

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Elmhurst Nursing Home
<b>Centre ID:</b>	OSV-0000134
<b>Centre address:</b>	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9.
<b>Telephone number:</b>	01 837 4444
<b>Email address:</b>	seustace@highfieldhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	J & M Eustace Partnership T/A Highfield Healthcare
<b>Provider Nominee:</b>	Stephen Eustace
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	0

## **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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 August 2017 10:00 To: 16 August 2017 19:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

An application was received by the Health Information and Quality Authority (HIQA) to renew the registration of this designated centre. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated knowledge of the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation.

The inspector met and spoke to a number of residents and relatives during the inspection. Feedback was also received in the form of questionnaires distributed through the centre prior to the inspection. Feedback was generally very positive and

staff were complimented on their caring attitude and helpfulness. Relatives said they were kept informed by the nursing team on the health of their loved ones. Residents enjoyed the variety of activities provided in the centre although some commented that there were less activities available at weekends and in the evenings.

An examination of the staff rosters, communication with staff on duty, residents and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents on this inspection. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to health and safety.

**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 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:**

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

Some minor amendments to the document were required, to reflect recent changes to the senior management team and address an error in the working hours attributed to the person in charge. The inspector was given assurances that these amendments would be made.

**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:**

The governance systems in the centre were fully reviewed on the last inspection and found to be compliant. The governance structure was unchanged and the management systems continued to be implemented effectively. These included regular management team meetings to review all aspects of service delivery. Auditing processes to review clinical care practice and ensure improved outcomes for residents were ongoing. Improvements in care practices were maintained in areas such as falls management, promoting a restraint free culture and pressure area care.

An annual review of the safety and quality of care delivered in the centre as required by the regulations was completed. The report identified quality care indicators to indicate the standard of and safety and quality of service being delivered. It also identified areas where improvements were required. The report referenced the processes in place for consulting with residents and relatives. This included a satisfaction survey during 2017, regular meetings facilitated by an independent advocacy service and comments from the suggestion box.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a residents' guide which described the facilities and services provided by the centre and a description of the specialities of each unit. There was information for residents posted regarding matters such as advocate access, activities and the complaints procedure.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. The contract had recently been revised to include terms of residency, in that it specified whether the room to be occupied was a single or shared room.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Records set out in Part 6 of the Regulations were available and kept in a secure place. The centre maintained a suite of policies including those required under Schedule 5 of the regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations. General records, as required under Schedule 4, such as visitors' log, food records and notifications were also in place.

Key records under Schedule 3 were maintained including appropriate staff rosters, and accident and incidents, nursing and medical records. A directory of resident was maintained for each unit of the centre and contained complete information on the residents, their next of kin and their general practitioners. The directory was up to date with records of admissions discharges and transfers maintained.

The statement of purpose, residents' guide and insurance certificate was complete and available.

Documentation of testing and servicing of fire safety equipment and assistive technology for residents such as hoists and specialised chairs was viewed.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, 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.

In conversations with them, residents spoken with, told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed. The use of bed rail restraint had reduced since the last inspection, and the use of alternative measures such as low-low beds, mat and bed alarms had increased.

Falls management systems included appropriate supervision of residents by staff and incident and accident records indicated a low falls rate.

The inspector reviewed the system in place to manage residents' money on the last inspection and found that reasonable measures were in place and implemented to ensure residents' finances were fully safeguarded. The person in charge informed the inspector that the centre was not currently assisting any residents with their financial management arrangements currently.

**Judgment:**

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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The actions required from the last inspection in June 2016 were partially addressed. Those addressed included improvements required to residents personal emergency exit plans (PEEPs) with the level of cognitive understanding, need for supervision or level of compliance of each resident in an emergency situation were now included.

However, actions required related to practiced fire drills were not fully addressed. The inspector looked at the records of practiced fire drills held in the centre. Although practiced fire drills that included simulation of an actual evacuation to determine the

competency of staff to evacuate residents in a timely manner were now held, it was noted that only two practice drills took place since October 2016. These took place in July and August 2017. On both occasions, it was noted that the mode of evacuation did not include use of equipment such as evacuation sheets and the drills did not reflect the minimum of staff who would be on duty at night to ensure they were sufficient to evacuate residents in a timely fashion.

Further improvements to the management of risks associated with fire safety were also required. The centre provides an indoor smoking area for residents who smoke. The room was well ventilated and a fire blanket was located on a wall inside the room. A fire extinguisher was located immediately outside. However, the inspector noted that there were burn marks on the upholstery of chairs provided. The inspector was informed this upholstery was fire retardant. In discussion with staff, the inspector was told all residents were risk assessed for safety in terms of their ability and capacity to smoke unaided. The inspector observed a number of residents using the smoking area and all were observed to be able to hold and extinguish their cigarettes. However, the inspector noted that a smoking apron was not available in the event of a resident dropping a cigarette accidentally, to reduce the risk of burns or clothing being set alight. In addition, a call bell was not available for residents to use should they require the assistance of staff. Although the room was enclosed with clear glass windows and doors and residents were fully visible, the inspector noted that it was not always supervised, and staff were not always in the immediate vicinity should residents require assistance.

The inspector also reviewed escape routes and final exits. Escape routes and exits were all found to be kept clear and maintained in good order. However, these final exits were noted to be locked and required the use of a key to open them. All locks were operable with the same key and all staff had a copy of that key on their person while on duty. The inspector reminded the person in charge and the quality and risk manager that guidance on best practice in fire safety recommends that fire exits should be fitted with fastenings which are readily operated without the use of a key.

Practices to support good infection prevention and control required improvement. The inspector found that the general environment was visually clean but some assistive equipment was not maintained in a hygienic condition. Crash mattresses were placed on the floor beside the beds of residents who were assessed as being at high risk of falls. These mattresses are used to prevent or reduce the risk of injury to the resident should they roll out of their bed, as part of risk prevention and restraint free promotion strategies. The inspector observed several of these mattresses were not clean. The inspector also looked at two assistive hoists used to transfer residents with mobility needs. One, called a standing hoist, had an accumulation of dirt dust and food debris. The other, a full body hoist, had a residue of cream on the frame. In discussion with the person in charge and review of existing procedures, the inspector found that a system to ensure that all assistive equipment was regularly and appropriately cleaned was not in place.

**Judgment:**

Non Compliant - Moderate

***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:**

A small number of improvements to care planning were required from the last inspection. These included more details to guide staff on managing residents needs and ensuring a care plan was in place for every need identified. These were addressed on this inspection.

Residents had access to medical care, an out of hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. The inspector found that residents' healthcare needs were met through a good standard of nursing care and allied health professional monitoring.

Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. In a small sample of care plans viewed, they were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need. Efforts to plan and deliver care in a person centred manner were noted.

The inspector noted that the standard of nursing documentation was co ordinated sufficiently to provide a clear picture of residents overall condition.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Evidence that residents were consulted with, and participated in the organisation of the centre was found. Regular resident meetings were held, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. There were no restrictions to visiting in the centre and the inspector observed a constant stream of visitors throughout the two day inspection. Visitors were provided with tea and cake which they enjoyed as they chatted to their relatives. Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff and volunteers were observed speaking with residents in a respectful and patient manner, especially with residents expressing confusion or agitation. There was a varied activities programme for both physical and mental stimulation. These included; arts and crafts, bingo, puzzle games, videos and music. There were also a mix of group and individual sessions including nail care and hand massage. However, feedback from some residents and their relatives identified a need for the activity programme to be improved. The inspector learned that the past interests and hobbies of all residents was not reflected in the programme. In particular this related to those who were previously keen gardeners and interested in nature such as bird watching. Others mentioned the need for more activities in the evenings and weekends. Improved access to outdoor activities or outings were also mentioned.

Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence however sensory stimulation techniques and dementia specific activities such as Sonas or Sims were not included.

All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Relatives were also happy with how staff kept them informed of any changes in their loved ones health condition and on the warm and friendly atmosphere in the centre.

**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 staffing levels, qualifications and skill mix were appropriate for the assessed needs of the current residents' profile on this inspection. A rota was maintained and any absences or gaps were filled. External agency staff were not excessively used and a service level agreement was viewed, that provided assurances on current qualifications, training and Garda Síochána (police) vetting.

Samples of personnel files were reviewed. These contained all information and documentation required under Schedule 2 of the regulations. The provider had previously given assurances that all staff and volunteers have completed Garda vetting prior to commencing work in the centre. All nurses active in the centre had documented confirmation of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Board of Ireland)

The centre had a schedule of training for 2017. All staff were up to date in mandatory training for safeguarding, fire safety and manual handling. Supplementary training available included infection prevention and control, CPR, dementia awareness and nutrition training.

Staff were observed interacting with residents in a polite and respectful manner, and demonstrated knowledge of residents' histories, care needs and personalities.

The centre utilised a small number of volunteers who assisted staff by taking residents out for walks. They also assisted with activity provision in group scenarios, entertainment and chatting with residents.

Volunteers were observed having pleasant interactions with residents, and their role supported staff to concentrate on healthcare provision.

**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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Elmhurst Nursing Home
<b>Centre ID:</b>	OSV-0000134
<b>Date of inspection:</b>	16/08/2017
<b>Date of response:</b>	14/09/2017

### 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 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:

Practices to support good infection prevention and control required improvement. Systems to ensure all assistive equipment was adequately and appropriately cleaned were not implemented or sufficiently monitored.

#### 1. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

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

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A new checklist for cleaning of equipment which includes crash mattresses, hoists and wheelchairs has been implemented for health care assistants.

**Proposed Timescale:** 01/09/2017

**Theme:**

Safe care and support

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

A review of the fire precautions in place to manage risks associated with smoking were required. Further precautions to reduce and prevent the risk of fire and/or burn injuries associated with smoking were identified.

**2. 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:**

Smoking aprons for all smokers have been ordered and will be implemented on receipt. Our call bell system has been under review with a view to enhancing this system. A new system for the entire centre including the smoking room is planned for implementation in the coming weeks. Details and costings are awaited from the contracted company.

**Proposed Timescale:** 31/10/2017

**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. The practice drills did not reflect the minimum staff that may be on duty at night.

This is a recurrent action from the last inspection.

**3. Action Required:**

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:**

A fire drill to simulate night duty numbers took place on the 30th August with learning outcomes noted. Thereafter fire drills will be scheduled every six months or more frequently where indicated. Drills will involve the use of equipment such as ski sheets.

**Proposed Timescale:** 01/09/2017