

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Esker Ri Nursing Home
Centre ID:	OSV-0000733
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:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	79
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This 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: 02 October 2017 11:00 To: 02 October 2017 17:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to follow up on the actions required from the previous inspection which took place on 30 and 31 January 2017. Other outcomes were also reviewed.

The inspector found that the four actions required had been addressed.

At that inspection it was found that the directory of residents did not contain some information required by the regulations. The inspector saw that this had been addressed.

It was found at the previous inspection that improvement was required to ensure that the management of residents' money was sufficiently robust and transparent. At this inspection the inspector noted that this had been addressed.

The actions required from the previous inspection relating to ensuring that the recommendations of allied healthcare professionals were reflected in the care plans had been completed. It was also noted at the previous inspection that there was no documented evidence that residents or relatives were involved in the review of care

plans. The inspector saw that this had been addressed and appropriate records were maintained.

During this inspection, the inspector found evidence of safe medication management practices. It was noted however that care plans did not specify the care to be provided to a resident when restraint was in use. For example the inspector saw that although safety checks were completed when restraint was in use there was no reference to this in the care plans.

However the inspector found that fire procedures were not sufficiently robust. Service records were not maintained and fire equipment had not been serviced within acceptable timeframes. The records of daily inspections of the fire panel and fire exits were incomplete.

In addition, one of four staff files reviewed did not contain a satisfactory history of gaps in employment.

These are discussed further in the report and included in the action plan at the end.

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 Standards for Residential Care Settings for Older People in Ireland.

***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:

This outcome was not inspected other than to follow up on the action from the previous inspection relating to the directory of residents.

At that inspection it was found that the directory of residents did not contain some information required by the regulations. The inspector saw that this had been addressed.

However, the inspector found that the records of the testing of the fire alarm equipment and maintenance records of fire fighting equipment were not available at the time of inspection. This is also discussed under Outcome 13.

It was also noted that one of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

Judgment:

Non Compliant - Moderate

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:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. Some improvement was required to ensure that sufficient guidance was provided in the relevant care plans.

It was found at the previous inspection that improvement was required to ensure that the management of residents' money was sufficiently robust and transparent. At this inspection the inspector noted that this had been addressed. Computerised and paper records were maintained, receipts were issued and balances were audited on a regular basis.

The centre does not act as pension agent for any resident currently.

The inspector noted that incidents where restraint was used were notified to HIQA in accordance with the regulations. The inspector noted that appropriate risk assessments had been undertaken. Usage was now low and staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. However some improvement was required to ensure that the care plan provided sufficient guidance to staff. The inspector noted that the relevant care plans did not specify the care to be provided to a resident when restraint was in use. For example the inspector saw that although safety checks were completed when restraint was in use there was no reference to this in the care plans.

As at the previous inspection, the inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training. The inspector saw that appropriate risk assessments were completed. Detailed care plans were in place. Information was available on possible triggers and appropriate interventions. Intervention techniques such as providing reassurance and engaging in an activity were also documented.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that improvement was required to ensure that residents were sufficiently safeguarded in the event of fire.

The inspector was unable to locate the servicing records for the fire alarm system. Initially there was no evidence that the alarm system had been reviewed since November 2016. The policy in place was that this was to be completed on a three monthly basis.

The provider nominee undertook to locate the records. It was subsequently discovered that although the servicing had been carried out, the record of this was in a diary and not with the fire records. Action in relation to this is included under Outcome 5.

In addition the inspector noted that the fire equipment such as extinguishers had not been serviced with the timescale recommended. This was discussed with the provider nominee as immediate action was required. Confirmation was received that this had been carried out the day following inspection.

The inspector also noted that the daily checks of the fire panel and exit doors were only carried out when the person in charge was on duty. No records were available for weekends or if the person in charge was off. The policy in place stated that these were to be carried out on a daily basis.

There was a health and safety statement in place. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The risk management policy which was currently being updated met the requirements of the regulations.

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:

The inspector was satisfied that medication management practices were in line with national guidelines.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

The centre had access to pharmacy services who were also involved in medication reviews. When required residents also had access to support and advice from the pharmacist. The inspector also noted that the pharmacy services provided information sessions to residents on issues such as the flu, coughs etc.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of the balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperature, which had twice daily checks, was within acceptable limits at the time of inspection.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines

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 was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. The actions required from the previous inspection relating to ensuring that the recommendations of allied healthcare professionals were reflected in the care plans had been completed.

It was also noted at the previous inspection that there was no documented evidence that residents or relatives were involved in the review of care plans. The inspector saw that this had been addressed and appropriate records were maintained.

The inspector reviewed the management of some clinical issues and found they were well managed. The inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability services if required. Appropriate equipment was also available.

The inspector reviewed diabetic care and saw that detailed care plans were in place to guide practices.

An evidence-based assessment tool was used to assess residents' risk of falls on admission and monthly thereafter. The incidence of falls was monitored on an ongoing basis. Following a fall, residents were re-assessed and a full review was undertaken including physiotherapy and medication reviews.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), dietitian and occupational therapy (OT) services. Physiotherapy services were provided in the centre three days per week.

Chiropody and optical services were provided in house. Dental services were also available. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes. Where appropriate care plans were put in place to address the recommendations.

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 was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked.

Weights were recorded on a monthly basis or more frequently if required. Approved nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

Weight analyses were carried out on a continuous basis. This showed the number of residents who had lost weight and the percentage of their weight loss. When required action plans were put in place. This included referral to the dietician and speech and language therapist. The inspector read where the recommendations of both the dietician and the speech and language therapist were incorporated into the care plans and practices.

Adequate assistance was available and the meals were unhurried. The inspector also noted that meals were nicely presented and tables were nicely laid. The inspector visited the kitchen and found that it was clean and organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences which was documented and records held in the kitchen.

Snacks and drinks were available throughout the day. A coffee dock was located in the front foyer and the inspector saw residents and relatives using this facility.

Judgment:

Compliant

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The laundry which was located within the building was spacious, organised and well equipped. There was a separate area for sorting clean laundry. Staff spoken with were

knowledgeable about the different processes for different categories of laundry.

Residents could have their laundry done in the centre. There was adequate space provided for residents' possessions including a lockable space.

Judgment:

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:

The inspector found that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Improvement was required to ensure that staff files met the requirements of the regulations.

The inspector reviewed a sample of staff files and noted that one of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. Action relating to this is included under Outcome 5.

Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

A training matrix was maintained. Training records showed that extensive training had been undertaken. This included training on infection control, use of restraint and dementia care and the management of responsive behaviours.

There were no volunteers in the centre at the time of inspection.

Assurance was given by the provider that Garda Síochána (police) vetting was in place for all staff.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Esker Ri Nursing Home
Centre ID:	OSV-0000733
Date of inspection:	02/10/2017
Date of response:	10/10/2017

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

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records of the testing of the fire alarm equipment and maintenance records of fire fighting equipment were not available at the time of inspection.

One of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

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

1. 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.

Please state the actions you have taken or are planning to take:

Fire Register has been updated and simplified for the use of all staff. Staff have been made aware of same. Contractors signing sheet has been reviewed, and contractors have been informed of the importance of same.

One of four staff- C.V. has been updated.

Proposed Timescale: Complete 06/10/2017

Proposed Timescale: 06/10/2017

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:

The care plans did not provide guidance to staff on the need for safety checks when restraint was in use.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

All residents using restraints have been reviewed. Care plans have been updated to reflect best practice in guiding staff.

Proposed Timescale: 06/10/2017

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:

The required daily checks of the fire panel and exit doors were only carried out when the person in charge was on duty.

3. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:

Daily checks are recorded of the fire panel and exit doors by the nurse in charge (designated staff member).

Proposed Timescale: 03/10/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire fighting equipment such as extinguishers had not been serviced within acceptable timeframes.

4. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:

All fire equipment has been checked by service engineer (Cert attached).

Records are now in place for staff to check monthly.

6 monthly inspection to follow by service engineer. Annual inspection by service engineer.

Proposed Timescale: Complete 03/10/2017

Proposed Timescale: 03/10/2017