<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Esker Ri Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000733</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilnabinnia, Clara, Offaly.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>057 933 0030</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@eskerri.com">info@eskerri.com</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>Clara Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sheila Maher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>79</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From: 30 January 2017 10:30 To: 30 January 2017 18:00
31 January 2017 09:30 To: 31 January 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tr>
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</table>

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the health and safety of residents and staff was promoted
and protected. Fire procedures were robust. Actions required from the previous inspection had been addressed.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files were complete and staff were offered a range of training opportunities.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. However some improvement was required to ensure that care plans were updated to reflect recommendations of other health professionals. In addition there was limited evidence of resident or relative involvement in the review of the care plans. Both of these had been identified as an area for improvement at the last inspection.

While safeguarding procedures were in place, improvement was required to ensure that the management of residents’ money was sufficiently robust and transparent.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services.

There was evidence of a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported by the provider nominee, who took responsibility for the non-clinical management of the centre. The inspector observed a good working relationship between the person in charge and the provider nominee. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

The inspector was satisfied that the centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge demonstrated her commitment to her own professional development and education. For example the person in charge had completed courses in gerontology and a management course. She had continued to attend training and seminars relevant to her role such as end of life care and dementia. The person in charge had recently completed a train the trainer course and a safeguarding vulnerable adult’s course with the intention of carrying out in-service training for staff.

Appropriate deputising arrangements were in place to ensure adequate management of the centre during the person in charge's absence.

Audits were being completed on several areas such as complaints, incidents and medication management. The inspector saw that action plans were put in place to
address any issues and the results of these audits were shared with all staff at team meetings.

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a review of the incidents in the centre, the roster was changed to have additional staff on duty at identified times.

It was noted at the previous inspection that the annual review of the quality and safety of care was not completed. This had been addressed. The inspector saw that a comprehensive review had been completed and included details of recruitment activities, training and health and safety issues including falls.

Regular residents' meetings were carried out and this is discussed in more detail under Outcome 16. Resident satisfaction surveys were also completed on a yearly basis to measure residents' satisfaction with the service provided.

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the service that was provided in the centre. It had been recently updated to reflect an increase in staff numbers.

**Judgment:**
Compliant

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

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

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that that one of the records listed in Part 6 of the regulations were not complete. The inspector reviewed the directory of residents and noted that some information required by the regulations was not included. This was discussed with the provider nominee and person in charge as this was identified as requiring action from the previous inspection.

Otherwise the inspector saw that the other actions required from the previous inspection were completed. The remaining records listed in Part 6 of the regulations were maintained in a manner that ensured completeness, accuracy and ease of retrieval.

The written operational policies required by Schedule 5 of the regulations were in place. The inspector was satisfied that they had been adopted and implemented throughout the centre. Sign off sheets were maintained which staff signed to confirm that they had read and understood the policies.

The inspector saw that records were archived securely.

The centre was insured against accident or injury to residents, staff and visitors.

The inspector read the residents' guide and noted that it met the requirements of the regulations. It was available to all residents and there were additional copies in the front hall.

The inspector read a sample of completed contracts. These had recently been updated to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The contracts included details of the services to be provided and the fees to be charged.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

**Findings:**
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. However improvement was required to ensure that the system in use to keep residents’ monies safe was sufficiently robust and transparent.

The inspector reviewed the system in place which included a computerised account of deposits and withdrawals. However the inspector noted that in one case reviewed there was a duplicate withdrawal entry. The inspector also noted that another balance was incorrect. Action was also required from the previous inspection in relation to resident’s monies. Although some improvement had occurred as regards issuing receipts, the inspector discussed with the provider nominee, the need for a more robust system to be implemented. The provider nominee undertook to address this immediately.

The inspector noted that the safeguarding policy was comprehensive. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and provider nominee were clear about the measures they would take if they received information about suspected abuse of a resident.

The use of restraint was in line with national guidelines. Incidents where restraint was used were notified to HIQA in accordance with the regulations. The inspector noted that appropriate risk assessments had been undertaken. Usage was now minimal and staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds was available throughout the centre to reduce the need for bedrails. Two hourly checks were completed when in use.

The inspector was satisfied that 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 specific training. The inspector saw that appropriate risk assessments were completed. Detailed care plans were in place. Information was available on possible triggers and appropriate interventions. De-escalation techniques such as providing reassurance and engaging in an activity were also documented. In one care plan reviewed, specific details such as the gender of the staff to provide assistance was specified. The inspector saw that regular advice and support was provided by psychiatry of later life services.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The inspector found that the health and safety of residents, visitors and staff was promoted and protected. Actions required from the previous inspection had been completed.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the regulations.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were carried out on regular basis. At the previous inspection it was noted that fire doors were held open and therefore would not close in the event of an emergency. In addition some staff had not attended fire training. The inspector noted that these had been addressed. The inspector reviewed the training records, spoke to staff and reviewed a sample of certificates of training and was satisfied that all staff had attended training. Fire doors were unobstructed.

Infection control precautions within the centre were satisfactory. The action required from the previous inspection in relation to the potential risk of cross infection posed by residents’ sharing towels had been addressed. Second towel rails had been provided in all twin room en suites.

The centre was clean and household staff were able to describe the infection-control procedures in place. Hand sanitisers were strategically placed throughout the designated centre and staff and visitors were observed using them.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist. Weekly hoist inspections were carried out including inspecting the emergency functions, fittings, cleanliness and the condition of the slings. Lifting equipment was serviced on a six monthly basis. Each resident had a personalised manual handling plan which was reviewed every three months or more frequently if a resident’s condition changes. Hand rails and grab rails were installed throughout the centre.

There was a major incident policy in place which included action to take in the event of
medical emergencies, flooding, gas leaks etc. Alternative accommodation for residents was listed should evacuation be necessary.

**Judgment:**
Compliant

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that medication management practices were safe.

The medication management policy provided guidance to staff across the range of medication practices.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. In addition, the supplying pharmacist attended the centre and spoke with residents or relatives regarding prescriptions.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

Appropriate procedures were in place for the return of unused or out of date medications. The person in charge discussed plans afoot to review the current system to include additional records confirming receipt in the pharmacy.

**Judgment:**
Compliant

**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of
The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Improvement was required however to ensure that the recommendations of allied healthcare professionals were reflected in the care plans. In addition there was no documented evidence that residents or relatives were involved in the review of care plans.

On admission to the centre each resident’s needs were comprehensively assessed. Risks assessments were completed for a number of areas such as falls and pressure area care. Each resident had a care plan completed. This mostly identified their needs and the care and support interventions that would be implemented by staff to meet their assessed needs.

However the inspector noted that the care plans were not consistently updated to reflect recommendations by other health professionals. For example, a resident had been reviewed by a dietitian and specific recommendations were made regarding the type of diet suitable for the resident. These changes had not been incorporated into the care plan. The inspector noted that the information had been passed on to the catering staff and appropriate diet was being given.

In addition there was no documented evidence that residents or relatives were involved in the review of care plans. Both of these issues were also identified at the previous inspection and had not been addressed within the agreed timescale.

The inspector reviewed the management of clinical issues such as wound care and diabetic care and found they were well managed and guided by robust policies.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), occupational therapy and dietetic services. A physiotherapist provided individual and group sessions in the centre. Chiropody, dental and optical services were also provided.

Validated nutrition assessment tools were used to identify residents at potential risk of
malnutrition on admission and were reviewed on a monthly basis. Weights were also recorded on a monthly basis or more frequently if required. Food diaries were completed for residents who appeared to have reduced appetites. Some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents’ files.

The menu which was on a four-week cycle had been reviewed by a dietician to ensure that it was sufficiently wholesome and nutritious. Any recommendations made by the dietician were implemented. Adequate choices were available and the inspector saw that residents who required their food in a modified consistency had the same choices.

All residents spoken with were very complimentary about the food with some residents describing it 'like a hotel'. The inspector saw that snacks and refreshments were available throughout the day.

The inspector was satisfied that each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The practices were supported by an end-of-life policy. Advice and support was provided by the local palliative care team.

There was a procedure in place for the return of possessions. Training on end of life care had been provided to staff and additional training was planned during the coming year. This included training on 'what matters to me'.

Social care needs will be discussed under Outcome 16.

Judgment:  
Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:  
Effective 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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents.
Esker Rí is a purpose built single storey centre. It is divided into three wings and can accommodate 80 residents in 70 single en suite rooms and 5 twin en suite rooms. The action required from the previous inspection relating to adequate screening in shared rooms had been addressed.

The inspector found that the centre was warm and homely. Some residents showed the inspector their bedrooms. All were appropriately decorated and some contained personal items such as family photographs, posters and pictures. Residents had access to assistive equipment where required.

There was adequate communal space. There were four sitting rooms and an activity room located around the building. In addition the front foyer was popular with residents. A coffee dock was located here and the inspector saw residents and relatives using this facility.

The inspector found that appropriate assistive equipment was available such as profiling beds, hoists and pressure relieving mattresses. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. Several comfortable couches were located along the corridors.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef told the inspector that she could source any food that residents requested.

The laundry which was located within the building was spacious, organised and well equipped. There was a separate area for sorting clean laundry. Staff spoken with were knowledgeable about the different processes for different categories of laundry.

Other rooms included an oratory, a hairdressing salon, treatment room, nurses' stations and a treatment room. There were three fully equipped sluice rooms. Staff facilities were also provided.

There was a call bell system throughout the premises. This had been updated to allow for ongoing monitoring of response times following complaints regarding length of time taken for the bells to be answered.

There were assisted toilets and bathrooms throughout the premises located along corridors and near communal areas. CCTV was in use along corridors and reception areas and a policy was in place to guide usage.

The centre had three secure courtyard areas. Residents told the inspector that they enjoyed spending time in the garden during fine weather. There was ample garden furniture for residents’ use. There was parking for visitors and staff at the front and side of the building. The inspector noted that visitor parking was located nearest the entrance doors.

Judgment: Compliant
**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector noted that there was a centre-specific comprehensive complaints policy.

The complaints policy identified the nominated complaints officer and met the requirements of the regulations. A summary of the complaints procedure was displayed prominently at the reception area and was included in the statement of purpose.

The inspector read the complaints log and saw that detailed information was maintained including the complainants level of satisfaction with the outcome.

It was noted at the previous inspection that management investigated and addressed a complaint received but did not initiate the complaint policy/procedure. The inspector saw that since then all complaints were managed in line with the policy.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/ she is facilitated to communicate and enabled to exercise choice and control over his/ her life and to maximise his/ her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for
permission to enter. Adequate screening was available in twin rooms.

A residents’ committee had been established and regular meetings were held. The inspector read some of the minutes and saw that when residents had made some recommendations these had been acted upon. For example some residents had previously said that they found it difficult to hear sometimes in the main day room. This related in particular to mass and meetings. The inspector saw that an amplification system had been purchased to address this. Residents told the inspector they were happy with the system.

Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available or some residents returned home for this. Mass took place on a weekly basis. Many residents undertook the various tasks for this such as the readings and prayers. A resident-led rosary was also recited each evening and residents told the inspector how important this was to them. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

Newspapers and magazines were available and the inspector saw some staff reading to residents. There was a varied activities programme with arts and crafts, exercise, bingo, and music included. During the inspection, residents were busy making crosses for St. Brigid's Day. Other residents were actively engaged in knitting and crocheting squares for a blanket. The inspector spoke with one of two activity coordinators who outlined plans currently afoot to set up a ‘Friends of Esker Rí’ to fundraise within the local community.

Residents could have their laundry attended to within the centre. Residents expressed satisfaction with the laundry service provided. Adequate storage space was provided for residents’ possessions.

**Judgment:** Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:** Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files including those of recently recruited employees, and found that all were complete. Gaps in these files had been identified at the previous inspection and this action was now complete. The person in charge and provider nominee gave an assurance to the inspector that all staff had garda vetting in place.

HIQA had received information that there was inadequate staff on duty particularly at night time. Absenteeism due to sick leave had caused some staff shortages and additional staff had been recruited. The provider nominee had also introduced a system to reward staff who had full attendance. The inspector reviewed the roster which reflected the staff on duty. The inspector noted that all recent absences had been covered and additional staff were also on duty at various times.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

There were no volunteers attending the centre at the time of inspection. The person in charge was aware of the requirements relating to both garda vetting and having the roles and responsibilities set out in writing.

**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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
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<td>OSV-0000733</td>
</tr>
<tr>
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<td>30/01/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/02/2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not meet the requirements of the regulations.

1. Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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 CNM will be accountable & responsible for ensuring the “Directory of Residents’” is completed as per paragraph (3) of schedule 3. The PIC will conduct audits of the “Directory of Residents’” to ensure all information is accurate.

Proposed Timescale: 06/02/2017

Outcome 07: Safeguarding and Safety
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that system for managing residents' pocket monies was sufficiently robust and transparent.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The system for managing residents' pocket monies is revised. The accounts department have introduced a paper ledger system with numbered receipts to complement the electronic recording of residents’ pocket monies, ensuring transparency & accuracy.

Proposed Timescale: 06/02/2017

Outcome 11: Health and Social Care Needs
Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that residents or relatives were involved in the review of care plans.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Electronic care planning will be supplemented by a hard copy, which facilitates each resident / relative, to be involved in the review of the care plan & same will be signed
by the persons involved in the review i.e. resident / family, S/N.

**Proposed Timescale:** 20/02/2017

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Care plans were not consistently updated to reflect recommendations by other health professionals.

4. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
Each Named Nurse will ensure that his/her care plans reflect recommendations by other healthcare professionals. Each residents care plan will reflect his/her personal, health & social care needs. Each residents’ care plan will be reviewed & updated.

**Proposed Timescale:** 20/02/2017