### Center Information

<table>
<thead>
<tr>
<th><strong>Center name:</strong></th>
<th>Elmgrove House Nursing Home</th>
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<tbody>
<tr>
<td><strong>Center ID:</strong></td>
<td>OSV-0000035</td>
</tr>
<tr>
<td><strong>Center address:</strong></td>
<td>Syngefield, Birr, Offaly.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>057 912 1205</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:elmgrovehouse@eircom.net">elmgrovehouse@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of center:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Catherine Gallagher</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Catherine Gallagher</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sonia McCague</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>20</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
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<th>From:</th>
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<tbody>
<tr>
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</tr>
<tr>
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<td>22 February 2017 11:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents, visitors and staff members during the inspection. She tracked the journey of residents with dementia within the service. She observed...
care practices and interactions between staff and residents including those who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Elmgrove Nursing Home provides residential care for up to 24 people. There were 20 residents on the days of inspection. Approximately 15% of residents (3) had been reported as having been diagnosed with dementia.

The inspector observed numerous examples of good practice in areas examined which resulted in positive outcomes for residents. The living environment was stimulating and also provided opportunities for rest and recreation in an atmosphere of friendliness.

Staff training was prioritised and staff were knowledgeable to support residents and their families and to provide person-centred care. Social networks and family involvement was fostered. Positive care was observed during the formal and informal observation periods. Residents were valued and there was good support for them to engage in meaningful activities with sufficient staff members available. The quality of residents’ lives was enhanced by the provision of choice in interesting things for them to do.

The premises, gardens and courtyards were well maintained and met the needs of the majority of residents with some improvements required.

Residents had an assessment undertaken on admission and care plans were in place to meet their assessed needs, although some improvement was required to ensure all received timely access to medical services and allied healthcare professionals following a change in a resident’s condition. Improvement in the management of medicine prescription and administration practices was also required.

The inspector found that improvement was required in relation to the recording and management of incidents, staff training, a restrictive practice and response to the management of behaviours that challenge.

Measures were in place to protect residents from being harmed or abused, however, the centre was unable to fully meet the needs of residents with responsive behaviours. The person in charge had recognised the inability to meet the changing needs of a resident but was unable to find alternative and more suitable accommodation despite her efforts made. As a result, a member of the safeguarding team and area manager within the Health Service Executive (HSE) was contacted during the inspection in order to facilitate a review of the care and welfare of the resident and a meeting was confirmed for 23 February 2017. The person in charge agreed to provide an update to the Health Information and Quality Authority (HIQA) on the outcome of the meeting and residents status following this inspection.

There was a recruitment policy in place and the recruitment of staff was ongoing to meet the ongoing requirements of the service and staff absences. While there was appropriate staff numbers and skill mix to meet the needs of residents, improvement in the provision of training was required.
The findings are discussed in the body of the report and 15 actions required are included in the action plan at the end for response.
Outcome 01: Health and Social Care Needs

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:
This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. The social care of residents including those with dementia is reported in Outcome 3.

The self assessment tool (SAT) completed by the provider was rated compliant in this outcome.

The inspector focused on the experience of residents with dementia and tracked their journey from admission. Specific aspects of care such as nutrition, mobility, access to healthcare and supports, medicine management, end of life care and maintenance of records was also examined.

Arrangements were in place to support communications between the resident and family, and or the acute hospital and the centre. The recently revised admission policy included that the person in charge gathered information from those involved in the care of a prospective resident and/or visited prospective residents to carry out an assessment prior to their admission. These arrangements gave the resident and or their family an opportunity to meet in person and the person in charge to provide information about the centre and assess or determine if the service could adequately meet the needs of the resident. There were three admissions since the previous inspection, all of whom were on respite stay as short term residents. Some had visited the centre previously and one had a previous admission, therefore their needs and abilities were known to the person in charge prior to admission. However, following a review of the pre-admission assessment template the inspector found the document to be limited. The information to be gathered within the pre-admission template needed further development to include additional relevant information, such as cognitive functioning, use of mobility aids and safety awareness. It also required space or room for commentary to make an informed decision as to whether the service could adequately meet their needs.

Residents’ files examined held a copy of their hospital discharge letters (medical and
nursing). However, the files of residents admitted under ‘Fair deal’ did not include a copy of the Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician, a medical social worker and nurse. An improvement required included accessing and requesting a copy of the CSARS for future prospective residents.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's dependency level, risk of malnutrition, falls and their skin integrity.

An assessment of cognition using a validated tool formed part of the admission, follow up and review process. This assessment and outcome was linked to the care plan that was subject to a review four monthly thereafter.

Arrangements were in place to meet the health and nursing needs of residents with dementia. Access to allied healthcare professionals including physiotherapy, dietetic, speech and language, diabetic specialists, dental, ophthalmology and podiatry services were available and facilitated on a referral basis, if required.

The inspector was informed that residents had access to psychiatry of later life services on the referral basis. From the cases tracked and other resident's files reviewed it was evident that this service had been available to some residents since their admission.

Functional assessments were carried out prior to and on admission of residents. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. A care plan was developed following admission based on the residents assessed needs. Evidence that residents and or family, where appropriate, participated in care plan reviews was available.

All residents were the single occupant of their bedroom. Staff told the inspector they provided end of life care to residents with the support of and in consultation with their general practitioner (GP) and community palliative care services. 'End of life' care plans that outlined the wishes and needs of the residents, including residents' preferences and person to be involved in their end of life care were completed with residents and or family. Relatives or friends could be accommodated in a resident's bedroom or in the upper floor sitting room with refreshment facilities available.

Staff and residents outlined how religious and cultural practices were facilitated within the centre on a daily and weekly basis. The sacrament of the sick was provided on a quarterly basis and the dates were seen recorded in residents' files reviewed. Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions. There was one resident with an ulcer at the time of inspection and a treatment plan was in place.

Arrangements were in place to meet the nutritional and hydration needs of residents including those with dementia. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Nutritional and fluid intake records when required were appropriately maintained. Procedures and care plans were in place
in relation to nutritional care. The inspector saw a record being maintained of the daily food and fluid intake of a resident that had been recently reviewed by a dietician. The inspector confirmed that none of the current residents had a percutaneous endoscopic gastrostomy (PEG) tube in place.

The inspector saw that a choice of meals was offered and available to residents. There was the system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Some residents choose to dine in their own bedrooms, and this was facilitated.

There were three falls/accidents recorded since the last inspection, one was a serious accident that had been notified to HIQA as required. Arrangements were described as in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls and checked if using bedrails.

Residents had access to a pharmacist who supplied their medicines and to a general practitioner (GP) of their choice. The majority of residents opted for the services of their previous or a local pharmacy and GP. There were four GP’s attending to residents in the centre. The timeliness and consistent access to a GP involved in the ongoing treatment of some residents needed improvement, as discussed in outcome 2.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents’ medicines dispensed in a monitored dosage system. All medicines were stored in within locked presses or a fridge within the clinical room that was secured by a key code lock. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances seen checked and signed by two nurses at the end and beginning of a working shift.

The processes in place for the transportation of medicines to residents throughout the centre had improved with the provision of secure box available and held by the nurse throughout medicine administration rounds. Blood glucose monitoring devices and accessories were now available to each resident. This addressed a finding of the previous inspection. In addition, the lock was functioning on the fridge where medicines including high risk medicines such as insulin were stored within the clinical room.

While some improvement in the management of medicines was noted and there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents, the policy had not been implemented fully at this time.

The inspector found that some practices in relation to prescribing, administration, recording and review of medication did not meet with professional or regulatory requirements. Some residents were not sufficiently protected by medication practices and procedures found in the sample of residents’ records inspected, showed practices were not in accordance with relevant professional guidelines. For example, the following practices were found:

• medication transcribed by nurses (but unsigned as to who transcribed entry) had been
commenced administered and a course completed using a fax prescription and in the absence of an original signature by the prescriber
• recommended prescription changes following specific reviews undertaken in out-patient appointment clinics of high risk medicines had not been authorised by the resident’s GP following adjustments and had been administered based on a transcribed note that had conflicting directions.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Safeguarding and Safety**

**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:**
Measures were in place to protect residents from being harmed or abused. Residents were provided with support that promoted a positive approach ensuring their well-being and comfort.

The self assessment tool (SAT) completed by the provider for this outcome was rated compliant when submitted earlier this year.

There was a policy in place which gave guidance to staff on the prevention, detection, assessment, reporting and investigation of allegations or suspicion of abuse. It incorporated the principles of the national policy on safeguarding vulnerable persons at risk of abuse.

Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place and were fully knowledgeable regarding the signs of abuse. The inspector was informed that training in safeguarding was being organised and yet to be confirmed.

The inspector reviewed the use of restraint within the centre and in relation to residents with dementia. Risk assessments were completed for residents using bedrails and safety checks were being carried out and recorded when restraint was in use, in line with national guidelines. Chemical restraint was not reported or seen in use in the sample of medicine records reviewed.

The centre aimed to promote a restraint free environment that was reflected in the centre’s policy. A low rate of restraint and use of both bedrails by residents was reported and seen. Risk assessments had been completed and records of decisions regarding the
use of bedrails were available to show the decision was made in consultation with the resident or representative, staff member and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review.

While safeguarding measures were in place to protect residents from abuse or harm, the centre could not meet the needs of a resident who exhibited aggressive behaviours. This had been recently demonstrated following an incident where a resident's behaviour had escalated in a risk of harm to self and to others. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents required improvement.

A significant incident had occurred three days prior to the inspection. However, a detailed record of the incident including those involved, witnesses, observations and actions taken was not sufficiently maintained separate from other general information seen logged in a daily diary or in the behavioural assessment (ABC) records. ABC assessments were recorded since the incident which demonstrated some refusal of treatment and supports which was respected. However, members of the management team and staff acknowledged that the centre was unsuitable for a resident who exhibited violence and aggression. Staff confirmed they could not protect themselves or others, which included a visitor, while other residents observed the incident in a communal room.

The inspector found that following an episode of aggressive behaviour by a resident towards staff and others, arrangements were put in place resulting in a restrictive measure and the confinement of the resident to their bedroom located on an upper floor. This was considered necessary by staff due to risks identified and the struggle encountered by them in assisting the resident from the ground floor to the upper floor bedroom by chair lift following the incident. The inspector confirmed with staff that the resident had remained in their bedroom since the day of the incident. The resident was seen in bed with both bedrails raised and in use. Records by staff of hourly checks of the resident were maintained and staff were seen supervising and supporting the resident with meals during the inspection. However, the inspector concluded that staff were not sufficiently trained or skilled to respond to and manage behaviour that is challenging and the arrangements were not a sufficient as a long term plan despite minimising the risk to self and to other residents in the interim. The premises and environment was not suitable to meet the needs of a resident or residents with aggressive behaviour and who lacked safety awareness.

The inspector was told by the person in charge that the resident’s relative and others involved in the care package and treatment plan were aware of the inability of the centre to fully meet the changing needs of the resident. However, they had not visited the centre to re-assess or review the resident at this time and a contingency plan was not evident for an arranged and planned discharge or transfer for the resident to a more appropriate suitable service, in accordance with the centre’s policy.

During the inspection staff approached residents with dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Staff spoken with were knowledgeable about residents abilities and needs. Some staff said they had learned about dementia and behaviours that challenged during a
healthcare training course they had previously completed. However, they had not received specific or recent training in these areas to ensure they had up-to-date knowledge and skills to respond to and manage behaviour that is challenging.

The inspector found that psychosocial care plans were in place for residents with dementia. However, the arrangements and care plan for residents who display episodes of responsive behaviours required improvement as the continuation of the restrictive and reactive practices put in place were insufficient.

Given that the service was not developed to accommodate residents with dementia, and a requirement for residents accommodated on the upper floors to be mobile and have the ability to safely use a chair lift to access all areas, residents with escalating behaviours or compromised safety awareness should not to be accommodated in this centre.

Overall, improvement was required in relation to the assessment, referral and management of residents with responsive behaviours that included staff training.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

**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 residents' privacy and dignity was respected.

The self assessment tool (SAT) was rated compliant in this outcome.

A comprehensive communication policy that included information on how to promote communication with residents and relevant others was available. It provided staff with guidance in the management of communications.

Arrangements for residents to be consulted with and participate in the organisation of the centre on a day-to-day basis were described. A system where each resident had a primary nurse responsible for assessing and reviewing their needs was in place. Staff were allocated to care and support the number of residents on a daily basis. Staff knew residents and their relatives well, and residents were familiar with the person in charge and all staff members.

A structured forum for residents to meet and discuss issues was described in the
centre’s policies and information documents. There was a residents' committee with meetings held regularly. There was evidence that residents and relatives were consulted with as regards the organisation of the centre and included in decisions affecting residents.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them.

During the day residents were seen to move around the centre freely while others were supported by staff. There was some signage to direct residents to bathrooms and signage on bedrooms to alert visitors when personal care was being attended to.

There was a good relationship between staff and residents in the centre, and visitors were greeted in a welcoming manner. Overall, a culture of person-centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their privacy. It was clear that staff knew the residents well, including their backgrounds and personal history. A 'key to me' record was seen completed in files reviewed that included stories and comments on each residents life, significant people and events.

Residents could move around the centre as they wished and told the inspector they had access to the outdoors and to the local town a short distance from the centre. Care plans included information about what residents could do for themselves as well as aspects of care where they required support.

The inspector was satisfied that residents' religious and civil rights were supported. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Mass was transmitted from the local church every morning via a radio in the ground floor sitting room and weekly mass was facilitated in the centre by a local priest. Residents’ morning mainly consisted of prayer (rosary) followed by mass. Afterwards and prior to lunch, a music DVD, exercises or games were arranged and facilitated by staff based on residents’ preferences on the day. An activity co-ordinator worked in the centre and described a range of activities that took place. Baking, knitting, flower arranging and completing 29 shoe boxes for a Christmas charity appeal had formed part of the activity programme. The inspector was told that a physiotherapist visited the centre weekly to promote limb movement and gentle exercises with residents. The activity person had also completed an activity course since the last inspection that encouraged fun movements and exercise to music that was being rolled out.

Hairdressing arrangements were available on a weekly basis to support residents personal grooming. Hand massage, manicures and nail painting were included in the activity programme.

There were notice boards available throughout the centre providing information to residents and visitors. Radio, television and newspapers were available for information about current affairs and local matters. Residents were up-to-date in current affairs and
had daily news papers delivered to them. Some had personal mobile phones while
others used the centre’s phone to communicate as required.

During part of the inspection, the inspector spent a period of time observing staff
interactions with residents. The observations took place in the sitting and dining rooms
during mealtime. Observations of the quality of interactions between residents and staff
for selected periods of time indicated that the majority of interactions demonstrated
positive connective care. Staff provided good quality interactions that demonstrated
positive connective care which benefitted the majority of residents throughout the
observation periods.

There were many visitors in the centre on the day of this inspection and there were a
number of areas where residents could meet with visitors in private. Family members
told inspectors they were welcomed and had an opportunity to speak with staff when
visiting. A record of visitors to the designated centre was available and maintained.

Independent advocacy services and contact details were also displayed to support all
residents including residents’ families to raise issues of concern.

**Judgment:**
Compliant

### Outcome 04: Complaints procedures

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

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

**Findings:**
There was a written operational policy and procedure relating to the making, handling
and investigation of complaints.

The procedure identified the nominated person to investigate a complaint and the
appeals process. This was displayed in a prominent position and residents and relatives
that communicated with the inspector said they were aware of the process and
identified the person whom they would communicate with if they had an area of
dissatisfaction.

The inspector examined the complaints record and this showed that no complaints were
reported or recorded since the previous inspection.

**Judgment:**
Compliant
### Outcome 05: Suitable Staffing

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers to meet the needs of residents taking into account the size and layout of the centre. Staff were seen to be supportive of residents and responsive to their needs.

A nurse was on duty at all times and staff were supervised on an appropriate basis.

The inspector reviewed the actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of the residents. The person in charge informed the inspector that staff recruitment (nurses, carers and an activity person) was ongoing to ensure that the centre was sufficiently staffed at all times. There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that there were some gaps in relation to acquiring staff references and a reference from the most recent employer, as required in schedule 2.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities and explained the systems in place to supervise staff members. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge.

Evidence of professional registration for all rostered nurses was available and current.

The inspector found that an induction programme was in place for new staff which included an orientation of the centre and familiarisation with the policies and procedures. A record was available outlining the content of the induction, however, a record for all new staff was not maintained and in one record seen available it did not include the names of those involved and date completed.

Staff appraisals took place and training by individual staff members was completed since the last inspection. For example, the activity co-ordinator had completed a ‘fit for life’ course that had resulted in additional ideas and opportunities within the activity programme that encouraged fun through movement and gentle exercises.

Staff were offered mandatory and relevant training opportunities relevant to their roles. The person in charge had completed a dementia specific training course and worked closely with the staff team to support the transfer of learning in practice. While training records for staff were available to show training was provided for staff in areas such as, fire safety and manual handling, training in basic life support and in the management
The location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely manner. The premises takes account of the residents’ needs and abilities, and was maintained in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

It is a two storey building with three split levels internally. The inspector was previously informed that the centre has been operational as a nursing home since 1988 and was a listed building. It is located on the outskirts of a town where community facilities, resident’s general practitioners (GPs) and pharmacy services were available.

A mature garden around the centre and a secure courtyard and garden area adjoining it was available. A spacious car park was available at the front of the centre. Entry was via the main front door in to the reception area. Entry and exit via this door was controlled by staff.

There were 20 residents accommodated in single occupancy bedrooms at the time of this inspection. The centre is registered to accommodate up to 24 residents. The decor was of a good standard. However, there were some areas of discolouration seen on the ceiling in one area which the person in charge was aware of. She told the inspector that an issue with the roof was being assessed to address the matter.

Sitting rooms, lounges and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated soft furnishings, flooring and appropriate fittings. However, it was noted that the floor covering in the dining room was worn and discoloured in parts and in need of improvement or replacement.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote
control devices, chairlifts and mobility aids were seen in use by residents that promoted their independence.

Corridors, staircases and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required existing residents. Handrails and grab rails were provided where required.

The centre was clean, warm and well ventilated. The ground floor layout could accommodate up to seven residents with varying dependency and immobility levels. While the first and upper floor levels could accommodate up to 17 residents who were mobile independently or with the use of an aid or with some staff supervision. Residents accommodated on the floors above ground level were required to use the stair lifts or stairs to access all areas as there was no passenger lift in the centre. This requirement was reflected in the centre’s statement of purpose and function.

Overall, the building design and layout met most residents’ individual and collective needs and was structured to maximise the independence of residents. However, as discussed in other outcomes and as a result of a recent incident and an escalation in a resident’s behaviour, restrictive measures were in place due to the limitations of the premises and layout of accommodation. It was not suitable for residents with exit seeking, responsive or aggressive behaviours, as discussed in other outcomes. As outlined in the Statement of Purpose, the upper floors are only suitable for residents that are mobile and had ability to safely use a chair lift between floors with minimal staff assistance.

**Judgment:**
Substantially Compliant

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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:**

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

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<th>Elmgrove House Nursing Home</th>
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<td>Centre ID:</td>
<td>OSV-0000035</td>
</tr>
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<td>Date of inspection:</td>
<td>21/02/2017</td>
</tr>
<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 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the centre's policies had not been fully implemented in practice.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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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:
The challenging behaviour policy and contacts have now been updated

Proposed Timescale: 24/03/2017
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that some practices in relation to prescribing, administration, recording and review of medication did not meet with professional or regulatory requirements.

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

Please state the actions you have taken or are planning to take:
We have updated our practices in relation to prescribing, administration records and reviewed medication as per our Medication policy.

Proposed Timescale: 24/03/2017
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The timeliness and access to some residents GP and prescriber of medicines needed improvement.

3. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Every effort is being made to ensure GP’s visit in a timely manner. The requests are documented & chased up by nursing staff.

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

The files of residents admitted under ‘Fair deal’ did not include a copy of the Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician, a medical social worker and nurse. An improvement required included accessing and requesting a copy of the CSARS for future prospective residents.

Following a review of the pre-admission template the inspector found the document to be limited and in need of further development to include additional relevant information, such as cognitive functioning, use of mobility aids, safety awareness and space field or room for commentary to make an informed decision as to whether the service could adequately meet their needs.

4. 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:
The preadmission forms have been updated & developed.

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge told the inspector that despite previous attempts to highlight the inability of the service to meet the changing needs of a resident and communication with the funding agent in September 2016, she had been unable to arrange a planned discharge or transfer for the resident to a more appropriate suitable service, in accordance with the centre’s policy.

5. Action Required:
Under Regulation 25(3) you are required to: Discharge a resident from the designated centre in a planned and safe manner.

Please state the actions you have taken or are planning to take:
This resident has been discharged to the care of the HSE and no longer resides at Elmgrove.
Proposed Timescale: 24/03/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents were not sufficiently protected by medication practices and procedures found in the sample of residents’ records inspected, showed practices were not in accordance with relevant professional guidelines. For example, the following practices were found:
• medication transcribed by nurses (but unsigned as to who transcribed entry) had been commenced administered and a course completed using a fax prescription and in the absence of an original signature by the prescriber
• recommended prescription changes following specific reviews undertaken in outpatient appointment clinics of high risk medicines had not been authorised by the resident’s GP following adjustments and had been administered based on a transcribed note that had conflicting directions

6. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
We now have a strict 72 hour turnaround on signed drug charts from the G.P.

Proposed Timescale: 24/03/2017

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required in relation to the assessment, referral and management of residents with responsive behaviours that included staff training.

Staff had not received specific or recent training in the management of behaviours that challenge to ensure they had up-to-date knowledge and skills to respond to and manage behaviour that is challenging.

7. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.
Please state the actions you have taken or are planning to take:
All Staff are aware of our policy on challenging behaviour, the majority of our nurses have attended courses on Behavioural Dementia on 2016 and are booked into upcoming courses in May 2017. We are talking to Psychiatry of Later Life to book in a course as soon as possible for all staff.

Proposed Timescale: 31/07/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that following an episode of aggressive behaviour by a resident towards staff and others, arrangements were put in place resulting in a restrictive measure and the confinement of the resident to their bedroom located on an upper floor.

Residents with escalating behaviours or whose safety awareness was compromised were at risk if accommodated in the centre.

8. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
This is a very isolated case and the resident is no longer at Elmgrove.

Proposed Timescale: 24/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements put in place following an episode of aggressive behaviour by a resident towards staff and others, resulted in a restrictive measure and the confinement of the resident to their bedroom located on an upper floor for up to four days.

Other less restrictive alternatives were not available.

9. 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:
We are not equipped for residents with aggressive behaviour as per our statement of purpose. This was an isolated case in which we were in constant contact with the HSE, G.P., consultants at Tullamore Hospital and the resident’s family member. This was an extreme measure whilst we were waiting for the resident to be transferred to a more suitable environment.

Proposed Timescale: 24/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents required improvement

A detailed record of the recent behavioural incident including those involved, witnesses, observations and actions taken was not sufficiently maintained separate from other general information seen logged in a daily diary or in the behavioural assessment (ABC) records.

10. 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:
An incident book personalised to each resident has been developed.

Proposed Timescale: 24/03/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff training in basic life support and in the management and recording of incidents that include behaviours that challenge was required.

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

Please state the actions you have taken or are planning to take:
All staff are booked into Basic Life Training course on the 4 & 5th April 2017

**Proposed Timescale:** 05/04/2017

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An induction record for all new staff was not maintained and in a record seen available it did not include the names of those involved and date completed.

Gaps were found in relation to acquiring staff references and a reference from the most recent employer, as required in schedule 2.

12. **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:**
All staff files have been reviewed and updated. References for newest member of staff have now been received.

**Proposed Timescale:** 24/03/2017

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Due to the limitations of the premises and open layout of accommodation the centre was not suitable for residents with responsive or aggressive behaviours, as discussed in other outcomes.

As outlined in the Statement of Purpose (condition of registration), the upper floors are only suitable for residents that are mobile and have the ability to safely use a chair lift between floors with minimal staff assistance.

13. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
We would not admit a resident who is aggressive or violent and have not done so in the past, these actions were as much as a surprise to the resident's son as they were to us and as such this resident has been discharged to the care of the HSE.

**Proposed Timescale:** 24/03/2017

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some areas of discolouration was seen on the ceiling in one hall area.

The floor covering in the dining room was worn and discoloured in parts and in need of improvement or replacement.

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

**Please state the actions you have taken or are planning to take:**
These areas will be updated.

**Proposed Timescale:** 31/08/2017