<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ealga Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005665</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Main Street, Shinrone, Birr, Offaly.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>050 547 969</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:michael@elizacare.ie">michael@elizacare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Underhill Investments Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>14</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
From: To:
30 April 2018 10:30 30 April 2018 17:30
01 May 2018 09:30 01 May 2018 15:30

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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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Non Compliant - Moderate</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>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 HIQA. 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 scored the service against 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. The previous table outlines the centre’s and inspector’s rating for each outcome.
The inspector met with residents, relatives and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, files and staff training records were reviewed.

Ealga Lodge Nursing Home is a purpose-built centre which provides residential care for 56 people. At the time of inspection, approximately 40% of residents had dementia.

Each resident was assessed prior to admission, to ensure the service could meet their needs, and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken on admission, and detailed person-centred care plans were in place to meet their assessed needs. Some improvement was required to medication management practices to ensure that each resident was protected by the centre’s procedures for medication management.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services, and evidence-based nursing care was provided.

Recruitment practices were in line with the regulations. Safe and appropriate levels of supervision were in place to maintain residents’ safety. The management of complaints was compliant with regulations. Appropriate policies, procedures and practices were in place to safeguard residents. Residents had access to advocacy services as required.

Improvement was required to the activity programme to ensure that each resident was provided with opportunities to participate in activities in accordance with their interests and capacities. In order to ensure the design and layout of the premises will promote the dignity, wellbeing, and independence of residents with dementia, the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

# Outcome 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:**
The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Some improvement was required around medication management practices.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. A detailed pre-admission assessment was carried out and looked at both the health and social needs of the potential resident.

The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

Documentation in respect of residents’ health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including physiotherapy, occupational therapy, speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided either locally or in the centre.

The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. When required the care plans were updated to reflect the recommendations.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Some residents required their medication to be crushed. However the inspector noted that there was conflicting advice between the prescription kardex and an accompanying document. One stated a particular medication was not to be crushed while the other
listed it as a medication to be crushed. In addition, staff spoken with gave conflicting information as to how the medication was actually administered.

Medications that required strict control measures (MDAs) were kept in a secure cabinet in keeping with professional guidelines. Balances checked on inspection were correct. Improvement was required to the checking procedures as the inspector noted that end-of-shift checks were not being carried out at the time that the shift changed in the morning. The practice was that this check was carried out by two nurses from day duty once the morning medications had been administered. This system was not in line with professional guidelines and does not provide a sufficiently robust system.

The inspector found that the action from the previous inspection relating to the medication administration times had been addressed and ongoing efforts were underway to ensure that residents received their medications in a timely manner.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian as required. Recommendations from these reviews were documented in the residents’ notes.

The inspector visited the kitchen and noticed that it was well organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences.

The inspector noted ongoing improvements around the timing of meals. Staff had identified that it was increasingly difficult to ensure that all residents had eaten a sufficient amount, as sometimes residents were eating their breakfast while lunch was being served. Staff were concerned that this resulted in poor nutritional intake over the day. Following consultation with residents, a new initiative just started which provided a structured breakfast time while still allowing choice for residents who preferred to dine later.

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Staff spoken with stated that the centre received support and advice from the local palliative care team. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

The inspector reviewed the use of restraint and found that risk assessments were completed prior to use. Additional equipment, such as low beds and sensor alarms, had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. Detailed care plans were in place which outlined the care to be provided when restrictive practices were in use. This included the requirements for regular safety checks and the inspector saw that these were completed.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded. Staff spoken with were very clear on appropriate interventions to use.

The inspector saw that additional support and advice were available to staff from the psychiatric services.

Staff had received training on identifying and responding to elder abuse. There was a detailed policy in place. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. The inspector noted that a plan was in place to provide some information sessions for residents on safeguarding.

The provider was a pension agent for some residents. The inspector saw that a robust system was in place in line with national guidelines. Some pocket monies were also managed and detailed records of transactions were maintained. Balances checked on inspection were correct.

**Judgment:**
Compliant
Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Although there were many examples of good practice, the inspector found that improvements were required to ensure that each resident was provided with opportunities to participate in activities.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 70% of interactions demonstrated neutral care, with 20% reflecting positive connective care. The results represented missed opportunities for meaningful engagement by staff. These results were discussed at the feedback meeting and the areas for improvement were outlined.

It was noted that there was no activity coordinator at the time of inspection and a staff member was allocated to do activities. The inspector noted however that the activities underway at the time of inspection were not suitable for residents with dementia. The inspector noted that on day two of inspection, the person who was allocated to activities was not on duty and another staff member was allocated when time allowed. Again the activity that was undertaken was not suitable for the majority of residents in the room, many of whom were asleep. The lack of provision of suitable activities had been identified at previous inspections and had not been addressed within the agreed timescale.

Residents' religious and civil rights were supported. Mass was celebrated on a weekly basis. Church of Ireland ministers also attended the centre. Staff told the inspector that arrangements were in place for residents who wished to vote.

Staff spoken with outlined details of independent advocacy services that were available to the residents.

There were no restrictions to visiting in the centre other than at mealtimes and some residents were observed spending time with family or friends in the various communal areas of the centre.

Newspapers and magazines were available and the inspector saw some staff reading to residents.
The inspector found that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. There was a residents’ committee and meetings were held on a regular basis. Staff told the inspector that the views of all residents were taken on board. Staff also told the inspector that smaller group meetings were held to include residents who were unable to take part in the larger groups.

The inspector also noted that a focus group was recently held with residents regarding their views of dignity. A plan was in place to provide training to staff based on the results of this focus group.

**Judgment:**
Non Compliant - Moderate

### 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:**
The inspector was satisfied that the complaints of each resident or relative including residents with dementia, were listened to, and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. The copy, which was normally on display in the front hall, was removed while painting was in progress.

Records showed that all complaints were dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were recorded.

The management team discussed learning from the complaints received and identified that it was important to meet with the complainant in person as soon as possible.

**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 at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents including residents with dementia.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. Training on dementia and responsive behaviours was also provided. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling. The inspector saw that additional training was planned for the coming months.

Several outsourced service providers and volunteers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role and all volunteers had their roles and responsibilities set out in writing as required by the regulations.

Judgment:
Compliant

**Outcome 06: Safe and Suitable Premises**

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, wellbeing and independence of residents with dementia.

Painting was ongoing at the time of inspection. Most areas had been repainted in suitable colours. Furnishings and curtains had also been replaced in many areas. The person in charge discussed plans to work towards making the premises more dementia-friendly, including the use of contrasting colours on doors and additional directional signage. Residents were involved in choosing the colours and the inspector saw that several 'potential' colours were painted on small sections of the walls of the dining room to assist with choices.

There were 11 twin rooms and 34 single rooms and all had en-suite facilities. Residents had access to assistive equipment where required. The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

Adequate screening was available in the shared rooms. Rooms were nicely personalised with photographs and memorabilia.

Other rooms available included a day room, an activity room, an oratory, kitchen, dining room, treatment room and offices.

The inspector noted that white boards were at various locations throughout the centre reminding residents of the date, day, weather and planned events. A pictorial menu board had also been developed to assist residents choose their meal.

The premises is located on a spacious site and has a secure courtyard area together with a well-maintained garden area to the side. Ample parking was available at the front of the building.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspector found that the action required from the previous inspection relating to the emergency plan had been addressed. The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage.

**Judgment:**
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:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Outcome 01: Health and Social Care Needs

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 to the checking procedures for medications that required strict controls as the end-of-shift checks were not in line with national guidelines.

1. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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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 checking procedure for controlled medications has been updated to comply with Regulation 29 (4). A nurse from each shift (one from night duty and one from day duty) now carry out a stock check of the controlled medications at the end of each shift.

**Proposed Timescale:** 01/05/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was conflicting advice between the kardex and an accompanying document as to the safety of crushing a particular medication.

**2. 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:
The kardex mentioned above during the inspection was promptly reviewed by the GP. A pharmacy review was carried out regarding the medications involved and the suitability for them to be crushed. This conflicting advice has now been resolved and one clear guideline is in place for the crushing of the medication. Since then, our pharmacy have carried out a review of all residents who require crushed medications and these have been reviewed by the relevant GPs.

**Proposed Timescale:** 01/05/2018

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

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvement was required to the activity programme to ensure that each resident was provided with opportunities to participate in activities in accordance with their interests and capacities.

**3. Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.
Please state the actions you have taken or are planning to take:
We are currently in the process of appointing a new activities co-ordinator. At present a Care Assistant is rostered to cover the activity hours and receives support from Nursing Staff and Management. A resident and relatives survey regarding activities is planned and the results from this will assist in formulating a structured and person centred activities plan for the residents living in the Nursing Home.

Proposed Timescale: 01/08/2018

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:
Complete the planned renovations to ensure that the design and layout will promote the dignity, wellbeing and independence of residents with dementia.

4. 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 are currently in the process of renovating the nursing home. We have a structured plan in place and will continue to work on creating a pleasant and homely environment for the residents to live in. We will continue to work with families to personalise the living spaces of residents with dementia. The residents were actively involved in choosing the décor and colours for specific areas of the Nursing Home and will continue to be involved as the renovations move to other areas within the Nursing Home.

Proposed Timescale: 01/08/2018