

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Elm Hall Nursing Home
<b>Centre ID:</b>	OSV-0000034
<b>Centre address:</b>	Elm Hall Nursing Home, Loughlinstown Road, Celbridge, Kildare.
<b>Telephone number:</b>	01 601 2015 / 087 132 1120
<b>Email address:</b>	admin@elmhallnursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Springwood Nursing Homes Limited
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	11

## **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**

From:	To:
02 October 2018 10:15	02 October 2018 18:00
03 October 2018 10:00	03 October 2018 14:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 08: Governance and Management		Compliant
Outcome 09: Statement of Purpose		Compliant
Outcome 11: Information for residents		Compliant

**Summary of findings from this inspection**

This unannounced thematic inspection focused on the care and welfare of residents who had dementia.

On arrival to the centre, the inspector met with the person in charge of the centre who was informed of the purpose of the inspection. The representative for the registered provider later arrived to the centre and was also informed of the purpose of the inspection.

As part of the thematic inspection process, providers were invited to attend information seminars given by The Health Information and Quality Authority (HIQA).

In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to this inspection, the provider and person in charge completed the provider's 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 Standards for Residential Care Settings for Older People in Ireland (2016). The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents, relatives, management and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed. Documentation such as care plans, medical records and staff rosters, recruitment and training records were also reviewed. A validated observation tool was used to observe and rate practices and interactions between staff and residents in the centre.

Elm Hall Nursing Home is a registered designated centre that provides care for a maximum of 62 residents. On the day of inspection there were 51 resident accommodated and 25 residents (49%) had a formal diagnosis of dementia. A further three residents were suspected as having dementia.

The inspector observed numerous examples of good practice in areas examined which resulted in positive outcomes for residents. Staff observed were courteous and responsive to residents and visitors during the inspection. The results from the formal and informal observations were positive. Staff were knowledgeable of residents likes and dislikes, and their interactions with residents promoted positive connective care. In general the living environment was stimulating, facilitated choices and provided opportunities for rest and recreation in an atmosphere of friendliness, which residents complimented.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to health and social care was observed. Meaningful activity and engagement was promoted.

Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by helpful staff.

A range of staff training opportunities included dementia specific training courses were provided. An ongoing staff training programme was in place. There was sufficient staff numbers and adequate skill mix on duty on the days of inspection and arrangements to recruit, develop and appraise existing staff were ongoing.

Overall, a good level of compliance was found. The findings are discussed within the body of this report and any improvements required are set out in the action plan at the end for response. As a result of the changes in management since the previous inspection and following up of the previous action plans, additional outcomes were examined and have been included in this report.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

Residents' health and social care needs were being met. Care provided followed evidence based practice supported by current and comprehensive policies and procedures.

The admission policy outlined a clear process for assessing residents' needs prior to admission to ensure they could be met in the centre. This policy was being followed by staff in practice and evidenced in records reviewed. Resident records were held and maintained in both hard and soft copy formats.

There were systems in place for communications between the resident/families, the acute hospital or public health providers and the centre. The person in charge or a person participating in the management of the centre visited prospective residents in hospital or at home prior to admission. Residents' files held relevant information such as transfer and discharge letters from hospital or common summary assessment reports completed by a multi-disciplinary team of health professionals. Residents who were transferred to hospital from the centre had appropriate information about their health, medications and their specific needs and decisions included with a transfer letter.

On admission a range of validated assessment tools were used to assess each resident's abilities and needs. Care plans were subsequently developed to identify how the resident's care needs were to be met. Assessments in relation to activities of living, personal and social care, preferences and previous routines were determined and recorded. A 'key to me' document was completed to inform interventions, activities and care planning. Some gaps in the records of assessment such as food intake charts were found. For example, the records of the food provided for residents identified at risk of malnutrition did not have sufficient detail to enable any person inspecting the record to determine whether the diet was satisfactory in relation to nutritional value and content. Improvement in relation to the mealtime experience, menu options and noise levels from the adjoining kitchen were also identified to be addressed by management and this is referenced in the action plan of outcome 6.

The involvement of family and previous care providers were significant to the assessment and care planning process. Care plans were reviewed at least every four months, and a range of clinical assessment tools were used to assess if changes in abilities or needs occurred. Areas assessed included the risk of pressure areas and wound management, risk of falls, risk of malnutrition, pain, mood and cognitive ability.

Care plans reflected residents' individual preferences and requirements. Further improvements to personalising each resident's care plans were planned. Care plans provided relevant information to promote residents social and health care needs. Families were asked to provide key information if residents were not able to provide it. The Inspector observed care being delivered as described in resident care plans.

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 were no residents with pressure ulcers at the time of inspection. Access to a tissue viability specialist was available and had been previously accessed to promote wound healing.

Residents had the option to retain the services of their own general practitioner (GP) if they wished to do so. The majority of residents were with the centre's GP who visited the centre weekly and more frequently if required. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, dental, physiotherapy, ophthalmology and chiropody services. Staff, residents and records examined confirmed that these services had been provided to residents in the centre. Access to occupational therapy was limited and generally sourced privately, if required.

A physiotherapist attended the centre twice weekly. Based on an identified need by staff and following consultation with each resident or their representative, a referral to the physiotherapist was made for an assessment or review. The Inspector met the physiotherapist and confirmed that residents who required support with mobility and seating arrangements were receiving this service on a referral basis.

Residents also had access to the local palliative care team and mental health services upon GP referral. A pharmacy supplied residents with medicines and a pharmacist was available to participate in medicine reviews and to meet with residents as required. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice.

End of life care needs and plans were discussed with residents and relatives on admission, and again when residents felt comfortable to talk about it with staff. Residents were asked about their wishes in relation to the type of care they wanted to receive, and their preferences including where they were to be cared for and types of treatment they wish to avail of. If residents' had expressed a wish not to be actively treated or transferred to hospital or to be resuscitated this had been discussed, reviewed and agreed with the relevant parties including the GP before it was recorded in resident's notes. Staff in the centre were aware of the key elements of care required by residents at the end of life, and were able to make arrangements for friends and family to be with the resident if that was their choice.

**Judgment:**

Substantially Compliant

**Outcome 02: Safeguarding and Safety****Theme:**

Safe care and support

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

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

**Findings:**

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a comprehensive policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear on what actions to take if they observed, suspected or had abuse reported to them.

Training records confirmed staff had received training in how to safeguard residents. The policies, systems and arrangements in place promoted dignity and respect of residents in the centre and this was seen to be put into practice by the staff team. Reporting systems were in place and lessons learnt from complaints and incident reviews resulted in improvement measures being put in place to prevent harm and improve resident safety.

Residents told the Inspector they felt safe while at the same time had opportunities for maintaining their independence and fulfilment. For example, they felt secure due to the main entrance being controlled by staff.

The new registered provider representative, person in charge and staff team were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practices or chemical restraint in the centre was low. There was a policy on restraint use in the centre that set out the procedures when considering if a restriction would result in a positive outcome for residents having considered the risks and benefits. Where restrictions, such as bedrails, were in place there was a record of the assessment and decision making process including other less restrictive measures trialled. These decisions were reviewed regularly to ensure they remained the least restrictive option available. The environmental restriction limiting independent access between floors and to the outdoor garden courtyard from the first floor had been reviewed and was to be removed in the coming weeks when works to complete a suitable alternative arrangement were carried out, as planned.

At the time of the inspection residents with responsive behaviour were being effectively supported by staff. Relevant staff training was provided that included how to support

residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD). The Inspector observed proactive communication and interaction by staff with residents with dementia. Activities focused on reminiscence and discussing subjects that were meaningful to individuals, for example, previous routines in households and mannerisms when visitors called such as use of the 'good room' and bringing out the 'good delph and cutlery' which engaged all. Other topics related to music listened and sang to, show bands or film stars of their youth and behaviours adopted in the dance halls. This resulted in positive outcomes for the residents with dementia and BPSD with much fun and laughter that supported all to remain engaged, occupied and content. There was a policy in place to guide staff in the management of responsive behaviour and where necessary there were links with the local hospital and mental health services, when required.

The provider was not a pension agent for any of the current residents. Policies and procedures were in place for safeguarding residents property and agreeing the terms and conditions of their stay.

**Judgment:**

Compliant

***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:**

Within the centre there was evidence that residents are consulted with and participate in the organisation of the centre. Each resident's privacy was respected in practices observed. The registered provider had improved the facilities for occupation and recreation and further enhancements were planned. Residents can receive visitors in private outside of the main living areas.

Resident forum meetings are held every two months within the centre. Minutes of these meetings were available and reviewed by the inspector. There was clear evidence that it was well attended by residents who openly engage in discussions on items relevant to them and related to operations of the centre. Residents' views at the last meeting 28 September 2018 were being acted upon. For example, the menu choices were improving and access to fresh fruit was provided. Other suggestions such as 'fruit smoothies' and some having an alcoholic beverage with dinner on Sunday's was to be addressed later this month.

The centre had a system of obtaining resident and relative satisfaction levels in care plan review meetings and informally on a day to day basis. A modified and user friendly

resident satisfaction survey template had been recently approved and was to be issued to all resident this month for feedback on the service. Residents spoken with expressed satisfaction with the communication systems and information arrangements being provided and developed.

Residents had access to an independent advocacy service. Contact details of these services were strategically placed throughout the centre. Residents had access to local and national newspapers. There was a pay phone for residents to use in private and some choose to have a personal mobile phone or use the centres phone to receive calls. Vision, hearing and mobility devices to aid residents' independence and promote communication were maintained and serviced. The call bell system, television reception and internet connectivity were being upgraded and a number of notice boards that had information on internal, external and local news were informative.

All residents within the centre had the option to exercise their right to vote and records to demonstrate the updating of the register were seen. Religious services and rights were provided for. A weekly mass service was provided and access to religious ministers was available, as desired.

Residents' privacy was observed to be respected by all members of staff. Staff were observed to knock on the door of all residents' private bedrooms and waited for a reply before entering. All residents had a lockable facility in their bedroom and some choose the right to lock their bedroom door when out and about. The inspector observed that staff offered each resident a choice of meals and beverages at regular intervals, and again at mealtimes.

A sufficient number of side tables were available in the spacious day rooms that supported residents to rest their drinks, magazines and newspapers on within easy reach. The inspector observed resident and staff engagement at many intervals throughout the day and overall the interactions were very positive.

A weekly programme of activities was on display. Residents were offered group and individual activities that were meaningful to them. A dedicated activity staff member was on duty during this unannounced inspection. They told the inspector how they co-ordinated the weekly activity programme that was delivered each week. Other staff supported residents' participation in activities such as outings. The inspector saw that residents had a variety of activities such as exercises, reminiscence, music, stories, quizzes and games that were tailored for the resident group. The activities programme within the centre was resident focused with the residents consulted on a daily basis to decide what activity should be undertaken.

On the days of inspection the inspector observed good interaction, encouragement, laughter and fun between staff and residents. With the support of four staff and a wheelchair taxi bus, a group of residents attended an outing to a choir group on the second day of this inspection while those that remained were engaged in a group reminiscence session with songs and stories. There were photographs of residents and staff partaking in special events and in the recent garden party that residents were complimentary off having had all their family present with them on the day. It was described as a great family fun day. Residents told the inspector they were consulted

with and involved in the planning of all special occasions and events.

There was a friendly 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 seen completed for each resident included stories and comments on each resident's life, significant people, likes, hobbies, occupation and dates of significant events. This information informed the care and social activity plan.

Hairdressing arrangements were available on a weekly basis to support residents personal grooming. All residents were well groomed. Many had personal effects added to their appearance in keeping with their previous style of dress and look.

The centre had a laundry service and there was suitable arrangements in place to ensure that residents own clothes were laundered and returned to them. Each resident had a spacious wardrobe and drawers in their private bedroom that facilitated property. Some resident's bedrooms were personalised with items brought in, photographs and memorabilia. A record of each resident's property was maintained.

There were many visitors seen in the centre on the days of this inspection and there were a number of areas where residents could meet with visitors in private. Family members told the inspector 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.

**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 were policies, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

The complaints procedure was displayed in the reception area and complaint procedure information was available throughout the centre.

Residents who communicated with the inspector were aware of the process and

identified the person with whom they would communicate with if they had an issue of concern.

Management and staff were open to receiving complaints or information in order to improve the service. There were no unresolved or active complaints at the time of this inspection. Records maintained were comprehensive demonstrating action taken, engagement and level of satisfaction of the complaint management.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

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

**Findings:**

There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Residents confirmed the staff team were friendly, kind and responded quickly when they were called on.

There was a full complement of staff on duty on the day of this unannounced inspection and plans to recruit new staff and volunteers were confirmed. In addition to the provider representative and person in charge daily, the staff team included an assistant director of nursing, clinical nurse managers, nurses, health care assistants, an activity co-ordinator, catering and household staff.

The person in charge and assistant director of nursing were supernumerary to support and advise staff as required.

There were clear supervision arrangements including a detailed induction process, on-going supervision of staff practice and annual appraisals. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities.

An on-going training plan was in place. The provision of mandatory and relevant staff training was evident. A small number of staff required refresher training which had been scheduled in the weeks following the inspection. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication and meaningful activity with residents living with dementia and their families.

There were effective recruitment procedures in place in the centre. A sample of staff

files were reviewed and all contained the requirements of Schedule 2 of the Regulations.

The person in charge confirmed all professionals had evidence of current registration and that all staff had Garda vetting in place prior to their commencement. Management described to and showed the inspector the arrangements for volunteers in the centre, which met the requirements of the Regulations.

Opportunities for staff to discuss operational and employment matters was facilitated by consultation in meetings and via satisfaction surveys. The results of a recent staff satisfaction survey showed mainly positive and above average ratings by respondents.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The premises met the needs of the existing residents in its layout, and design.

The design promoted privacy, was homely and residents said they found it comfortable. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

A review of the premises was completed by management and plans for improvements were included in an 'enhancement project' that included plans to make the environment more dementia friendly. For example, adding mood and contrasting colours to décor and furnishings and the addition of tactile and household features. While signs were in place to support residents to find their way around the named corridors, further improvement was required for individual orientation and way-finding purposes for residents with dementia.

Accommodation is provided in a two storey building serviced by two lifts and a number of stairways. Bedroom accommodation comprises 58 single and two double bedrooms. On the day of inspection all bedrooms had single occupants. All bedrooms had a full accessible en-suite facility and a variety of communal bathroom and toilet facilities were available within close proximity of residents' communal rooms.

The Inspector viewed a selection of occupied bedrooms with residents and found they had been personalised to each individual's preference. Furniture was provided in each room, including a comfortable chair and lockable drawer. Residents were able to bring

additional items with them if they chose to. There was a call bell located by the bed and in the en-suite if they needed to call for assistance. Most windows had been designed to provide good levels of sunlight and views outside even when the resident was in bed. There was overhead and bedside lighting for residents to use as they chose.

All bedroom doors had a clear number and if residents chose they could have a picture and name on the door also. This concept was to be developed further to enhance orientation.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. Plans to improve the lighting, doors and furnishings and to upgrade the heating system were described. There were handrails on both sides of corridors and grab rails in bathrooms to support residents. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the centre to meet the needs of the residents and promote their independency. Enhancements such as providing automated doors to promote wheel chair users' independent accessibility was described and also included in the enhancement plan.

Suitable storage arrangements were available. There was a library, a visitor's room, a quiet room that residents could use as desired.

The centre had sufficient space for dining and a range of lounge and day areas on each floor. They were decorated in a homely way and seating was arranged to provide different options, for example watching the television or looking out of the windows or into the planted garden area. There was a range of individual and communal seating available to take account of residents differing mobility needs that including modified, powered or high backed chairs and chairs with arms to support individual preference. There were some seats located along the corridors to aid those who needed or chose to rest when walking around or to support socialisation opportunities. The corridors allowed for residents to walk or mobilise with or in their mobility aids unimpeded.

The housekeeping team were seen to be working to ensure the centre was well presented and clean throughout. There were also laundry arrangements in place and residents were satisfied with the care of their belongings.

An enclosed garden courtyard with pathways and raised beds was accessible through the ground floor sitting room. The family of one resident had supplied the centre with two hens who were suitably accommodated within an enclosed chicken coop in the garden courtyard.

A current insurance certificate for the centre was seen on display in the front hall.

**Judgment:**  
Substantially Compliant

### ***Outcome 08: Governance and Management***

**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 partially inspected following changes in management and in the governance arrangements.

The registered provider representative and person in charge had changed since the previous inspection. Both were present throughout this inspection and were available to answer questions and provide clarification regarding the executive governance arrangements in place to assure compliance with the Health Act 2007 as amended, the regulations and nationally mandated standards in relation to safely carrying on the business of the designated centre.

Both are actively engaged in and responsible for the operational management of the overall designated centre. The registered provider representative supports the person in charge and staff in ensuring the centre is operationally effective in supporting a safe quality service on behalf of the registered entity. Both were experienced in their role and work in the centre on a full time basis. They were well known to residents and staff, and were described as being actively engaged in the day to day running of the centre.

Suitable governance, management, reporting and auditing arrangement were in place to oversee, monitor and ensure that the service provided is safe, appropriate, consistent and effectively monitored.

There is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. There were effective procedures in place for the recruitment, selection and vetting of staff and a range of policies to govern practices.

The registered provider representative confirmed that there are sufficient resources to complete an enhancement project devised to improve the quality of the facilities and care provision for residents living and staff working within the centre.

As part of the thematic inspection process, providers were invited to attend information seminars given by The Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to this inspection, the provider and person in charge completed the provider's 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 Standards for Residential Care Settings for Older People in Ireland (2016). The provider and person in charge's self-assessment tool included 21 action plans that reflected features of an on-going enhancement project. The inspector saw an outline of the time-bound enhancement project that was costed and mapped out for completion in phases aimed

at improving the overall service in accordance with the aims and objectives of the revised statement of purpose.

**Judgment:**

Compliant

***Outcome 09: Statement of Purpose***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The statement of purpose was reviewed and amended appropriately.

It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The registered provider representative and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Compliant

***Outcome 11: Information for residents***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Arrangements were in place to ensure each resident had a written contract with the registered provider with an agreement of the terms and conditions of service provision.

This agreement included information about the cost of care or fee, as well as other potential additional costs.

<b>Judgment:</b> 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

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	Elm Hall Nursing Home
<b>Centre ID:</b>	OSV-0000034
<b>Date of inspection:</b>	02/10/2018
<b>Date of response:</b>	17/10/2018

### 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Gaps in assessment records were found.

Records of food intake did not have sufficient detail to enable any person inspecting the record to determine whether the diet was satisfactory in relation to nutritional value and content.

Further improvements were required to personalise each resident's care plan records.

<sup>1</sup> 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:**

1 - We are currently mid-cycle with a systematic review of all assessment, care plan and measurement activity to ensure consistent completion of all assessments and care plans, verify the quality and person centeredness of the process and ensure that each residents care plan is highly personalised and specific to their individual needs as we had outlined in our Dementia thematic self-assessment. We have identified resources required and measurable elements to complete this review and ensure that the process builds capacity and capability within our staff team to ensure a high standard of assessment and care planning going forward.

For completion by November 31st 2018.

2 - The menus and dining experience are under ongoing review and have seen many enhancements over the last few months. We have engaged a registered dietician, a catering consultant and an interior designer to improve the dining experience in both dining areas including measures to reduce noise during meal time service. We continue to improve the menu with input from residents.

For completion by 22nd December 2018.

3 - We have made amendments to our Food Intake Monitoring Chart (assessment) and retrained staff on the level of detail required when recording a residents dietary intake. We will audit these records to ensure the necessary changes have been effective and that the records meet the required standard going forward in a consistent fashion.

Complete as of 15/10/2018

**Proposed Timescale:** 22/12/2018

**Outcome 06: Safe and Suitable Premises****Theme:**

Effective care and support

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

A number of required improvements had been identified by the current provider representative and person in charge following a review of the premises.

These improvements resulted in the development of the enhancement project over the coming months to improve the overall premises and to make the environment more dementia friendly having 49% of residents with a formal diagnosis of dementia.

Additional signage was required for individual orientation and way-finding purposes.

Plans to improve the accessibility throughout the centre, the lighting, furnishings, décor

and doors, and to upgrade the heating system were described.

Improvement in relation to the mealtime experience and noise levels from the adjoining kitchen were also identified to be addressed by management.

## **2. 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:**

4 – We will install satellite kitchens in each dining room to improve the access to hot and cold drinks and snacks, and improve the dining experience by allowing food to be served, plated and viewed in the dining room to contribute to the sensory experience of the meal. We have noted the finding relating to noise in dining rooms as already referenced in action 2 (above) and will ensure that this is managed to improve the dining experience.

For completion by 14th December 2018

5 – We will remove internal access controls to the lift lobbies which could be restrictive for residents and reduce access to the garden. The access control system will be replaced with an anti-wandering system which can be utilised for individual residents following a comprehensive assessment and obtaining consent where possible.

For completion by 30th November 2018

6 - We have engaged a team to improve the dining experience in both dining areas including measures to reduce noise during meal time service (as per action 2 & 4 above).

For completion by 7th December 2018.

7 – We will provide rummage boxes and areas of interest in communal areas and circulation spaces where residents with dementia are living to promote interaction and stimulation.

For completion by 30th October 2018

8 – We will replace all lighting systems throughout the building with replacement fittings that provide ample light for residents and staff whilst also being dimmable at night time to create an environment conducive to rest. Lighting systems will be installed in such a way to minimise glare and shadows to maximise residents comfort and safety.

For completion by November 30th 2018.

9 – We will install dementia friendly tactile signage on each bedroom door as a wayfinding aid. With consent/input from the resident, the residents photo and name may be displayed to further aid wayfinding. Each bedroom door will be decorated in a recognisable and discernible colour using either paint or custom vinyl to aid residents in locating their own room.

For completion by October 30th 2018

10 - We have already installed dementia friendly tactile signage on each bathroom door

as a wayfinding aid and will complete works by painting all bathrooms doors in a single recognisable colour/design for consistent and easy identification of bathrooms.  
For completion by October 30th 2018

11 – We have engaged a contractor to redecorate and replace furniture, fixtures and soft furnishings in both day rooms and dining rooms to improve the comfort and homeliness of these areas in keeping with the Stirling University Dementia design principles and with feedback from residents, staff and visitors.  
For completion by 22nd December 2018

**Proposed Timescale:** 22/12/2018