**Centre name:** Esker Ri Nursing Home  
**Centre ID:** OSV-000733  
**Centre address:** Kilnabinnia, Clara, Offaly.  
**Telephone number:** 057 933 0030  
**Email address:** info@eskerri.com  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Clara Nursing Home Limited  
**Provider Nominee:** Sheila Maher  
**Lead inspector:** Conor Brady  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 43  
**Number of vacancies on the date of inspection:** 14
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.
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: 15 December 2014 09:30  To: 15 December 2014 18:00

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

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Summary of findings from this inspection
Esker Ri Nursing Home is a purpose-built, residential centre with places for 78 residents that is currently registered for 57 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 21 residents. This inspection focused on a number of specific outcomes as this centre has already underwent a number of inspections this year. This inspection was announced and took place over one day. This inspection focused on the current standard of care provided in the two open wings of Esker Ri Nursing Home and also focused on the proposed plans regarding the third un-opened wing which was the subject of this application to vary conditions of registration.

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 43 residents living in this designated centre at inspection time.
As part of the inspection the inspector met the provider, the newly appointed person in charge, the nursing staff, physiotherapist, care staff, kitchen staff and household staff members. The inspector reviewed relevant documentation such as care plans, assessments, audits, registers, accidents and incidents, staff files and training records and policies and procedures. The provider and person in charge 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:

- Safeguarding and Safety Training,
- Records and Documentation,
- Individualised Assessments,
- Staffing and Staff files,
- Staff Training

These areas 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 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:
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.

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:
Overall the inspector found systems in place to ensure the quality of care and experience of the residents was monitored and developed on an on-going basis. The inspector found management systems had recently changed and a new person in charge was now in place (See Outcome 4). The inspector noted a defined management structure that identified clear lines of authority and accountability.

The inspector found the provider (also the General Manager) was on-site on a weekly
basis and was responsible for the overall governance and management of the designated centre. The newly appointed person in charge was formerly the clinical nurse manager who was acting in the role at the time of inspection due to the departure of the previous person in charge. The inspector found good systems in place regarding the on-going management of the designated centre. The provider has plans in place to recruit a number of permanent nurses and a clinical nurse manager. Regarding the opening of the third wing the provider stated staffing levels would be increased to the levels in the existing units. The inspector found that the management system in place was safe, monitored and appropriate based on the evidence available on this inspection.

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**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 inspector found that the designated centre had recently appointed the former clinical nurse manager to the role of person in charge due the recent departure of the previous person in charge. The inspector found that the new person in charge demonstrated competence and capability in the role.

The person in charge was a qualified psychiatric nurse and had postgraduate qualifications in gerontology. The person in charge had appropriate previous experience in care of the elderly settings and had the required experience in managerial roles at clinical nurse manager level. The person in charge stated she planned on undertaking a management qualification within the next two years to ensure she fully satisfied the requirements of the Regulations.

The person in charge demonstrated a good knowledge of the designated centre and the residents and advocated a person centred approach to care delivery. The inspector found the person in charge to be involved in the governance, operational management and administration of the centre on a regular and consistent basis.

The inspector noted the person in charge had auditing systems in place regarding:

- Medications,
- Care Planning,
- Food and Nutrition,
- Restraint,
- Privacy and Dignity,
- Dementia Care
- Epilepsy

The inspector found the person in charge to be appropriately knowledgeable in the required areas to ensure the service provided to residents is safe and consistently monitored.

**Judgment:**
Compliant

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

**Findings:**
While the inspector found that the designated centre had written operational policies and procedures in place, further improvement was required to ensure the designated centre was in compliance with the Regulations in terms of records and documentation.

The inspector found that the designated centre had updated and implemented Schedule 5 policies. For example, the medication management and restraint policies. The inspector found both Schedule 3 (Residents Records) and Schedule 4 (Other Records) records were maintained in the designated centre in a manner that ensured completeness, accuracy and ease of retrieval.

Regarding Schedule 2 (Staff records) the inspector was not satisfied that all staff documentation was in place regarding personnel working in the designated centre. The inspector found that all staff did not have evidence of garda vetting disclosures, references, evidence of qualifications and details of employment history on their staff files. The inspector was informed that some of these staff were employed in a locum capacity in the designated centre and attempts were being made to get this information. The inspector saw evidence of a large amount of garda vetting disclosures that were 'in process'. The inspector found that all staff documentation did not meet the requirements of the Regulations.
### 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were some measures in place to safeguard and protect residents from abuse, however, all staff were not trained in the detection, prevention and response to abuse.

The inspector found that the provider, person in charge 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 while many staff had undergone protecting vulnerable adults training (2014) and all staff spoken to presented as appropriately knowledgeable of same, some staff had not yet completed this training. The provider stated they would address this shortfall immediately to ensure all staff training was up to date.

The inspector found that staff spoken to were aware of the different forms and types of abuse and how to report same. The inspector observed clear and coherent policy and procedure regarding safeguarding resident's possessions and finances. All residents spoken to by the inspector stated that they felt safe in the designated centre.

The inspector found a clear system of reporting and recording all instances of abuse was in place. The person in charge demonstrated clear knowledge in terms of the management of an abuse allegation which was in line with the designated centres policy and the Regulations

**Judgment:**
Non Compliant - Moderate

### Outcome 08: Health and Safety and Risk Management

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

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

Findings:
Overall, the inspector found 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 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, behaviours that challenge and use of hoist. The inspector found good practice in place regarding fire safety, evacuation procedures, fire equipment maintenance and auditing for fire safety. The person in charge had numerous checklists and safeguards in place. For example, the inspector found appropriate checking systems in place regarding fire safety, evacuation and equipment testing.

The inspector reviewed accidents and incidents with the person in charge and found good auditing and follow up was taking place. For example, residents at risk of falls and dehydration were appropriately assessed and monitored and incidents were being reviewed closely. The inspector found that there was a good culture of risk assessment and recording of same in the designated centre. The person in charge highlighted the importance of learning from incidents and showed the inspector an incident whereby learning took place involving a resident who had fallen.

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 in place. Clinical waste was managed and stored safely.

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):
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 procedures from the last inspection were being further amended.

New medication trolleys had been purchased to deliver medication to residents when they are not in their room. The inspector noted storage arrangements and treatment room conditions were appropriate.

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 reviewed systems in place to deal with and learn from medication errors with the person in charge.

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:
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 discussed notifiable instances that have occurred to date with the person in charge and was satisfied with same.

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 resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector found that resident's well being and welfare was maintained to a good standard. The inspector saw good practice regarding resident's 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 found that residents were mostly up and about at inspection time. Some residents were observed with guests in the reception area while other residents participated in arts activities and listened to live music in the day room. The inspector found that residents presented as being very content and happy throughout the inspection process.

The inspector observed drinks readily available to all residents. 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.

The inspector reviewed a number of resident care plans, spoke to residents, and staff. The inspector found good practice in place regarding assessment of resident's needs 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, personal evacuation plans, pressure sore prevention assessments and food and nutrition assessments. However the inspector found that further assessment and input was required in terms of residents who were risk assessed as displaying behaviours that challenge. The inspector found that there was not a formal or comprehensive assessment or behavioural support plan guiding staff practice in terms of the management of behaviours of concern/that challenge. For example, one resident
who was assessed as posing behaviours that challenge did not have an assessment or comprehensive care plan regarding the management of the behaviours. This resident’s care plan stated ‘watch for triggers’ with no indication what these triggers were and how staff should manage and support the resident.

Judgment:
Non Compliant - Moderate

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:
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 found that the premises could more than adequately facilitate the opening of its third wing and provide care for up to 78 residents.

The building had been designed to comply with the requirements of the Regulations. The buildings accommodation spanned over three units all on one large ground floor. At inspection time two units were operational and the final unit was almost complete with some bedrooms awaiting curtains and fitted wardrobe, which was in progress. The provider showed the inspector a list of the tasks that remained outstanding and stated she aimed to have the third wing ready for occupation in February 2015.

As highlighted in previous inspection reports, this designated centre is a new build and finished to a very high standard. 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/oratory.

The inspector was satisfied that the bedroom accommodation would meet residents’ needs for privacy, leisure and comfort. The third wing comprised of 19 bedrooms (2 of which were double rooms). Bedrooms 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 all rooms would be finished to the same standard as the other two wings. 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 ordered. 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. The third wing had a physiotherapy room, nurses station and dining room. The designated centre is quite a substantive building with a lot of space for residents. The entrance grounds were landscaped, fenced and the drive way and car park was fully tarmacked.

**Judgment:**
Compliant

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**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:**
The inspector found that there was a system in place to deal with complaints and promote opportunities for residents and their loved ones/representatives to complain in accordance with the designated centres policy.

The inspector reviewed complaints policies and procedures which were clearly available to residents and families. The inspector reviewed the complaints log and found a number of complaints were made. The inspector found that the providers response to these complaints was timely, appropriate and in line with policy and regulatory requirements.

**Judgment:**
Compliant

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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:**
Overall the inspector found that resident’s rights, dignity and consultation needs were appropriately met within the designated centre.

The inspector found that resident's privacy and dignity was maintained. For example, residents had their own rooms that were decorated to a high standard with some residents individually decorating their rooms in considerable detail. The inspector observed residents moving around the designated centre and receiving guests/visitors. The inspector observed staff members being attentive to residents needs and all residents spoken to stated the staff in the centre cared for them very well. Staff were observed by the inspector being very attentive and caring to resident's needs throughout the inspection. Residents were consulted with on an on-going basis with the opportunity to attend residents meetings and could exercise choice and control in their lives. For example, one resident who drove his tractor to the designated centre keeps it parked outside so he can see it on a daily basis. The person in charge highlighted that this was very important to the resident and was therefore facilitated.

**Judgment:**
Compliant

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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):**
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. However the inspector found that all staff training was not up to date and further recruitment (Clinical Nurse Manager and 6 nurses) was due to take place before the opening of the new wing of the designated centre.

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 the provider was relying heavily on locum/part-time staff nurses. The inspector found all of the training and Schedule 2 information was not up to date for all staff. The inspector found gaps in mandatory training such as fire training and the prevention, detection and response to elder abuse.

The inspector reviewed a number of staff files and found that all staff did not have up to date information on their files. The inspector was informed that staffing levels are continually reviewed and will be increased as the designated centre increases its number of residents. The provider highlighted that recruitment is a main priority and was running advertisements on local radio stations in an attempt to hire full-time staff nurses.

**Judgment:**
Non Compliant - Moderate

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**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:**

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

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<th>Centre name:</th>
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<td>OSV-0000733</td>
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<tr>
<td>Date of inspection:</td>
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<tr>
<td>Date of response:</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 05: Documentation to be kept at a designated centre

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<th>Theme:</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All Schedule 2 records were not in the designated centre.

Action Required:

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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:

All staff records have been re-checked to ensure compliance with Schedule 2.

There is evidence of each staff member’s identity, including his or her full name, address, date of birth, and a recent photograph.

Vetting Disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 is available for some staff (n=6). Vetting disclosure for other members of staff (n=48) was re-posted to Nursing Home Ireland on 9th January 2015. (Of note the process for vetting disclosure changed in November 2014; therefore, previous applications were returned causing delay in receipt of same).

Details and documentary evidence of any relevant qualifications and accredited training is available in most staff members’ files. Staff who have not submitted copies of relevant training certificates have been informed, in writing, to submit same by January 30th 2015.

A record of current registration details of all registered nurses is maintained.

A number of staff have not completed a full employment history as part of his/her curriculum vitae, and these staff have been informed, in writing, to re-submit his/her curriculum vitae by January 30th 2015.

Each staff member will declare, as part of his or her signed contract of employment, that s/he has no record of previous disciplinary action pending or past.

No current staff member has any previous experience of carrying on the business of a designated centre.

One member of the nursing staff does not have two written references, including a reference from his/her most recent employer. This staff member has been informed, in writing, to submit copies of references to the Registered Provider by January 30th 2015.

Proposed Timescale: 30/01/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff were not appropriately trained in the prevention, detection and response to abuse.
**Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
Training on 'Prevention, Detection, and Response to Elder Abuse’ is arranged for staff members on the following dates: January 15th and January 22nd 2015.

The Person in Charge is booked to attend 'Train the Trainer’ Programme of Education on ‘Prevention, Detection, and Response to Elder Abuse’ on the following dates: 2nd, 6th, 12th and 13th February 2015.

The Person in Charge will update staff on an ongoing basis in all aspects of preventing, detecting and responding to elder abuse.

**Proposed Timescale:** 30/01/2015

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**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:**
All care plans reviewed were not comprehensive.

**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:**
The Person in Charge will revise the ‘Principles of Person Centred Care Planning using the Nursing Process’ with all registered nurses.

Registered Nurses (n=4) are booked to attend programme of education on the ‘Principles of Care Planning’ on February 19th and April 23rd 2015.

The Person in Charge will devise a policy and procedure to ensure each nurse adheres to the nursing process (assess, plan, evidence based interventions, on-going evaluation) that meets the health, personal and social care needs of each resident.

A named nurse is now allocated to each resident. To further enhance person centred approach, regular meetings will be held on an ongoing daily basis with senior care assistant, activities co-ordinator, physiotherapist, named nurse and other members of the team to ensure quality care.
The named nurse is responsible and accountable to ensure the health, personal and social care needs are addressed in each resident’s care plan.

The Person in Charge will audit care plans on a four monthly basis to ensure assessments are complete, comprehensive and followed through with appropriate person-centred evidence based interventions that promote each resident’s safety and well-being.

**Proposed Timescale:** 16/01/2015

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<td><strong>Theme:</strong></td>
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<td>Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>All staff were not up to date with mandatory training.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Registered Provider and Person in Charge acknowledge their reliance on ‘agency’ staff and are actively seeking to recruit registered nurses and a Clinical Nurse Manager. Advertisements have been placed using both local, national, and web-based media.</td>
</tr>
<tr>
<td>Recruitment of permanent nurses is priority for Esker Rí; however, in the interim ‘agency’ staff will continue to be inducted, supported, and educated to provide person-centred safe care to all our residents.</td>
</tr>
<tr>
<td>Re: Mandatory Training:</td>
</tr>
<tr>
<td>‘Fire’ training is next scheduled for February 26th and is on-going to ensure all staff receive adequate training and updates.</td>
</tr>
<tr>
<td>‘Manual Handling’ – last training took place in October 2014. A member of staff is booked to commence ‘Manual Handling Instructors Course’ update on February 9th 2015. This staff member will facilitate training for all staff in Esker Rí on an on-going basis thereafter.</td>
</tr>
<tr>
<td>Training on ‘Prevention, Detection, and Response to Elder Abuse’ is arranged for staff members on the following dates: January 15th and January 22nd 2015.</td>
</tr>
<tr>
<td>Training on ‘Managing behaviours that Challenge’ is arranged for staff members on the following dates: January 15th and January 22nd 2015.</td>
</tr>
</tbody>
</table>
Last CPR training took place on December 1st 2014. Next CPR training will take place on February 4th 2015 and this is facilitated on an on-going basis.

The Person in Charge is booked to attend a Train the Trainer Programme of Education on the following dates: 2nd, 6th, 12th and 13th February 2015.

The Person in Charge will update staff on an ongoing basis in all aspects of preventing, detecting and responding to elder abuse and behaviour that challenges.

**Proposed Timescale:** 30/01/2015