



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Elmgrove House Nursing Home
Name of provider:	Catherine Gallagher
Address of centre:	Syngefield, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	03 February 2020
Centre ID:	OSV-0000035
Fieldwork ID:	MON-0028221

About the designated centre

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

Elmgrove House Nursing Home provides accommodation for a maximum of 23 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The centre is located on a mature site, at the end of a short avenue and within walking distance from Birr town centre. The premises is a listed period building. Residents' accommodation consists of 21 single bedrooms and one twin bedroom, located over two floor levels. The first floor is divided into three wings: wings D, E and F and are accessible by chair lift and stairs. Residents accommodated on the first floor are assessed as capable of using the stairs and/or chair lift. Shared toilets and washing facilities are available on each floor. A variety of communal rooms are provided for residents' use, including sitting and dining facilities on the ground floor and a sitting room on the first floor. Each resident's dependency needs are regularly assessed to ensure their accommodation is appropriate and their care needs are met. The service provides 24 hour nursing care and the provider employs a staff team consisting of registered nurses, care assistants, activity, housekeeping, administration and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Monday 3 February 2020	09:15hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

While, the centre accepted male and female residents, all 15 residents living in the centre on the day of inspection were female. All residents who spoke with the inspector expressed high satisfaction with the service they received and in particular how caring the person in charge and staff were towards them. They told the inspector that staff were 'exceptional' and that their needs were addressed by staff before they even had to ask for assistance. The inspector saw that staff used every interaction as an opportunity to positively connect with residents and this had a positive impact on residents' feelings of well-being, belonging and comfort in their living environment. Residents' feedback concurred with the inspector's observations that there was no delays with staff providing assistance to residents. Staff told the inspector that they came into work with 'a smile on their face' and enjoyed working with residents in the centre.

Residents said they felt safe in the centre, and that staff were always very kind and approachable. Residents said that they were always encouraged to choose the time they got up or went to bed, the clothes they wore and how they wanted to spend their day.

Residents said they enjoyed the activities and there was 'enough activities to keep them occupied'. Several residents liked to relax and listen to their radio in their bedrooms before coming to the dining room for their lunch and they were supported to do this by staff. One said she 'loved the radio all her life' and that staff always made sure it was switched on for her. Some residents liked to listen to a daily Mass streamed from the local church in the sitting room. They were also satisfied that a local priest celebrated Mass in the centre each week and the Church of Ireland minister held a service for residents in the centre every month.

On the day of inspection, a member of staff facilitated a chair exercise activity and a physiotherapist facilitated a weekly exercise programme with residents. Residents told the inspector that they welcomed these exercise sessions and 'would never miss them' as they considered them an good opportunity to 'keep them well' and 'that there was always some fun at them'. Many residents spoke about their families and told the inspector that 'there was always a welcome for them in the centre'. The inspector observed residents chatting with their visitors in the sitting room and in a seated area in the centre's reception area. Visitors who spoke with the inspector said they were always made to feel welcome and spoke about the 'easy and relaxed atmosphere' in the centre. Residents were 'very happy' that they were supported to maintain contacts with the community. Some residents said they pleased that they could continue to attend their local hairdresser and loved going out with their families and friends.

The centre had recently added baking to the activities for residents in the centre. Some residents told the inspector that they enjoyed making scones. All residents spoken gave high praise to the quality of the home cooked meals in the centre.

Their comments included ' best food I ever had', 'you can have what ever you want to eat', food was 'flavoursome and well cooked' and 'outstanding'. The chef baked homemade breads and cakes on a daily basis which residents said they loved.

Residents said they liked having their own room and they appreciated that they had their own room and television set, which meant they could always watch the programmes that they liked. Residents stated that their privacy was respected by staff when they provided care.

Some residents talked about the recent works that had been done in the centre. They said they were told about these works by the person in charge and staff and confirmed they were not inconvenienced in any way.

Capacity and capability

This was an unannounced inspection to monitor on-going compliance with the regulations and standards. Improvements were implemented since the last inspection in September 2019 to achieve compliance with seven out of the 11 regulations that were identified as needing improvement. While, actions were taken by the provider to progress compliance plans with the other four regulations, the inspector found further improvements were necessary. The Chief Inspector applied a restrictive condition on the centre's registration in May 2019 prohibiting use of a bedroom in 'The Suite' area of the centre for residents due to fire safety concerns.

The governance and management in the centre had been strengthened. The provider employed an external consultant to support them with putting effective governance structures in place. The service had been reviewed and oversight arrangements of the quality and safety of the service provided were improved. Plans to implement a system of audits to monitor the quality and safety of the service and inform service improvements. This was a work in progress and when these audits were rolled out, they would provide assurances that the service provided was safe, appropriate, consistent and effectively monitored.

The outcome of works completed since the last inspection was having a positive impact on oversight of the service. The provider had a system for proactively managing any risks identified in the centre. Although documentation needed some improvement to ensure communication with the staff team and ongoing review, the inspector found that controls were in place to mitigate risks identified. While use of a small number of restrictive full-length bed rails did not sufficiently reflect national restraint policy guidelines, the provider was in the process of sourcing modified length bed rails as non restrictive alternative equipment to trial.

The person in charge was also the provider worked full time in the centre. The person in charge worked on occasional weekends, to ensure the standard of the service was consistent and that a member of the centre's management team was available outside of weekdays. This arrangement gave assurances of timely access

to key personnel for staff and residents for any issues arising.

Staffing levels were in line with the centre's statement of purpose and the provider had refrained from admitting residents while significant works were in progress to address fire safety issues in the centre. There were sufficient staff to meet the needs of the 15 residents currently living in the centre. The provider representative/person in charge reviewed staffing resources on an ongoing basis to ensure sufficient skilled staff were provided to meet residents' needs. The inspector was given assurances that staffing numbers would be increased as the centre's occupancy increased. Arrangements to cover staff absences were in place and staff were facilitated to attend mandatory and professional development training.

The provider ensured that all staff had completed An Garda Síochána Vetting before commencing working in the centre in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The provider did not act as a pension agent for collection of any residents' pensions on their behalf.

Regulation 15: Staffing

A minimum of one registered nurse was on duty at all times in the centre. There was one staff nurse and two care staff employed during the day and one staff nurse and one care staff during the night to care for 15 residents. The person in charge, who is also the provider representative assured the inspector that staffing numbers and skills were kept under review and will be increased with as occupancy levels increase. The inspector observed that staff interacted and mingled among the residents making sure their needs were responded to without delay. Residents confirmed that their needs were met promptly and there was always staff nearby if they needed assistance.

The inspector examined records evidencing staff checks on residents during the night and found that residents, including residents with bedrails were checked frequently.

Records of simulated night time emergency evacuation drills provided assurances that timely evacuation of residents could be achieved. The person in charge/provider representative was aware that increases in resident occupancy will require review of staffing resources available at night to ensure timely evacuation of all residents to a place of safety in the event of an emergency in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training needs were informed by residents' needs. A staff training matrix record

was maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training done by staff. All staff were facilitated to attend mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety. Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and legislative requirements.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by the inspector and all held the documents as set out in Schedule 2. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was available in all staff files reviewed. The provider representative/person in charge gave assurances that all other staff currently working in the centre had completed Garda Siochana vetting disclosures available in their files.

A record of recent simulated night and day time emergency evacuation drills and testing of fire equipment (including fire alarm equipment) conducted in the designated centre was maintained. Identification of any defects and actions taken to remedy the defects found in the fire equipment was detailed.

A record pertaining to schedule 3, paragraph 4(c) regarding a daily nursing record of each resident's health, condition and treatment was completed.

The policies as required by Schedule 5 were available and were up-to-date.

A record of all visitors to the centre was maintained. Staff controlled access to the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was also the person in charge and was supported by an administrator. The roles and responsibilities of the management team were clearer since the last inspection and there was evidence of improved service oversight by a better informed and more responsive management structure. Necessary significant works to ensure fire safety in the centre were completed and monitoring procedures were established. Improvements were progressed since the last inspection in September

2019 to ensure the quality and safety of the service provided and to bring the centre into compliance with the regulations.

The provider was being supported by an external consultant with implementing an auditing system to monitor the quality and safety of the service. There was a delay in implementing auditing the service to allow for foundation work to be completed regarding updating of the centre's policies and procedures to ensure they were reflective of the service provided and guided best practice. Although not yet commenced, an auditing schedule was prepared that assessed the quality and safety of key aspects of the service. Arrangements were in place for analysis of the information collated with development of improvement plans to address any deficits identified. The inspectors saw that the roll out of these audits would provide an effective system to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The provider representative convened monthly management meeting, the minutes of meetings held since the last inspection were made available to the inspector. There was evidence that decisions were made and actions were completed regarding improvements to the service. A structured agenda was being prepared by the provider with the assistance of the external auditor to ensure all aspects of the service were reviewed at the monthly management meetings.

Assurances were available that staffing resources were reviewed and that there was sufficient staffing resources provided to ensure the supervision and safety needs of residents in line with the centre's statement of purpose.

During the inspection, the person in charge explained that the small centre enabled residents to give feedback to staff and the managers on a day-to-day basis. They also held residents' meetings, every three to four months. Some feedback surveys had been completed by residents previously and further surveys were planned. The feedback in surveys completed and residents' feedback to the inspector confirmed residents' high levels of satisfaction with the service provided.

The provider was preparing an annual review of the quality and safety of the service in consultation with residents for 2019.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider made recent amendments to the centre's statement of purpose to ensure it detailed all information as required by the regulations. The centre's statement of purpose details arrangements in place where only residents who are independently mobile are accommodated in accommodation above the ground floor.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of any accidents and incidents involving residents in the centre was maintained. No incidents of serious injury to residents occurred since the last inspection in September 2019. There was no delays in submitting quarterly reports as required since the last inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the centre's operating policies and procedures and noted that the centre had site-specific policies including policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies including the risk management and fire policy were reviewed and updated since the inspections in 2019.

Judgment: Compliant

Quality and safety

Residents' nursing and health care needs were met to a good standard. A review of residents' care plans, practices by staff, and feedback from residents and some residents' visitors found that residents' health and nursing needs were being met in a timely way and care provided reflected their individual preferences and wishes.

Residents were safeguarded from abuse by effective measures and procedures in the centre and they confirmed they felt safe in the centre. Residents with conditions that predisposed them to episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being well supported. As found on previous inspections, use of restrictive full-length bedrails as a falls prevention strategy for a small number of residents in the centre was not reflective of national policy guidelines. Residents with full length bed rails were frequently checked by staff but less restrictive alternatives were not being trialled at the time of inspection. The provider was working to source modified length bed rails as

potential alternatives to full length bed rails.

Although management of all risk in the centre was improved with proactive procedures, documentation to ensure a small number of already identified potential environmental hazards and concomitant controls in place needed improvement. Significant works were found to be completed to ensure that sufficient measures were in place to safeguard residents from risk of fire in the centre. The fire detection and alarm system had been upgraded to a type L1 category system, thereby providing improved early warning of a fire in the centre. Completion of effective compartmentation of the centre building and upgrading of external escape routes gave assurances regarding containment of fire and smoke and that residents' evacuation to a place of safety in the event of a fire was now feasible.

Each residents evacuation needs in the event of a fire in the centre were assessed and detailed in the form of a Personal Emergency Evacuation Plans (PEEPs). Detail was provided in residents' PEEPs regarding their cognitive ability, required methods of evacuation for both day and night and their supervision needs post evacuation.

Residents' care needs were met to a good standard and their good health and quality of life was prioritised by staff. Person centred care was provided by staff who knew the residents well. Care records had person-centred information detailed to guide staff care in line with residents' preferences and wishes. Where necessary, health professionals outside of the service were contacted to provide support for residents including speech and language therapy, physiotherapy, dietician, community palliative care services and community psychiatry of later life services.

The design of the premises enabled residents to spend time in private and in communal areas of the centre. Residents privacy was assured in their bedrooms since the last inspection with fitting of door handles and locks. There was sufficient storage for residents' property and for assistive equipment. An area on the first floor referred to as 'The Suite' was not in use for residents' accommodation and now provided additional storage space.

Residents had access to a garden and to other outside areas. Residents were being supported to make choices about how they spent their time and they got up and retired at a time of their choosing. Residents had access to a variety of activities that interested them and ensured they could continue to pursue and enjoy these interests in the centre.

The registered provider who was also the person in charge, was present in the centre on a daily basis and residents knew her well. She conversed with residents and relatives and got their feedback informally about the quality of the service, as well as feedback on the service provided during the regular residents' meetings.

Regulation 12: Personal possessions

Residents clothing was laundered appropriately in the centre's laundry. The provider

upgraded the laundry recently with a new industrial dryer. Residents' clothing was discretely labeled to ensure safe return to each resident. Residents were satisfied with how their clothes were laundered and the the inspector observed residents' clothing to be clean, ironed and well cared for.

Residents were provided with adequate storage space for their clothing and personal belongings and they were supported to access and maintain control over their property.

Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions if they wished. The provider did not keep any monies in safekeeping on behalf of residents and was not a pension agent for collection of any residents' pensions.

Judgment: Compliant

Regulation 13: End of life

There were no residents in the service on the day of inspection receiving end-of-life care. Staff provided end-of-life care to residents, with the support of the resident's GP and the community palliative care services. Residents were given sufficient opportunities to express and have their end-of-life wishes met regarding their physical, psychological and spiritual needs. The person in charge ensured that residents were involved in decisions regarding their end-of-life care and supported them to with making choices where they wished to receive end-of-life care.

Most residents in the centre resided in single bedrooms and arrangements were in place to ensure residents residing in the one twin bedroom were accommodated in a single bedroom if end-of-life care was necessary. Residents' relatives were facilitated to stay overnight with them when they became very ill and arrangements were in place to provide refreshments, as appropriate. The person in charge outlined how residents' religious and cultural practices and faiths were facilitated to the inspector and provided assurances that members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents as they wished.

Judgment: Compliant

Regulation 17: Premises

The centre premises is a large, period home which had been refurbished to provide residents with a comfortable, warm and homely living environment. Accommodation was provided over two floors in 21 single bedrooms, and one twin bedroom. None of

the bedrooms had en suite toilet or shower facilities, but there was adequate sanitary and bathroom facilities provided within close proximity of all bedrooms and communal rooms. Bedroom accommodation on the ground floor, comprised 6 single and one twin bedroom, a shower room with a toilet and wash basin, a bathroom with a toilet and wash basin and two other toilets. The main sitting room and a spacious dining room were also located on the ground floor just off the entrance hall.

Accommodation on the first floor was set out in three wings, D wing had five single bedrooms, a shower/toilet and a large sitting room. Wing E had five single bedrooms a toilet and shower room. Wing F had five single bedrooms and shared a bathroom and a toilet. D, E and F wings on the first floor were accessible by stairs and chair lifts. The statement of purpose stipulated that only residents who were assessed as capable of using the stairs or the chair lifts could be accommodated on the first floor. The inspector observed that all the residents on the first floor were mobile and could manage the stairs or chair lift independently or with minimal assistance from staff.

Repair works had been carried out to the fabric of the internal premises since the last inspection. Overall the inspector observed that the centre was in a good state of repair throughout. Small areas of worn carpet on the end of a corridor on the first floor and in the smoking room on the ground floor were scheduled for replacement. Handrails were fitted along all corridors and stairs. Since the last inspection, the provider had progressed installing fixed grab rails in toilets in the centre. While, a mobile seating frame was in place over one toilet on the first floor and fixed grab rails were fitted on one side only on other toilets, work was ongoing to install fixed grab rails on both sides of all toilets to optimise residents' safety in the centre.

Residents' bedrooms varied in size and layout and provided residents with sufficient space to meet their individual needs. Working call bells were accessible from each resident's bed and in each room used by residents. Resident's bedrooms were comfortable and personalised with their soft furnishings, ornaments, plants and family photographs. Residents were provided with televisions in their rooms and adequate wardrobe space to store their clothes.

There were communal sitting rooms on both floors and residents also had access to a dining room and a spacious hall area on the ground floor. Residents' meals were prepared in a spacious kitchen area adjacent to the dining room. The sluice room was compact but suitably equipped, with a bed pan washer, sluice sink, a wash hand basin and shelving. The sluice and laundry were accessed by a key code lock to prevent unauthorised access.

The centre was set in mature and well maintained grounds. There was adequate parking at the front of the centre and residents had access to an external enclosed garden to the rear of the centre. Outdoor seating was provided for residents' comfort.

Sufficient storage areas for residents' equipment was provided and all equipment

was appropriately stored on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place in the centre. This policy was updated and included instruction on the risk assessment process, including risk identification, risk assessment, development of controls and learning procedures. There was evidence on this inspection that the risk management policy was implemented in practice. While, some improvement continued to be necessary to the documentation of risks to ensure this documentation informed staff and promoted proactive management of risks.

Some hazards identified by inspectors on the last inspection were not documented. For example, the lower height of some parts of the main stair railing, the open stairwell, use of mobile seating frames over a toilet and the absence of secure grab rails on both sides of some toilets. The provider confirmed that these areas were already identified as potentially hazardous areas and the provider had put controls in place to mitigate levels of risk. However, these areas of risk and the controls put in place by the provider were not clearly documented in the centre's risk register.

Controls specified to mitigate the level of risk posed by cigarette smoking by one resident in the centre and storage of oxygen cylinders were found to be consistently implemented.

There was an emergency plan in place and there was evidence of alternative accommodation arrangements in place for residents in the event of an emergency evacuation being required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and was proactively managing any any risk of fire in the centre since the last inspection.

Comprehensive fire safety management procedures were in place. A recently installed upgraded fire alarm and emergency lighting system was seen to be fully operational on this inspection. Quarterly service records completed a competent person in fire safety were made available to the inspector. Routine daily and weekly fire equipment checking procedures were completed by designated persons in the centre and no gaps were evident. The centre's fire alarm was sounded on a weekly basis to ensure it was operational at all times. All internal and

external fire exits were checked daily to ensure they were free of any obstruction. External exit routes were upgraded and cleared to ensure access to the external designated assembly area was not hindered if required. Compartmentation for the purposes of fire containment was assured with completion of installation of fire doors on boundaries in the centre's corridors. Procedures were also in place to ensure all bedroom and communal room doors closed automatically in the event of a fire in the centre. The inspector observed that the door to the smoking room was kept closed at all times.

Instruction was sought by the provider from a fire safety consultant regarding mitigation of risk posed by a disused laundry chute between a bedroom corridor on the first floor and the laundry room. The provider also sought advice from a competent person regarding storage of oxygen cylinders and notices regarding same were displayed on the doors to the two areas used for oxygen cylinder storage.

The fire blanket on the wall outside the smoking room was replaced with an adult size fire blanket for use in the event of an adult's clothing catching fire.

The main entrance door was locked and measures to ensure use of this door as a means of escape were completed. There was a key located in a break glass unit adjacent to this door and a copy was held by the nurse on duty at all times.

Each resident's personal evacuation needs were comprehensively assessed including their supervision needs as necessary. This information was kept in a designated emergency bag in the centre's nursing office and a copy was easily accessible in each resident's bedroom. Simulated emergency evacuation drills were completed to ensure residents could be safely evacuated during the day and at night when there were less staff resources present in the centre. The records of emergency evacuation drills made available to the inspector gave assurances that timely horizontal evacuation of residents from the centre's largest compartment would be achieved during the day and at night.

Staff who spoke with the inspector were aware of the emergency procedures in the centre and the training records confirmed that all staff had attended fire safety training as required.

Procedures to be followed in the event of a fire were displayed and a floor plan indicating compartment boundaries was displayed by the fire alarm panel in the centre.

The provider had taken measures since the last inspection to ensure all emergency exit signage was clearly visible from all areas of the first floor escape corridors and that all emergency signage was permanently lit.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents' needs were assessed by a registered nurse on admission and regularly thereafter to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, risk of falls, risk of pressure related skin damage, oral health and their skin integrity among others. Residents' clinical observations including their blood pressure, pulse and weight were assessed on admission and monthly thereafter. Care plans were developed to inform the care interventions necessary to address each resident's assessed needs. Residents' care plans examined by the inspector varied in the level of person-centred information detailed regarding the care that was of priority to individual residents but residents confirmed to the inspector that staff knew their needs very well and knew their likes and dislikes regarding their care preferences and wishes. The person in charge and a staff nurse described the care individual residents preferred regarding their personal care and skin care routines. Work was in progress to improve the detail in residents' care plans to ensure the level of care provided by staff was documented.

Residents' care plans were consistently reviewed every three months or more often as residents' needs changed. Reviews were done in consultation with each resident or their relative on their behalf if appropriate and records were maintained to reference this consultation process. There were no incidents of residents falling since the last inspection and there were no residents with pressure related skin injuries in the centre. Pressure settings on pressure relieving mattresses were monitored to ensure they were set according to individual resident's weights. Residents with diabetes had access to the diabetic clinic in the local hospital. Their care plans directed care in relation to diet, medications, frequency of blood glucose monitoring, guidance regarding the parameters for their recommended blood glucose levels and nursing care interventions if their blood glucose was too high or too low.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge assessed all residents prior to admission to ensure their needs could be met by the service. A very small number of residents with dementia were periodically 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). There were systems in place to support residents with managing any episodes of responsive behaviours that residents experienced and they were well supported to mitigate episodes of any responsive behaviours. Staff had been facilitated to attend training to support them to work in a person-centred way with any resident who had responsive behaviours. During the inspection, staff interacted with residents predisposed to responsive behaviours in a sensitive and appropriate manner and these residents responded positively to the techniques and interventions they used. Residents with health

conditions that predisposed them to episodes of responsive behaviours were appropriately assessed. Their care plans described person-centred interventions to de-escalate any incidents and to ensure a consistent team approach to the management of their behaviours. The details of any episodes of responsive behaviours experienced by residents were recorded to inform their treatment plans. Residents had access to community psychiatry of later life services who visited them in the centre.

Full-length bedrails were in use for a very small number of residents. The purpose of their use to prevent residents falling out of bed in the absence of trying less restrictive alternatives that would promote their safety without restricting them was not reflective of the National Restraint Policy guidelines. There was insufficient documentary evidence that less restrictive strategies had been trialed and partial length bedrails were not currently available. Records maintained confirmed that residents with bedrails in use were frequently checked by staff and the periods of time the bedrails were in place were reduced with regular removal for short periods of time throughout the night. The person in charge was committed to ensuring residents independence was supported and promoted in the centre and told the inspector that the service was in the process of sourcing partial length bedrails as alternatives for trial before using full-length bedrails.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse and presentation. All interactions observed by inspectors by staff with residents were respectful, courteous and kind and residents who spoke with the inspector confirmed that they always felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported as individuals and they were encouraged to make decisions and choices regarding their day-to-day lives in the centre. Residents' assessments gathered information on their life, experiences and preferences to ensure care that was of priority for them was provided. A residents' committee met every three to four months. A review of the minutes of the meetings did not reference discussion with residents regarding the recent works undertaken

to upgrade the service. However, the person in charge confirmed that these works were discussed by the centre's management team and staff on a day-to-day basis with the residents and residents expressed their satisfaction to the inspector regarding how the works were organised to minimise any impact on their lives. Opportunities taken to discuss the running of the centre with individual residents was welcomed. However, discussion in a residents' committee forum setting would ensure that issues residents wanted further information or assurances on would be tracked and inform appropriate action by the provider to ensure all residents were given opportunity to be involved and informed regarding the running of the centre.

Residents' activities were facilitated by staff in the centre to ensure that residents were socially engaged. Residents' activities included chair exercises, quizzes, music, reminiscence, dog therapy, manicures, cookery, reading local newspapers, arts and crafts and watching old movies among others. Residents were supported and encouraged to continue their past interests in the centre, where possible. For example, one resident who was a keen gardener before coming to live in the centre was facilitated to plant flowers in planters and pots and to tend the rose bushes surrounding the centre in the spring and summer. An area of the enclosed garden was being prepared to enable residents to grow vegetables. Staff ensured residents could listen to their favourite radio shows and watch favourite television programmes in their bedrooms or in the sitting room as they wished. A baking session was recently commenced each Tuesday morning and was enjoyed by three residents with an interest in baking. Chair exercises were facilitated for residents each morning and on morning each week by a physiotherapist. Records of residents' participation and level of engagement was maintained to ensure that residents' interests and capacities were met. The records confirmed that all residents were supported to participate in activities that interested them on a daily basis. Residents were supported to maintain contact with and integrate in the local community. Many families and friends accompanied residents into the town located a short distance from the centre. A resident was facilitated to park their car outside the centre and the resident used their car to drive to the local town as they wished. Some residents went on a trip to the local Christmas market and had their felt collage pictures that they made in the centre to reflect their lift stories displayed in the Christmas market.

Residents had access to a SAGE advocate whose contact details were posted in the centre's reception. The registered provider who was also the person in charge worked in the centre each day and interacted with residents and visitors. Inspectors were assured that issues raised by residents were promptly addressed by the person in charge and the management team. Residents' religious and civil rights were supported. Preparations were underway to ensure residents could vote in the upcoming general election. Residents joined in a Mass streamed from the local church each morning in the sitting room and in a weekly Mass in the centre. One resident wished to vote in a polling station in the community and this was being arranged. A minister from the Church of Ireland community visited their parishioners in the centre on the day of inspection.

Staff were observed knocking on bedroom and bathroom doors. Staff used signage

on residents' doors to request privacy when residents were receiving personal care in their bedrooms. Each resident's bedroom door was fitted with handles and privacy locks since the last inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmgrove House Nursing Home OSV-0000035

Inspection ID: MON-0028221

Date of inspection: 03/02/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We are working alongside our Auditor who is continuing to help strengthen our Governance and Management with Audits, training and KPI's , a training and Audit Schedule has been agreed to roll out on areas that require strengthening to ensure effective monitoring and improvements are achieved.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Risk Management Policies have been reviewed and are constantly updated should new Hazards be identified. All residents that use the stairs are risk assessed and this is constantly monitored in their careplans. We endeavor to provide a safe service for our residents, staff and visitors. Risk Management Audit and Risk Management training for all staff is planned.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Since the Inspection we have carried out a restraint Audit with our auditor which identified areas that need to be strengthened , we have updated the Bedrail Observation chart with immediate effect to record release and motion.

Careplans have been updated to strengthen the evidence of consideration and application (where appropriate) of alternatives to using restraint.

A reassessment strategy is clearly outlined in the residents careplan with criteria and timescales.

Restraint training was in place for March but has been postponed until after the visiting restrictions are lifted.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/05/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	31/05/2020

	actions in place to control the risks identified.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/05/2020