**Centre name:** Elmhurst Nursing Home  
**Centre ID:** OSV-0000134  
**Centre address:** Hampstead Avenue, Glasnevin, Dublin 9.  
**Telephone number:** 01 807 3249  
**Email address:** mbell@highfieldhealthcare.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** J & M Eustace Partnership T/A Highfield Healthcare  
**Provider Nominee:** Stephen Eustace  
**Lead inspector:** Nuala Rafferty  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 45  
**Number of vacancies on the date of inspection:** 4
**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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 16 June 2016 09:30  To: 16 June 2016 17:00

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Management</td>
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<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 16 February 2016 and to monitor progress on the actions required. This inspection also considered information received by HIQA in the form of notifications forwarded by the provider.

As part of the inspection, the inspectors met with residents and staff members, observed practices and reviewed documentation such as policies and procedures, care plans, medical records and risk management processes.

Overall a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents’ safety in a low key unobtrusive manner. Residents' healthcare needs were met to a good standard with timely referral to medical and allied health professionals.

Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified on previous inspections. Evidence of improved governance processes resulting in changes to culture and practice with positive outcomes for residents were found.

The Action Plan at the end of this report identifies a small number of areas where
improvements are required to comply with 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.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:
Improvements to governance systems were sustained on this inspection. The management team had continued to implement a system of regular, consistent monitoring with transfer of learning to drive improvements in the quality of care delivered.
Changes to governance systems found on the last inspection were maintained and improvements to supervision and communication systems were becoming embedded in practice.

Monthly management meetings were in place and minutes reviewed showed audits and actions taken on incident analysis, clinical practice and development.
The audit processes showed that improvements to resident outcomes had been achieved in areas such as; falls management, weight monitoring, reduction in pressure ulcers, reduction of restrictive practices including use of bed rails and a recent review of the use of psychotropic medicines with a resulting decrease in use of these medicines on an as required basis. These findings were also replicated on inspection.
Learning from incident analysis with actions taken to prevent or reduce recurrence was also found. Medication errors were used as learning with feedback given to staff and reviews of competency in medication management.
A review of the effectiveness of the fit-for-life activity programme had been conducted with input by a physiotherapist.

An annual review of the safety and quality of care delivered in the centre as required by the regulations was not completed. This was discussed with the provider nominee at the close of inspection. Data was being collated to inform the review although the provider was not fully sure of the format the report should take or the level of content required. The inspector advised the provider that guidance on these issues was available on the HIQA provider website.
**Judgment:**
Compliant

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**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:**
A review of the use of restraint found that there had been a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. A culture of promoting a restraint-free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low-low beds was established.

Staff had received training on the prevention of elder abuse and all staff spoken to were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms of, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

The inspector reviewed some aspects of the system in place to manage residents' monies and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded. This included a system to ensure that where monies were requested on behalf of a resident, the monies were received by the resident. Further to a request to the accounts department for money to be withdrawn from a resident's account, the resident must sign to evidence that the person in charge or other manager has given the full amount to the resident. The form is signed by both parties and witnessed by another member of staff. These forms are then retained on file.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had their falls risk assessments completed after the falls and care plans updated.

**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...*
**Theme:**
Safe care and support

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

**Findings:**
Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building.
The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place both internally on corridors and externally. The centre was found to be visibly clean and clutter free.
Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting.
All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. Inspectors were told that regular fire drills were held which included activation of the fire alarm. Identified staff responded by going to the reception desk and checking the fire panel.

All staff were familiar with the principles of horizontal evacuation (moving residents to a place of safety in the building). However, inspectors were told that although simulated fire drills were held annually during formal fire safety training, practiced fire drills that included simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets were not carried out. This was discussed subsequently with the person in charge who said that one practice drill was held in October 2015 but this did not include use of evacuation sheets. The person in charge said she would review this process.
There was a policy around responding to emergency and evacuating the centre that identified the location of temporary accommodation for residents. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation notes of each resident. Yet these plans did not include the level of cognitive understanding, need for supervision or level of compliance of each resident in an emergency situation.
Appropriate arrangements for investigating and learning from serious incidents and adverse events which identified residents who were at risk of falls and put appropriate measures in place to minimise and manage the risks. There were arrangements in place to review accidents and incidents within the centre. Residents who had fallen had their falls risk assessments completed after the falls and care plans were updated. A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents who were at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis.

**Judgment:**
Non Compliant - Moderate
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:**
Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.
Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Temperatures were checked and recorded on a daily basis. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person-centred manner.

Medication audits were conducted in the centre and these audits included input from the external pharmacist, general practitioner (GP) and nursing team. These audits covered some aspects of medication management practices such as; storage, labelling, administration and prescription records, controlled medicines and temperature controls on medicine refrigeration.

**Judgment:**
Compliant

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Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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):

Findings:
There was evidence that the wellbeing and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. In conversation with residents and their relatives, the inspectors were told that they were facilitated to keep their own GP on admission to the centre. 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. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by public health nurses, palliative care, speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social care needs of the potential resident. The transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

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 check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. Care plans were found to be clear and concise and most were detailed enough to guide staff on the appropriate use of interventions to manage the identified need. The plans were frequently person centred and updated regularly as needs changed. However, a small number of care plans needed to be improved to guide staff and meet the residents’ needs in full. In particular, positive behaviour support plans to manage behaviours associated with restlessness and agitation did not fully guide staff on the signs to look for as potential triggers to responsive behaviour. They did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence. Additionally it was noted that a care plan was not in place for some identified needs such as a swollen arm or recent general deterioration of condition. Overall, with the exception of the above, the inspector found that nursing documentation, particularly progress notes and care planning was of a high standard.

Judgment:
Substantially Compliant
**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. 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:**
Suitable and sufficient staffing and skill-mix were found to be in place to meet the needs of the current resident profile.
The staff rota was checked and was found to be maintained with all staff that worked in the centre identified.
Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. A bank of relief staff provided cover to units for planned and unplanned leave. This also included availability of staff to cover unplanned absences on night shifts.
Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling and fire safety. Further training was planned in these areas and also for First Aid: Cardiopulmonary Resuscitation and food hygiene.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall, it was noted that resident's dignity and choice were respected during care interventions and in their daily lives. Although the inspector observed some instances where assistance provided to residents to have their meal was not dignified, in general there were improvements to care practices that supported holistic and person-centred care delivery. Staff were observed to multi-task, moving quickly from table to table giving out drinks and meals to other residents whilst occasionally giving two residents assistance to eat their meal as they passed by. This was brought to the attention of the clinical nurse manager who raised it with the staff concerned.

**Judgment:**
Compliant
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000134</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16/06/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05/07/2016</td>
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</tbody>
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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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems in place did not ensure staff were fully familiar and competent in all aspects of the procedures to be followed in the event of a fire. Fire drills practiced by staff did not include all of the procedures to be followed including use of evacuation equipment such as evacuation sheets

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Staff are trained on a yearly basis in fire safety practices. As well as this we run regular fire drills every year and a fire was simulated in Desmond unit in one of the bedrooms in October 2015 for the purposes of running a drill and initiating our evacuation procedures. All residents were safely moved behind fire doors in line with our policy and procedures of horizontal evacuation. We are currently looking at organising training in the use of ski sheets for staff and will arrange a planned fire drill for staff to include use of the ski sheets which may be required for some residents should a fire occur at night.

Proposed Timescale: 01/09/2016

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements to the personal evacuation plans in place to ensure the safe evacuation and placement of residents in the event of an emergency were found to be required such as; inclusion of the potential risk of cognitive ability, requirement for supervision and extent or level of compliance staff could expect from each resident.

2. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
Every resident has an up-to-date PEEP. We are currently updating our PEEPS to include the cognitive ability of every resident and supervision arrangements required for all residents.

Proposed Timescale: 01/08/2016

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 and care planning were not always specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage
3. **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:**
At the time of inspection, the service was in a pilot phase of moving from paper to electronic record keeping for all resident assessments and care plans. A recent audit of assessments and care plans had taken place and all residents’ assessments and care plans are in the process of being updated to ensure that all identified needs are comprehensively assessed and captured on the new system and that appropriate care plans are put in place to meet all identified needs. This work is ongoing and will include putting in place positive behaviour support plans, where appropriate to the resident.

**Proposed Timescale:** 01/08/2016