



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Esker Ri Nursing Home |
| Name of provider: | Clara Nursing Home Limited |
| Address of centre: | Kilnabinnia, Clara, Offaly |
| Type of inspection: | Announced |
| Date of inspection: | 19 June 2018 |
| Centre ID: | OSV-0000733 |
| Fieldwork ID: | MON-0022373 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Esker Ri Nursing Home is a purpose-built, single-storey premises. The centre is situated on an elevated site off the Tullamore road on the way out of the village of Clara. The centre currently provides accommodation for a maximum of 80 male and female residents aged over 18 years of age. The provider proposes to increase accommodation capacity to 130 residents with completion of a new two storey 50 bed extension to one side of the centre. Residents are accommodated in single and twin bedrooms with en suite facilities. The centre provides mainly residential care to older adults and also provides respite, convalescence and care for people with an intellectual disability, physical disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, activity coordination staff, administration, maintenance, housekeeping and catering staff. The provider states that their aim is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

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| Current registration end date: | 12/05/2020 |
| Number of residents on the date of inspection: | 76 |

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------|----------------------|-----------------------------------|------|
| 20 June 2018 | 09:30hrs to 17:20hrs | Catherine Rose Connolly Gargan | Lead |
| 21 June 2018 | 09:15hrs to 15:30hrs | Catherine Rose Connolly Gargan | Lead |

Views of people who use the service

The majority of residents who spoke with the inspector and completed pre-inspection feedback questionnaires expressed their satisfaction with the service provided and the care they received. Residents told the inspector they felt safe and staff were always kind and respectful towards them. A number of residents told the inspector that they liked living in the centre and that they were very comfortable. Residents said they enjoyed a good quality of life in the centre and that there was interesting activities available to them. They could choose to participate in the activities available as they wished. Individual residents singled out activities that they particularly enjoyed such as making jigsaw puzzles, knitting, music sessions and reading the newspapers. A barbecue organised for the residents in the days prior to the inspection was a highlight mentioned by a number of residents who spoke with the inspector. Residents said the food prepared for them was of a high standard and they confirmed they could ask for whatever dish they preferred. Some residents said they could have steak, onions and mushrooms and they had recently asked for a fried menu option for breakfast which they were confident would be made available to them. Residents said they were kept informed about the ongoing extension building works and were told they could move to a new room there if they so wished. Residents told the inspector that they knew they could make a complaint and singled out various staff members they said they would be happy to talk to regarding any dissatisfaction they experienced with the service provided.

Capacity and capability

The centre was well managed with clear arrangements in place to monitor the standard of care delivered to residents. There were clear systems to review the quality of care delivered, effective recruitment of staff. Staff training required review. While complaints were managed in line with the policy, improvement was needed to ensure that residents had all the relevant information on the complaints procedure and the appeals process.

This inspection was completed in response to an application by the provider to the the Health Information and Quality Authority (HIQA) to register a 50 bed extension to the centre, increasing the maximum occupancy of the centre from 80 to 130 residents.

The centre's governance, management and service oversight arrangements were comprehensive and were reflected in provision of a safe, appropriate and effective

service for residents living in the centre. The governance and management structure was clear and lines of authority and accountability were defined. The provider representative and person in charge worked full-time in the centre. A robust communication strategy informed both formal and informal meeting schedules at resident, staff and management levels. The minutes of monthly governance and management meetings demonstrated a proactive and responsive approach to ensuring the quality and safety of the service and quality of life for residents.

A system was in place to monitor the quality and safety of care and service for residents and there was good evidence of continuous quality improvement. Key areas of clinical care, the environment and residents' quality of life in the centre were consistently reviewed. The information collated was analysed to identify areas needing improvement and actions were completed. The inspector followed up on progress with completion of the four actions required from the last inspection in October 2017. Findings confirmed that these actions were completed. An annual review of the quality and safety of care delivered to residents for 2017 was prepared. It set out the priorities for 2018.

The centre was sufficiently resourced to ensure residents' needs were met. There was sufficient staff available to ensure safe delivery of care in accordance with residents' needs and wishes. The provider and person in charge have prepared a schedule for employment of additional staff to meet the needs of the proposed increase in the numbers of residents to be admitted in the centre. Recruitment procedures in place include a new staff induction process. Staff were supported and facilitated to maintain their training and professional development needs. A record of staff training was maintained by the person in charge to ensure all staff had completed mandatory training requirements and training to ensure they had the skills and knowledge to meet the needs of residents. Review of a sample of staff files by the inspector, in addition to assurance given by the provider representative and person in charge to the confirmed that all staff working in the centre had Garda Siochana (police) vetting procedures completed. There were no volunteers working in the centre.

Regulation 15: Staffing

There were sufficient numbers of staff available with the appropriate skills to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had appropriate skills and knowledge to meet the needs of residents. The person in charge completed annual appraisals with staff to inform their training needs and facilitated them to attend relevant professional training. Staff were facilitated to attend mandatory and professional development training requirements. A staff training need was identified to ensure staff skills were optimised in sensory based activity provision for residents less able to participate in group activities.

Judgment: Substantially compliant

Regulation 21: Records

Documentation required improvement to record the alternatives tried before full-length bedrails were used.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with all staff clear of their roles and responsibilities. There were arrangements in place to oversee the running of the centre and to respond to any issues that arose. There were management systems to support quality improvement including regular audits and reviews of practice in the centre with clear action plans in place to support service improvements when required.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider revised the centre's statement of purpose and function to describe the service to be provided to residents in the current centre, in addition to prospective residents admitted into the proposed 50 bed extension. The statement of purpose and function document detailed the information as required by schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge was the designated person with responsibility for managing complaints but the complaints procedure did not clearly reflect this. All complaints received were closed with satisfaction regarding the outcomes documented. While there was an appeals process in place, this was not clearly outlined in the procedure to ensure complainants were appropriately guided if they were dissatisfied with the outcome of investigation of their complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as sent out in Schedule 5. the policies and procedures were made available to staff and implemented in practice.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and felt safe in the service. A review of residents' care records, the practice of staff, and feedback from residents found that healthcare needs were being met in a timely way and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected.

Records required improvement with more detail required in care plans, activity records and in the records of fire drills.

This inspection assessed the current centre premises in addition to the new extension. The new accommodation consists of 42 single and four twin bedrooms over two floors. The inspector saw that works to the ground floor were completed and works to the first floor were at an advanced stage and nearing completion. The building works were closely monitored to ensure any risks or discomforts to residents were appropriately mitigated. The provider took a proactive approach to risk management. Actions were completed since the last inspection in relation to fire safety to ensure residents were protected from risk of fire in the centre. Some further improvement to ensure emergency evacuation practices were comprehensive was needed.

The layout and design of the premises enabled residents to spend time in private

and in the varied communal areas conveniently located throughout the centre. The layout of some twin bedrooms warranted review to ensure rights to residents' to privacy and choice were met. For example' the location of some screen curtains within close proximity to residents' beds did not ensure their privacy when using assistive equipment. As a television was shared in some twin bedrooms, each resident did not have choice of television viewing or listening.

Residents' care records were reviewed and were found to reflect residents' individual preferences, information about their life before moving to the centre and a health history. Residents received a good standard of care and their healthcare needs were met in a timely way. In practice staff were seen to know the residents needs well, and were responsive to changes such as reduced intake of food, or changes in mobility levels. When clinical risks were identified measures were put in place to mitigate the risks and residents had good access to medical and allied health professionals. There was a focus on promoting residents' rehabilitation and independence. For example a physiotherapist attended the centre twice weekly as part of the service to residents. This optimised residents' health and wellbeing.

The majority of residents' care plans reviewed were of a good standard and clearly set out the residents needs, care and treatments they needed. Review of residents' care records, staff practices and feedback from residents confirmed that their needs were being met with care that reflected their preferences. There were some gaps in the documentation reviewed. For example, a small number of residents' needs were not informed by a care plan and some care plans required more detail to support a consistent approach to care delivery.

Residents' nutritional needs were met to a high standard and this had a positive impact on their health and quality of life in the centre. The chef made significant efforts to ensure all residents received food they enjoyed.

The provider and staff actively sought residents' views and their feedback about the quality of the service. Information was accessible for residents in the centre, with directional signage, public notice boards in key areas, access to the residents guide and a quarterly newsletter.

Residents' rights were seen to be respected in the centre and they were supported to make choices about how they spent their time. A variety of meaningful and interesting activities were offered. Many residents were supported and assisted to continue to pursue personal interests such as art, tapestry and music. Residents experience would be enhanced further if more communal rooms were used for social activities and if staff were trained to facilitate residents to engage in sensory based activities. Records to provide assurances that each resident had opportunity to participate in activities that met their interests and capabilities also needed improvement.

Residents felt safe and were protected by effective safeguarding procedures in the centre. Their rights and wishes were respected. Staff endeavoured to promote a restraint free environment and safety checks were carried out whenever bedrails were used.

Regulation 17: Premises

The centre was bright and spacious and maintained to a high standard. The layout and design of residents' accommodation, including the new extension was spacious and bright. Residents' independence and comfort was maximised by the design, decor and fittings in the centre. There was appropriate and sufficient furniture, assistive equipment and storage facilities. All bedrooms were single and twin rooms with full en suite facilities. Access between the floors in the new extension was provided with installation of a passenger lift.

Communal sitting and dining rooms were located on both floors with convenient wheelchair toilet facilities were located within close proximity. Functioning call bell facilities were available by each residents' bed, in en suite facilities, communal rooms, toilets and shower/bathrooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents nutrition and hydration needs were met

Mealtimes were a social occasion, with a lot of chatting and laughter among the residents and with staff. Residents were assisted as necessary. A dietician and speech and language therapist attended the centre at regular intervals and as necessary.

Judgment: Compliant

Regulation 26: Risk management

The health and safety of residents, visitors and staff was promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

It was noted that fire training for staff was up to date. Additional fire safety training was scheduled to take account of the new extension. This training included fire

evacuation drills to ensure residents were protected from risk of fire in all areas of the centre. The person in charge was monitoring this closely and frequent checks of staff knowledge were carried out.

Records of emergency night and daytime evacuation drills completed did not include sufficient detail to inform the simulated evacuation timescale or confirmation that the simulated drill reflected comprehensive horizontal evacuation procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine management procedures and practices reflected professional guidelines. The pharmacist was facilitated to meet their dispensing obligations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some residents' needs were not identified with a documented care plan. The information in some care plans required further detail to ensure residents' care procedures were clearly described.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' wellbeing and welfare was maintained with a good standard of evidence based nursing care and appropriate and timely access to medical and allied health professionals as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were predisposed to episodes of 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 were observed to be compassionate, sensitive and supportive in caring for these residents. Person centred approaches were observed to have a positive effect on residents' wellbeing and quality of life in the centre.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents from abuse. All staff who spoke with the inspector were knowledgeable regarding recognition of abuse and their responsibility to report.

Judgment: Compliant

Regulation 9: Residents' rights

The close location of screening around beds in some twin bedrooms did not ensure the privacy and dignity needs of residents needing assistive equipment to meet their transfer needs could be met.

Residents in some twin bedrooms did not have choice of television viewing. There was also an absence of discreet listening equipment to enable residents in twin bedrooms to listen to the television provided.

Improvement was required to ensure the interests and capabilities of residents unable to participate in group activities were met. Records were not maintained to provide assurances that residents were facilitated to participate in activities that met their interests and capabilities.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0022373

Date of inspection: 20 & 21/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Sensory training – outsourced & a number of places booked for Sept. '18, for both activity coordinator's & HCA's.</p> <p> </p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Resident care plan updated to reflect the alternatives tried before full bed rail.</p> <p> </p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure reviewed & updated to clearly outline the complaints officer, procedure to be followed, independent appeals persons clearly defined with contact details clearly shown.</p> <p> </p> | |

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| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All drills / simulated evacuations will include more detail i.e. compartment location, comprehensive horizontal evacuation procedures & time to complete evacuation.</p> <p> </p> | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans will be reviewed & updated to reflect the residents' in a holistic approach including personal, health & social care needs. A "key to me" assessment is completed on all residents' & this information will now be reflected in their holistic care plan. Care plans will be audited.</p> <p> </p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - All twin rooms – new screening will be put in place to ensure privacy & dignity needs of residents' needing assistive equipment to meet their transfer needs. - All twin rooms – will have two televisions & discreet listening devices for each resident. - Activity coordinators & HCA's will input daily residents' level of participation & activity participated in. - Sensory training is booked for activity coordinators & HCA's. - Schedule of daily activities displayed, incorporating number of varied activities to run concurrently throughout the day in communal rooms within the centre, offering residents' choice. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|----------------------|---|-------------------------|-------------|--------------------------|
| Regulation 21(1) | The registered provider shall 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. | Substantially Compliant | Yellow | 6/07/2018 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Substantially Compliant | Yellow | 7/08/2018 |
| Regulation 34(1)(c) | The registered provider shall provide an accessible and effective complaints | Substantially Compliant | Yellow | 22.06.18 |

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| | procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints. | | | |
| Regulation 34(1)(g) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process. | Substantially Compliant | Yellow | 22.06.18 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 30/07/18 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Substantially Compliant | Yellow | 25.06.18 |
| Regulation 9(2)(b) | The registered provider shall provide for residents | Not Compliant | Orange | 9.07.18 |

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| | opportunities to participate in activities in accordance with their interests and capacities. | | | |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 9.07.18 |