibility for the provision of the service. The person in charge is a registered nurse with several years experience of working with persons with varying care needs in a range of settings. She works full-time in the centre.

The person in charge was found to be engaged in the governance, operational management and administration of the centre on a daily basis. During the inspection she demonstrated that she had knowledge of the Regulations and facilitated the inspection process by providing documents and having good knowledge of residents’ care and conditions.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Actions required further to the last inspection in respect of medication and admissions records were satisfactorily addressed.

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and kept in a secure place. The statement of purpose and residents guide was complete and available.
While improvements required from the previous inspection were noted, further improvements were required in respect of maintaining clinical and general records in accordance with the regulations. Some clinical records were inaccurate and/or incomplete such as repositioning charts and nutritional screening records.

Improvements to other general records such as the allocation of duties record and resident’s personal property which were not updated were found to be required.

The designated centre had written operational policies as required by Schedule 5 and reviews of the visitors and complaints policy further to the last inspection were found to have been implemented.

However, a review of some policies was found to be required to ensure they provide adequate guidance to staff for example end of life care and nutritional monitoring and recording. This is referenced under Outcomes 14 and 15 further in this report.

**Judgment:**
Non Compliant - Minor

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
To date notification of a proposed absence of the person in charge has not occurred however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.

**Judgment:**
Compliant

**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
All lines of enquiry were reviewed on the last monitoring inspection and no actions were required.

Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse.

Measures to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and knew who they would speak too if they were concerned.

Efforts to review and reduce restrictive practices were evident and systems to promote a restraint-free environment were being established.

**Judgment:**
Compliant

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**Outcome 08: 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(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Actions required further to the last monitoring inspection in January 2014 were addressed.

Improvements to measures and controls to reduce and prevent risks associated with unexplained absence of residents were noted. The risk register was updated to reflect this.

Updating and implementation of the visitor’s policy to ensure more robust monitoring was noted.

All other lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant.

Some issues in respect of moving and handling and infection control were found and are referenced under outcomes 11 and 2 further in this report.

**Judgment:**
Compliant
### Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
Actions arising from the last inspection in relation to variances found between prescription and administration times were addressed.

Satisfactory written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Observation of medication administration practice was satisfactory and in the sample of medication prescriptions reviewed inspectors noted that the GP had signed for all medication prescribed.

**Judgment:**
Compliant

### Outcome 10: 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(s):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Judgment:**
Compliant

### 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. 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
Theme:
Effective care and support

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

Findings:
Residents had good access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and speech and language were available through the primary care and acute hospital services. A dietician consultancy service was provided by a private nutrition products company.

The arrangements to meet residents’ assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to evaluate levels of risk for deterioration were also completed but comprehensive assessments were not in place for every identified need. In addition, care plans and risk assessments were not always linked. Although for the majority of residents, healthcare needs were met, significant areas for improvement were identified in the documentation of care given.

There was a need to develop a system to ensure that care plans reflected the care delivered and were reviewed in response to changes in residents’ health. Care plans in place were not sufficiently specific to manage all identified care needs. Evaluations of plans together with supporting documentation to evidence appropriate implementation and progress notes were not appropriately linked to give a clear and accurate picture of residents’ overall health management. It was also found that most although not all care plans were generic in nature and were not person centred.

There was insufficient evidence of a high standard of evidenced based nursing practice to ensure the management of complex needs or care of all frail residents or those exhibiting signs of clinical deterioration. For example;
- several residents had experienced weight loss over the five month period prior to this inspection and evidence was not available to show that staff were aware of the risk and had commenced a review process to re assess residents nutritional status
- although moving and handling risk assessment tools in use identified the use of sliding sheets as the appropriate means of re positioning residents requiring assistance to turn in bed, it was found that this was not being implemented in practice
- for residents requiring frequent re positioning as part of their pressure area care management, documentation of the implementation of appropriate regimes in place was not found. Where residents identified as being at high risk of developing pressure ulcers and whose positions require sequential rotation, (i.e. from back to left side to right side etc) the lack of specific documentation presented difficulties for ensuring care delivered was to a high standard
- feedback from residents indicated that continence promotion regimes to maintain continence and facilitate independence were in place during the day but were not
maintained at night. In discussions with staff and on review of clinical documentation the inspector found no evidence that the regimes were maintained at night.

Insufficient levels of direct clinical supervision and leadership was found contributing to a lowering of the standard of care delivered to residents particularly in basic care areas such as moving and handling, monitoring nutritional intake and personal care. Findings on inspection were reflected by comments made by residents and relatives during the two day process and by responses made on some of the questionnaires returned to the Authority.

A requirement to improve clinical governance to ensure resident’s healthcare needs were appropriately identified, assessed, managed reviewed and implemented is further referenced under outcome 18 in this report.

**Judgment:**
Non Compliant - Major

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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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The premises were extensively reviewed at the last registration inspection and no structural changes have taken place since then.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable environment for residents with appropriate furnishings and areas of diversion and interest.

Residents’ bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in reach of residents, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was found, in general, to be of a good overall standard. Maintenance staff were observed on site at the centre. They attend to daily reports and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.
Although the premises were found to be well maintained and in general meets the needs of residents some improvements were found to be required to ensure it fully meets the requirements of the Regulations and the Authority’s Standards.

Improvements required to aspects of the environment are outlined below;

- the standard of operational and household hygiene required to be improved to ensure all aspects were clean and hygienic
- some aspects of the ensuite shower areas were observed to be grubby and stained such as shower curtains and shower mats, pedal bins, containers for toiletries and shower back splash tiles
- a number of plastic bins did not have lids and the interior of bins were dirty with liquid lying in the bottom of some
- linen trolleys stocked with clean linen were found stored in an area alongside clinical and domestic waste bins
- although adequate storage was available for most items of equipment with corridors uncluttered and safe for residents mobilising, it was noted that some equipment was stored in the hairdressing salon and visitors rooms which the inspector learned were infrequently used
- storage for personal clothing and belongings was limited in the small number of twin bedrooms in the centre
- wardrobe space was limited for two persons and access to the wardrobes was hindered by curtain screens as both were located at the bottom of one of the beds
- aspects of the environment required improvement with chipped and scuffed paintwork and wooden surfaces on walls doors and skirting noted.

In discussion with the person in charge and a member of the household team it was found that systems in place did not assure a high level of infection prevention and control, in that some items were only cleaned once weekly and the household and care staff were unclear on the responsibility for cleaning some items

Judgment:
Non Compliant - Minor

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were
documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

**Judgment:**
Compliant

**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

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

**Findings:**
Although there were no residents receiving end-of-life care at the time of this inspection, some residents did have end of life care plans in place. It was noted that residents family and friends could be facilitated and religious and cultural preferences respected as far as practicable. Access to specialist palliative care services were available where appropriate.

The inspector found that staff were aware of the policies and processes guiding end of life care in the centre and were implementing them in a respectful manner. However, the policy did not guide staff in relation to eliciting wishes and preferences after death.

Appropriate contacts and information flows between the nursing team and the resident's GP or palliative services were maintained. However, an emphasis of the care delivered remained on the physical aspects. A sample of documentation reviewed found that there were no arrangements in place for capturing residents’ end-of-life preferences in relation to issues such as; spiritual needs or preferences for place of death or funeral arrangements.

Care plans in place identified where discussions and decisions were taken on the level of medical intervention and possible transfer to hospital with family and where appropriate the resident themselves. However, they were not sufficiently specific to direct the care to be delivered in an holistic manner. Care plans are also referenced under Outcome 11 where an action plan is required.

In conversation with some residents it was found that none had been asked their preferences on end of life arrangements. All stated that they were informed when other residents passed away and were facilitated to pay their respects in the mortuary or attend the funeral service if held in the centre's chapel.

**Judgment:**
Compliant
**Outcome 15: Food and Nutrition**

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate conversation. Those residents on modified diets were offered the same choices as people receiving normal diets. A two week rolling menu was in place to offer a variety of meals to residents.

Most residents took their meals in one of two dining rooms located in the centre and the inspector noted that the dining tables were appropriately set with cutlery, condiments and napkins. Residents spoken with all agreed that the food provided was always tasty, hot and appetising. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. A list of all special diets required by residents was compiled on foot of the individual residents reviews and copies were displayed in the main kitchen and in the kitchenettes on each unit.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water at all times was available, jugs of water were observed in residents' rooms and water dispensers were available.

Although systems were in place for assessing, reviewing and monitoring residents nutritional intake, they were not implemented in practice and significant improvements required to be made. In a sample of clinical documentation reviewed the inspector found that several residents had experienced weight loss over the five month period prior to this inspection. It was found that the levels of weight loss experienced by the residents which were between 5 -10% of overall body weight constituted an early indicator of the risk of malnutrition.

However, there was no evidence that staff were aware of the risk and a review process to re assess residents nutritional status including monitoring processes such as a daily food diary to document intake over a period of days was not established for any of the residents who had experienced weight loss. Similarly it was noted that robust processes to determine portion sizes in order to accurately record intake if/when monitored were not in place. This was raised with staff during the inspection and discussed at length.
with the person in charge and the inspector was told that some of the residents identified had been recently referred to a dietician and were for review in October.

It was also found that the policies and processes in place were not sufficiently comprehensive to guide staff on the monitoring, documentation recording and overall management of residents nutritional intake specifically for residents experiencing gradual although significant weight loss over a period of time.

**Judgment:**
Non Compliant - Moderate

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**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
Evidence that residents were consulted with was found and in conversation with them residents expressed satisfaction with the process and in particular with the advocate who facilitates the resident’s committee meetings and who also meets residents on a one to one basis.

Resident’s privacy and dignity was found to be respected and opportunities to participate in meaningful activities, such as arts and crafts, bingo, newspaper readings and music appropriate to interests and preferences were available.

Religious services on a weekly basis and chaplaincy services were available on an ongoing basis and residents have access to media and private telephones.

**Judgment:**
Compliant

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

**Findings:**
The Inspector saw that there was adequate space provided for residents’ personal possessions in single rooms however, space was limited in the small number of twin bedrooms where wardrobes were not sufficiently large or accessible to store all of the residents clothing and in several twin rooms additional small lockers were being used to address the lack of storage. However this resulted in a limitation of circulation space and could pose risks for mobility of residents and access for staff. Clothing was noted to be neatly and appropriately stored.

Residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing and the return of clothes to residents. However, feedback from some residents and relatives indicated that systems in place to ensure the safe return of all laundry required to be improved and the inspector learned that clothing was not always returned to the person to whom it belongs. This was discussed with the person in charge who agreed that problems continue to occur.

On review of the systems in place to ensure residents own clothes were returned to them including appropriate record keeping it was found that, in a sample of those reviewed a record of residents’ personal possessions was not in place or had not been updated.

**Judgment:**
Non Compliant - Moderate

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### 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
The inspector found that at the time of this inspection, although there were sufficient numbers of staff available, a review of the skill mix of staff were required to meet the needs of residents.

The inspector checked the staff rota and found that it was maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered primarily by agency relief staff.
The inspector learned that there had been a high turnover of staff over recent months with a significant number of senior and experienced staff leaving the centre. This had resulted in a higher than usual reliance on agency staffing with consequential impacts on the continuity of care to residents.

A number of other consequences which together were found to negatively impact on the standard of care delivered to residents included;
- replacement of nursing staff with an additional care staff member thereby depleting clinical governance
- insufficient skill mix of experienced, newly qualified and/or newly hired staff working together resulting in lack of familiarity of the processes and systems in place in the centre such as work allocation systems
- unclear role definitions and duties between household and care staff in relation to cleaning; laundry and personal possession lists
- lack of sufficient supervision for household staff to ensure cleaning processes in place were implemented in practice.
- lack of experience of nursing staff to provide clear direction and leadership to other grades of staff
- lack of experience or familiarity with policies and processes in place to ensure care practices reflect policies and meets residents assessed needs
- all new staff had not yet received training and many experienced staff had not received updated training in key clinical areas such as; infection prevention and control; assessment and care planning; nutritional assessment or moving and handling.

Further training specific to the current residents profile was found to be required where gaps in staff knowledge and understanding were found during the inspection, specifically in; moving and handling practices (as referenced under Outcome 7) infection prevention and control, management of clinical deterioration; nutritional monitoring and assessment and care planning. A review of the content and detail of all training currently provided to ensure it meets the needs of staff and assures their competency is also recommended.

Evidence was found that the skill mix of staff to ensure the provision of safe suitable and sufficient care in a timely manner to the current resident profile was not adequate on this inspection. Although residents were well presented and staff endeavoured to deliver good care it was found that there was a lack of clinical knowledge and experience available to provide guidance and direction to staff on the management of complex care needs over the twenty four hour period seven days a week and not only when the person in charge was on duty.

Although the person in charge endeavoured to provide direct clinical supervision and leadership required by staff when on duty, she was not on duty after 4 pm from Monday to Friday or at weekends. A clinical nurse manager or senior staff nurse who would work opposite the person in charge and maintain a good standard of care delivery was not in place. It was also found that although the staffing resources for the unit generally reflected two nurses on duty for twelve hours each day on both Elmhurst and Desmond units, recent difficulties with high turnover of staff had resulted in gaps in nursing cover with additional care staff regularly replacing a second nurse, further depleting the level
of professional clinical care being delivered to residents.

This issue was discussed at length throughout the inspection with both the provider nominee and person in charge and other members of the senior management team and evidence in relation to findings under this Outcome can be also be found under Outcomes 2, 11, 12 and 15 of this report.

A full and immediate review of the number and skill mix of staff specifically in relation to the requirement for a qualified and experienced senior nurse is required to provide clinical guidance and assure the appropriate and timely review assessment and management of complex clinical needs of residents.

The inspector observed staff and residents interactions and found that staff were respectful, patient and attentive and endeavoured to provide reassurance to residents by delivering care to them in a quiet gentle manner.

A sample of staff files were reviewed on the last inspection and found that all of the requirements of Schedule 2 were met. However, robust checking of the identity or qualifications of agency replacement staff on arrival at the centre were not in place and it was found that agency personnel carried no form of identification other than a name badge and neither staff on duty including the night supervisor or person in charge carried out any form of checks of unfamiliar personnel to ensure safeguarding of residents.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Elmhurst Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000134</td>
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<tr>
<td>Date of inspection:</td>
<td>01/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/11/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Operational management systems in place did not effectively monitor care practices to ensure the delivery of safe consistent care to all residents.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
monitored.

Please state the actions you have taken or are planning to take:
The PIC is rostered 39 hours per week in Elmhurst Nursing Home only. The CEO visits the centre frequently and both the Director of Operations and Quality, Director of Nursing and Night Nursing Officer visit on a daily basis and are always available for any queries or emergencies by mobile phone and email. A Senior and more experienced Nurse will be rostered on the days that the PIC is off.

Management acknowledged a higher than usual turnover of staff in the centre in recent months. In April 2014 a Service Review forum identified staff recruitment and retention as an area requiring a particular action plan and the CEO established the HR Strategy group which had its first meeting in May of this year and is ongoing. In order to address the issues raised by the inspector an ADON has been put in place to oversee supervision of clinical practises throughout the unit. This commenced on October 20th and will remain in place for a period of 3 months. Staff skill mix will be reviewed and an analysis of staff training needs has already been developed and the associated training plan will be systematically implemented and evaluated.
On completion of the 3 month supervision by the ADON staff practises and competencies will be re-evaluated to ensure guidance which has been delivered is continued to be maintained. An acting PIC will be commencing to replace the existing PIC until June 2015 who will be responsible for evaluating and auditing care plans. The Director of Nursing and Director of Operations and Quality will continue to provide additional support to the PIC and meet with her weekly to discuss any ongoing issues. 3monthly audits will be replaced by monthly audits to ensure standards are met and 3 monthly resident meetings will be replaced by monthly resident meetings to hear the voice of the residents and their families. These will be forwarded to the Quality and Risk Management committee for ongoing surveillance.

Proposed Timescale: 16/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of some policies was found to be required to ensure they provide adequate guidance to staff particularly end of life care and nutritional management.

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
A flow chart will be added to the policy on End of Life care. The flow chart was already
in place in respect of the policy on Nutrition. A Residents Inventory Book has been put in place to reflect residents new clothing and the book will be checked monthly to ensure that residents property is monitored. All policies will continue to be reviewed and where deemed necessary will be amended and any additional guidance added.

The repositioning charts are kept in residents rooms and now indicate which position the resident is in and staff are allocated for the 24 hours period. all pressure areas are documented in our monthly Risk Management meeting and can be reviewed. A review of the pressure areas have indicated an improvement over the previous 3 months.

Nutritional care plans are reflective of the resident’s nutritional needs and will be monitored monthly or more frequently if necessary. At time of the inspection residents weight are monitored monthly and referral made to dietician and speech and language therapist where clinically indicated. Highfield has amended the policy and added a further criteria for medical review. Training will be provided to staff in this area.

End of life care planning is ongoing in conjunction with residents and their families. A flow chart will be added to the already comprehensive policy on End of Life.

Over the next 2 months, all staff will be guided by the policies by the ADON. Continence assessment training will be conducted and care plans will undergo review to ensure that continence needs are reflected.

<table>
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<th>Proposed Timescale: 20/01/2015</th>
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<tbody>
<tr>
<td>Theme: Governance, Leadership and Management</td>
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<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>All records were not maintained to ensure accuracy as required under Schedule 3</td>
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<th>Action Required:</th>
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<tr>
<td>Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
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<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tr>
<td>Turn charts which were in place will be alerted to include which side the resident is on at each turn and nutritional screen records will be updated. The ADON will review all care plans over the coming months paying particular attention to nutrition and End of Life Care. Clinical audits will be undertaken to ensure all health professionals care is documented and acted upon. All the current records and documentation will be linked to the nursing care plan. Audits will be conducted monthly to ensure compliance.</td>
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| Proposed Timescale: 20/01/2015 |
Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Assessment, care planning and clinical care did not accord with current evidence-based practice.
Comprehensive nursing assessments were not carried out for each resident.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Information which was available will be linked to care plans along with comprehensive assessments for every identified need. A complete reassessment of all aspects in relation to the inspectors report regarding outcome 11 will be carried out by the ADON and changes made where necessary. Already in place are monthly weights of residents, MUST scores 3 day food charts, fluid balance charts and reviews by the dietician SALT and G.P’S
Compliance and accuracy will be monitored by monthly audits done by the ADON and PIC and forwarded to risk management.

**Proposed Timescale:** 20/01/2015

Theme:
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Most although not all care plans were generic in nature and were not person centred.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Care plans are and have always been reviewed in line with the regulations. Any generic care plans will be removed and replaced with person centred ones.
Residents with weight loss documented but not care planned will be addressed. In so far as is possible the resident will be involved with their own care plan however should the resident lack capacity to be involved in this process entirely the next of kin will be requested to become involved. Should this not be possible the resident advocate will be
Proposed Timescale: 20/01/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence of a high standard of evidenced based nursing practice to ensure the management of complex needs or care of all frail residents or those exhibiting signs of clinical deterioration

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
All care plans are in the process of being reviewed in a person centred approach in accordance with best practice. The residents with weight loss had evidence of weights, dietician consultations and MUST scores and these are now incorporated into the relevant care plans. Audits will be conducted to ensure accuracy. Resident with notable weight loss will have food diaries commenced and they will be reviewed weekly. The ADON will oversee the residents healthcare needs.

Proposed Timescale: 15/02/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements to the premises were found to be required to ensure it fully meets the requirements of the Regulations and the Authority's Standards and are outlined in the body of the report.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The shower curtains and bath mats noted to be grubby have all been replaced. Bins will be washed daily over a two day period on a rotational basis. A revised reporting system has been put in place to replace the one already there. The cleaning supervisor
will continue to monitor the areas frequently and report to the ADON and PIC.

Technical services had the painting of skirting scheduled on their work programme for mid-November 2014. All residents bedroom are painted when then become available in advance of new admissions.

ADON will ensure that all clean linen trolleys are kept in a clean area or the clean linen room away from clinical and domestic waste bins.

The wardrobe space for residents is currently under review with proposals for more space for personal clothing.

**Proposed Timescale:** 30/03/2015

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### Outcome 15: Food and Nutrition

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The systems in place for assessing, reviewing and monitoring residents nutritional intake, were not implemented in practice

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident 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.

**Please state the actions you have taken or are planning to take:**
A flow chart is in place in the nutrition policy to guide staff of prompts should a resident’s condition change.

Nutritional care plans are now reflective of the residents specific nutritional care needs and will be monitored and audited to ensure further nutritional needs are documented and highlighted. The centre have always had access to the services of a Dietician and SALT who visit regularly and are actively involved in the resident’s nutritional requirements. Where necessary food diary’s will be implemented for residents experiencing unexplained weight loss to monitor intake at meal times. The nutrition policy has a guide to prompt staff of actions to take.

Nutritional Training will be provide to all staff on an on going basis

**Proposed Timescale:** 02/12/2014

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### Outcome 17: Residents’ clothing and personal property and possessions

**Theme:**
Person-centred care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Systems in place did not always ensure that residents clothing were returned to them following laundering.

Action Required:
Under Regulation 12(b) you are required to: Ensure each resident’s linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
The organisation has recently undertaken new laundry arrangements with a new laundry manger in place who will continue to monitor resident’s personal clothing and to ensure all residents are getting their personal clothes back. Individual resident inventory sheets have now been replaced by the introduction of an inventory book to record residents clothing which is checked every month to monitor clothes missing. Families will be reminded to ensure clothing is marked with the resident’s name. The centre outsources the supply of laundry of linen and towels, this service has not been deemed to be lacking in efficiency.

A Flow chart has been developed to guide staff on Laundry Procedures.

Proposed Timescale: 20/02/2015
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A lack of appropriate and suitable storage for residents' personal possessions was found in twin bedrooms.

Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:
There has been no reduction or change in the space provided to residents personal possessions from previous inspections. We plan to look at the possibility of increasing storage space for personal possessions without impacting on living space in resident’s bedrooms. This has been measured and plans are being drawn up.

Proposed Timescale: 30/03/2015

Outcome 18: Suitable Staffing

Theme:
Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence was found that the skill mix of staff to ensure the provision of safe suitable and sufficient care in a timely manner to the current resident profile was not adequate on this inspection.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The inspector noted sufficient staff on the units. Staff retention has been challenging in recent months and is being actively addressed through the actions contained in the organisation’s HR Strategy developed in April 2014 and ongoing. The organisation has been actively recruiting staff over the past 12 months to ensure adequate staff are on duty. The ADON and PIC will continue to provide supervision and staffing skill mix is the subject of continuous monitoring and review.

Newly qualified or hired staff will not be working together and the ADON/PIC will ensure that an experienced staff will be working alongside the newly qualified or hired staff.

Care staff and household staff job descriptions have now been reviewed and their duties are now clearly defined.

The housekeeping supervisor has implemented a new audit and reporting structure to ensure clean processes are implemented.

Staff will have on going appraisals carried out to ensure competencies and skills are addressed.

**Proposed Timescale:** 20/06/2015

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All new staff had not yet received training and many experienced staff had not received updated training in key clinical areas such as; infection prevention and control; assessment and care planning; nutritional assessment or moving and handling.

**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Regular training takes place throughout the organisation with a training schedule in place. All staff will have completed training in key clinical areas by the end of the year.

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<th><strong>Proposed Timescale:</strong> 20/12/2014</th>
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<tr>
<td><strong>Theme:</strong> Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was a lack of clinical knowledge and experience available to provide guidance and direction to staff on the management of complex care needs over the twenty four hour period seven days a week and not only when the person in charge is on duty.

**Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The centre has always operated very well in the past with the PIC working Mon – Fri. There is also a night nursing officer who visits the centre between the hours of 9pm and 8am each night. The ADON will assess this over the 3 month period of her placement.

Clinical staff will be guided in their responsibilities and guidance and direction to staff will be given by the ADON and PIC over the coming months. This will be carried on by the PIC. The review of audits at Risk Management will monitor.

An immediate review has taken place in relation to an experienced senior nurse providing clinical guidance by putting the ADON in place who will be responsible for the review and assessments of complex clinical needs of residents.

The agency staff now carry photo identity and are checked on the arrival of the staff member at the facility.

| **Proposed Timescale:** 20/01/2015 |