Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Eliza Lodge Nursing Home
Name of provider:	Eliza Care Limited
Address of centre:	Five Roads, Banagher, Offaly
Type of inspection:	Unannounced
Date of inspection:	04 February 2019
Centre ID:	OSV-0000663
Fieldwork ID:	MON-0026398

About the designated centre

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

Eliza Lodge Nursing Home is a purpose built 50 bed nursing home in a rural setting within driving distance of the town of Banagher in Co Offaly. The designated centre is a single storey premises and accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 34 single and eight twin bedrooms, all with full en suite facilities. A variety of communal areas are available to residents including a dining room, sitting rooms and an enclosed garden area. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Eliza Lodge nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Current registration end date:	07/10/2020
Number of residents on the date of inspection:	45

How we inspect

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
04 February 2019	09:15hrs to 18:45hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

Residents and relatives who spoke with the inspector expressed their satisfaction with the standard of service care provided. Residents said they felt at home in the centre and that they enjoyed the activities available to them. One resident said that they had no complaints about the centre but they would rather be living in their own home in the community. Residents said they felt safe and staff were always kind and respectful towards them. Residents told the inspector that they were comfortable in the centre and enjoyed the food they received.

Residents confirmed that they knew the person in charge and the provider representative. They confirmed that they could make a complaint if dissatisfied 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

This was an unannounced inspection to monitor ongoing compliance with the Regulations. The inspector followed up on progress with completion of actions from the last inspection in June 2018. Two of the five actions were completed and work to complete the other three actions was progressed. The findings in relation to these areas are restated in the report and compliance plan from this inspection. The inspector also followed up on notifications and unsolicited information received by the Office of the Chief Inspector since the last inspection. The findings are discussed throughout the report.

The inspector found that complaints were appropriately managed and investigated but improvement was necessary to ensure the investigation process was recorded and complainants satisfaction with the outcome of the investigations were ascertained.

There was a clearly defined governance and management structure in the centre. Recent changes were made which strengthened the governance of the centre. The person in charge previously had responsibility for two centres and was now the person in charge with responsibility for Eliza Lodge only. The findings of this inspection evidenced that the level of the centre's compliance had reduced in some of the Regulations monitored. However, the provider had strengthening the management structure to ensure better oversight arrangements were now in place. The person in charge now worked on a full time basis in the centre and was available to address issues as they arose, for example, complaints or operational issues. Arrangements were in place to monitor the standard of care

delivered to residents. The outcome of audits and review of complaints and key clinical parameters such as falls, use of restrictive practices, wounds and adverse incidents informed good standards of nursing care for residents. The scope of the quality and safety monitoring process required broadening to provide feedback on other key aspects of the service and to inform continuous quality improvement in all areas.

Staff were appropriately supervised and facilitated to attend mandatory and professional development training. A variety of activities were provided to enhance residents' quality of life in the centre. However, a review of staffing was found to be necessary to ensure residents who unable to participate in group activities had sufficient access to activities that met their interests and capabilities. Although staff were facilitated to attend training on emergency evacuation procedures, their knowledge of response to fire and procedures for emergency evacuation of residents did not provide sufficient assurances that residents' safety needs would be met.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. The centre's statement of purpose was recently revised to take account of the changes in the management structure. Staff were aware of their roles and responsibilities and there was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

There was a minimum of one registered nurse on duty at all times. While sufficient numbers of suitably skilled staff were available to meet the physical care needs of residents, sufficient numbers of appropriately skilled staff were not available to meet the social needs of residents.

Staff were knowledgeable regarding residents and their clinical needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training. All mandatory staff training was up-to-date. Staff were facilitated to attend training in dementia care which included supporting residents with responsive behaviours. Facilitating suitable activities for residents was the responsibility of the activity coordinator and an integral part of the role of other staff in the centre. Therefore, training in suitable and meaningful activity provision for residents with

dementia or other conditions that negatively impacted on their ability to meaningfully participate in group activities was necessary to ensure these residents' activity needs were met. A number of staff were not sufficiently knowledgeable regarding the emergency evacuation procedures in the centre and therefore had refresher training needs in this area to ensure residents' safety needs were met.

Staff were supervised according to their role and their performance was supported and monitored.

Judgment: Not compliant

Regulation 21: Records

A sample of staff files were examined and contained all items of information as required by the regulations in respect of persons employed in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The provider gave assurances that all staff working in the centre had completed Garda Siochana vetting disclosures available in their files.

Records of emergency evacuation drills and testing of fire equipment were available and examined by the inspector. The records of simulated fire evacuation drills viewed on the day of inspection did not contain sufficient details of the simulated emergency evacuation. The provider completed a simulated night time emergency evacuation drill immediately following the inspection and forwarded a copy to the Office of the Chief Inspector. The information contained in this revised copy was complete.

The policies as required by Schedule 5 were all available.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was clear governance arrangements and established management structures and systems in place. The quality and safety of the service was monitored and results of audits were reviewed at monthly governance and management meetings. Clinical nurse managers collate resident data to inform key performance indicators. This information is analysed by the person in charge and reviewed at monthly management meetings. However improvements were necessary to ensure this review of the quality and safety of the service informed continuous quality improvements. For example, audits were done to assess the quality and safety of a number of clinical areas, a review of care planning and medicine audits was not

available. The inspector found areas needing improvement in both these areas which would be highlighted completion of a review process. Analysis of an audit of resident falls identified the highest incidence of resident falls as occurring between 20:00 and 08:00hrs. A review of sufficiency of staffing levels available during these hours was not evident in the analysis done. Fire safety management procedures and staff knowledge regarding emergency evacuation procedures required improvement to ensure residents' safety in the event of a fire in the centre.

While sufficient resources were available, the sufficiency of staffing provided to meet residents activity needs required review.

An annual review report on the quality and safety of the service and quality of life in the centre for residents for 2018 was in preparation.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts for residency in the centre were examined and contained all of the items set out in regulation 24 and statutory instrument 293 of 2016. Each resident had a contract detailing the terms and conditions of their residency in the centre. Residents contracts in the sample examined were signed in agreement by residents or their family on their behalf, as appropriate. Details of the bedroom each resident will be provided was not stated as required.

The contract included a schedule of costs for additional services residents may wish to avail of. An additional fee was charged outside of that covered by the nursing home support scheme, details of the services covered by this fee were not described. Opt-out of all or part of payment of additional charges was facilitated. The nursing home fee was stated as a total amount and did not clearly state the personal contribution to be paid by residents admitted under the nursing home support scheme.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose clearly described the management structure, the facilities and the service provided.

The provider forwarded a copy of the centre's revised statement of purpose to the

Office of the Chief Inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required and within required timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

The director of nursing is the designated complaints officer for the centre. Arrangements were in place to ensure the person in charge and the provider were aware of all complaints received. Arrangements were in place to record and investigate any complaints received. While reference was made to investigation of all complaints, details of the investigation was not recorded in the complaints log.

The complaints procedure was available to residents. Residents and relatives who spoke with the inspector confirmed that they knew they could make a complaint if dissatisfied with any aspect of the service. Complainants' satisfaction with the outcome of the investigation of their complaint was assessed and an appeal process was available.

Independent advocacy services were available to assist residents with making a complaint if they wished. Advocacy services were supporting a resident in the service.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A suite of policy documents including the policies required under schedule 5 of the regulations were prepared and available to staff in the centre. The policy documents informed best practices and procedures in the centre. Review dates did not exceed three years and revision of the some policies by the person in charge was underway on the day of inspection in line with the centre's policy revision process.

Judgment: Compliant

Quality and safety

Overall, residents were provided a good quality service and good quality of life in the centre. Residents who spoke with the inspector stated they were comfortable and were generally happy living in the centre.

There was a relaxed atmosphere in the centre. Residents were provided with choices. For example, about how they spent their day, their meals and the times they got up in the morning or retired to bed. There were dedicated activity staff who facilitated a variety of meaningful and interesting activities for residents. Residents spoke positively about the activities available to them. Review of access to meaningful and suitable activities for residents unable to participate in the group activities was found to be necessary.

Residents healthcare and nursing needs were met to a good standard and residents were provided with timely access to medical and allied health professional services. Residents were encouraged and supported to exercise choice and optimise their independence where possible.

The layout and design of the premises met residents individual and collective needs. The centre was visibly clean throughout and was maintained and decorated to a good standard. Some repairs to paintwork on some surfaces and damage to the covering on a small number of residents' chairs was noted.

Residents were consulted with regarding their care and the service provided. The provider valued residents' views and provided them with opportunities to participate in the running of the centre with a residents' committee that met regularly.

Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibilities to report and stated there was no impediments to them reporting any suspicions, disclosures or incidents they may witness.

Although the provider took a proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents health and safety needs were met. Fire safety management and staff knowledge required the attention of the provider to ensure residents safety needs were met in the event of a fire in the centre.

Regulation 11: Visits

Residents' visitors were welcomed into the centre. Staff controlled access to the centre and a record of all visitors was recorded. Alternative areas to residents' bedrooms were available for them to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. An end-of-life care plan was in place that described each resident's wishes regarding their end-of-life care. A number of residents had advanced directives in place. Where residents were unable to communicate their decisions, staff make efforts to get information from families that best reflected residents' end-of-life care preferences and wishes. There was evidence that residents were involved in making advanced decisions regarding their end-of-life care.

Residents were provided with good support to meet their spiritual needs from local clergy who attended the centre regularly and individual residents as requested. An oratory was available to residents in the centre for their funeral services if they wished. Residents' families were facilitated to be with them overnight when they became very ill.

Measures were taken to ensure residents did not experience pain. Each resident's level of pain and the effectiveness of pain management medicines administered was monitored.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met residents' individual and collective needs. Residents accommodation in the centre is provided at ground floor level throughout. Residents' bedroom accommodation is provided in 34 single and eight twin bedrooms. All residents' bedrooms throughout were fitted with en-suite toilet, washbasin and shower facilities. A spacious communal sitting room, a quiet sitting room and a dining room were available to residents.

Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments and soft furnishings. Some residents

were also facilitated to have items of their furniture from home in their bedrooms. Work was ongoing to provide residents with a comfortable and accessible environment. Further signage and use of contrasting colours to improve residents' 'way-finding' of key areas was planned as part of this work. Residents' communal accommodation was bright and spacious with furnishings and fittings that were domestic in style and familiar to them. The large windows optimised views of the surrounding countryside and livestock.

Toilets and showers were fitted with grab rails and handrails were in place along all circulating corridors. Appropriate assistive equipment was available to meet residents' support needs such as hoists and wheelchairs. While residents' accommodation was generally in a good state of repair, repainting of some surfaces on door frames to residents' bedrooms was necessary. The surfaces of a small number of residents' chairs were torn and damaged and in this state hindered appropriate cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. The building was compartmented. Emergency exits were clearly indicated. Daily and weekly fire equipment checking procedures were completed but documentary evidence that the fire alarm was routinely sounded as part of the fire safety management procedures was not available. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. The contractor provides an on-call repair service if necessary.

Each resident's individual evacuation needs were assessed and this information was recorded. The person in charge agreed to revise the format of this information to ensure it was easily referenced in an emergency and residents' privacy was maintained. Staff training records confirmed that all staff employed in the centre had attended annual fire safety training. A number of staff nurses who spoke with the inspector did not have sufficient knowledge of the emergency evacuation procedures in the centre.

There was evidence that simulated night and daytime emergency evacuation drills were completed at regular intervals throughout the year. The information in the records of simulated evacuation drills viewed by the inspector did not provide sufficient assurances of timely evacuation of residents. The provider completed a simulated night time emergency evacuation drill immediately following the inspection and forwarded a copy to the Office of the Chief Inspector. This repeated simulated fire drill record provided sufficient assurances regarding residents' timely evacuation during the night time when staffing resources are reduced.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were necessary regarding arrangements for administration of residents medicines to ensure they were protected by safe medicines management procedures and practices in the centre. Review of the arrangements for administration of residents' medicines required review to ensure their medicines were administered at the times prescribed. The inspector observed that some residents were administered their medicines up to two hours after the time they were prescribed for administration. Nursing staff administering medicines were seen by the inspector to be interrupted to assist with residents' care. This practice posed a risk of medication error and delayed administration of residents' medicines. Practices in relation to prescribing and medication reviews met with regulatory requirements.

Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist was facilitated to meet their obligations and completed regular medicine audits.

Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents needs are comprehensively assessed. A variety of assessment tools are utilised by staff to assess residents' risk of pressure related skin injury, falling and malnutrition among others. This information is used to inform care plans describing the care interventions in relation to each area of need identified. The inspector found residents' care plans are mostly-person centred and describe care interventions that reflect residents' individual wishes and preferences. Work was seen to be underway to develop person-centred activity care plans for residents.

There was good detail in care plans for residents with diabetes to inform a high standard of nursing care. These care plans clearly described the recommended frequency for sampling of their blood glucose levels and the parameters their blood glucose levels should be maintained within. There was no evidence of residents

developing pressure related skin injuries in the centre. Improvement in the information detailed in the care plans of residents with assessed risk of dehydration and risk of pressure related skin damage was necessary to ensure provision of high standards and consistency of nursing care in these areas. The following detail was not found;

- recommended fluid intake over 24hrs and treatment interventions if not achieved for residents at risk of dehydration
- frequency of position changes, the type of pressure relieving mattress used and the mattress pump pressure parameters for residents with assessed risk of developing pressure related skin injuries.

Residents or their families on their behalf were consulted with regarding their care plan development. While the person in charge confirmed that residents or their families, as appropriate, were involved in subsequent care plan reviews, there was no information regarding this process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare were met. Residents have timely access to a GP and specialist medical services such as psychiatry of older age and palliative care services. Referrals are made for residents to community allied healthcare professionals as necessary. The provider has also put arrangements in place so that residents had access to these services without delay to ensure timely interventions to meet their needs. The occupational therapy and physiotherapy services were seen to be involved in assessment to meet one resident's seating needs. Residents were supported to attend out-patient appointments as appropriate. Arrangements were in place for residents to access national screening services such as diabetic retinal screening and bowel screening.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard and protect all residents from abuse. The inspector saw that staff closely monitored residents for any signs of them experiencing abuse. For example all incidents of bruising of unknown origin to residents' skin was reviewed to outrule any abuse. Training records indicated that staff were facilitated to attend training on prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse and clearly articulated their awareness of their responsibility to

report any disclosures, incidents of abuse they witnessed or suspected. There were no safeguarding issues being processed at the time of this inspection. All staff interactions with residents were observed by the inspector to be person-centred, respectful, courteous and kind. Residents and residents' relatives who spoke with the inspector confirmed these observations.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and were given opportunity to participate in the organisation of the centre.

Residents' privacy and dignity needs were met. Staff respected residents' privacy and dignity by closing screen curtains around beds in twin bedrooms and closing all bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors.

Residents' activities were provided by two activity coordinators who worked on opposite days to each other. The activities scheduled for residents were displayed. Each resident had a 'key to me' completed and other information regarding the activities that interested them. The activity coordinator discussed her plans to complete life history books, especially for residents with dementia. A 'personal abilities' care plan for each resident made reference to the activities that suited them. The absence of detail in the information regarding the activities that most suited individual resident's interests and capabilities in these care plans had already been identified for improvement by the person in charge and staff team. Work was underway to develop a 'planned activities' care plan for each resident. Planned activities care plan seen by the inspector were person-centred and clearly described the activities that each resident should be facilitated to participate in to best meet their interests and capabilities. Records of the activities that residents participated in was recorded but information to ensure these activities met their interests and capabilities was not available.

Most residents spent their day in the sitting room on the day of inspection. On the afternoon on the day of inspection, a musician played the piano and sang, the person in charge joined a small number of residents in a card game and a staff nurse played a ball game with other residents. The activity coordinator used this time to facilitate one-to-one activities for residents who preferred to remain in their bedrooms. While, the activities facilitated in the communal sitting room interested many of the residents, facilitation of these activities together distracted residents from their participation in the activity that most interested them. This arrangement also resulted in the room being crowded and very noisy. The inspector observed that this environment did not suit some residents with dementia who would benefit from small group or one-to-one sensory based interactions. The activity coordinator was trained in facilitating an accredited sensory activity programme.

Residents with dementia did not have access to the sensory focused programme on the day of the inspection. The inspector found that a review of staffing allocation was necessary to support the activity coordinator to meet the needs of all residents with dementia in the sitting room This review is also necessary to ensure that the sensory focused activity programme was facilitated more frequently than once each week and that it was not modified due to time constraints.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were respected. Residents' right to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks. Residents were satisfied with opportunities for religious practices.

There were no restrictions on visitors and there were several seated areas where residents could meet their visitors in private if they wished. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. Newspaper reading was an activity facilitated by the activity coordinator for residents.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Eliza Lodge Nursing Home OSV-0000663

Inspection ID: MON-0026398

Date of inspection: 04/02/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Further training is programmed for May and July 2019-to enhance and develop the Activities Program, especially for our Dementia residents. We have also increased our Activity hours (am & pm). Our Activity coordinator assesses all admissions to direct and guide the activity program and develop a "Key To Me". This will guide practice in relation to meeting the social needs of each resident.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Our In-House Fire Safety Training Officer has further developed and evaluated all mandatory and non-mandatory trainings. Further training in relation to Fire Safety and Emergency Evacuations procedures has commenced. A comprehensive Matrix is maintained in relation to all trainings and the individuals understanding of same is reassessed. We have also reviewed our induction/orientation training program and continually review training needs to ensure all staff have the required skills and knowledge. Weekly simulated evacuation drills now take place on Fridays. All Staff Nurses will be given the opportunity to Lead in this drill. Training has been expanded to include a competency framework. All staff will have refresher updates by April 30st 2019	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Our In- House Fire Safety Training Officer has reviewed simulated fire evacuation drills and updated same in-line with the legislation. All fire safety training records are maintained and evaluated for effectiveness and learning. Staff are examined in relation to their understanding of fire safety training and evacuation procedure. Action plans are developed to ensure full understanding and compliance with this regulation. All fire drills have a minimum of 3 recommendations to sustain and improve on best practice.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Continuing assessment and audits are key to a robust quality improvement strategy. Regular auditing is carried out to improve/enhance and to guide practice. Audit tool findings are analyzed and are discussed at resident/staff meetings to guide best practice. Potential improvements are identified so therefore we now have allocated a staff nurse to each resident to review all their care plans and evaluate findings and implement improvements as required in consultation with resident/family member. We have since audited our revised medication management process and improvement noted in same. Over the coming weeks we will audit/review staffing levels especially for the hours 20.00-08.00 hrs. and also monitor incidences of falls at these times. We endeavor to provide a person centered, safe and effective service which will focus on improved outcomes for residents. We will continue to audit our monthly falls and review staffing levels in line with our falls prevention strategy.
Social care needs of all residents are identified at time of admission and updated as required. Activity coordinator hours have increased with support staff also identified, Further training in this area has been scheduled and will be reevaluated which in turn will further support and enhance quality and safety.
As previously stated -
Our In-House Fire Safety Training Officer has further developed and evaluated all mandatory and non-mandatory trainings. Further training in relation to Fire Safety and Emergency Evacuations procedures has commenced. A comprehensive Matrix is maintained in relation to all trainings and the individuals understanding of same is reassessed. We have also reviewed our induction/orientation training program and continually review training needs to ensure all staff have the required skills and knowledge. Weekly simulated evacuation drills now take place on Fridays. All Staff Nurses will be given the opportunity to Lead in this drill. Training has been expanded to include a competency framework. All staff will have refresher updates by April 30st 2019

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The details of each residents bedroom is outline in the statement of purpose. We will update each resident's contract of care to reflect this. This will be completed by April 30th 2019.
Currently we are reviewing the details of the services covered by additional fees and also the personal contribution to be paid by the residents admitted under nursing home support scheme and this will be reflected in the contract of care. Contract of care is updated and agreed when there is a change to the conditions of the contract. April 30th for completion.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All complaints in Eliza Nursing Home are dealt with in an open and transparent approach and monitored for effectiveness. Complaint logs are recorded independently from the residents care plans to ensure privacy and confidentiality. Complainants are not negatively impacted following a complaint being made. We will review our processes in relation to the details of the investigation and all aspects of the investigation will be documented, including the outcome of the complaint, whether or not the resident was satisfied and in an appropriate and timely manner. The complainant will be informed promptly of the outcome.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The design and layout of Eliza Lodge enhances residents abilities, promotes their independence and enjoyment. Resident's preferences and wishes are encouraged at all times to promote a homely and safe environment. Extra signage has been erected in order to orientate residents and minimize confusion/distress.
Redecorating, in consultation with the residents, is due to take place in the coming weeks. We are looking at reupholstering/replacing any damaged furniture and to ensure it complies with all health and safety regulations. We endeavor to have this completed within four months.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Our Fire Alarm is now routinely sounded once a week and findings from this safety regulation is documented and acted upon.
We have reviewed and refined the format of the P.E.E.P.S This document is available in residents bedroom (Inside of their wardrobe door) (maintaining privacy, dignity, respect and confidentiality). A second copy is available at the Nurses station. This document is easily referenced- level of assistance required to evacuate is indicated by a "coloured dot system ".
All Nurses will be given the opportunity to lead a timely evacuation procedure until deemed competent and safe in an evacuation situation. This Regulation will be complete by April 30th 2019 and ongoing for new staff.
We continue to carry-out weekly fire drills and our evacuation timeframe is reducing considerably. For example- March 8th the response and evacuation for Zone One was Four minutes with 18 staff on-duty. Ten residents were evacuated.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Residents have the right and expectation to safe medication management. We have reviewed our medication management structure/arrangements. Staff nurses will now commence and complete drug rounds with minimal interruptions (except emergencies). Appropriate signage and discussions held with all staff. We will re-audit our updated practice. Medication Management Policy will reflect updated practice. Re-audit -April 30th 2019.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Individualized assessments and care-plans are in place for all residents and person-centered. The practice of assessment and care planning is regularly and formally reviewed and continually improved upon. Where the residents status changes, assessments and care plans are updated accordingly in consultation with the resident/family member. A Nutritional care plan outlines the resident's likes/dislikes or preferred drink. All of our nutritional care plans will now have a personal daily fluid recommendation based on individual requirements. Interventions will be based on clinical findings-i.e. restricted fluid intake, low sodium diet, medical history and in consultation with their General Practitioner.
Frequency of position changes will now be documented in each care plan and also in progress notes. The type of pressure relieving mattress used and mattress pump parameters for residents will now be documented in their care-plans and reassessed as required. Waterlows and MUST scoring continue monthly. Skin integrity is monitored in progress notes at the end of each shift.
Care Plan reviews are carried out but improvements that are required in the area of consultation will be complete by June 2019. This process will be ongoing.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
In Eliza Lodge residents are supported to understand their rights at all times. Individual opinions are encouraged and valued. We endeavour to provide a culture of openness which in turn enables residents to make choices and decisions about their daily lives. Staff are supported to assist residents to live as they choose and have opportunities and facilities to participate in meaningful activities in accordance with their interests, abilities and capacities. These activities promote physical and mental health and well-being of residents.
Our Activity Coordinators hours have been increased with support staff also identified. As previously mentioned- training dates planned. All of our activities care-plans will be reviewed by a senior nurse alongside the activities coordinator to ensure they are meaningful and reflect the social needs of each individual resident according to their capacity. Going forward, efforts will be made to ensure that resident's activities don't overlap and that each activity is an enjoyable/positive experience for the residents.
On the day of the inspection the quite room was not utilized, which normally is used for sensory activities for our residents with dementia. We will continue to carry our small group activities in this environment which best suits our dementia residents.
As previously stated-we have increased our activity hours but will continue to review and audit this area in order to meet each resident's meaningful activity. Next audit due-March

21st.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/07/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/04/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	30/07/2019

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	11/03/2019
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	30/07/2019
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Not Compliant	Yellow	30/04/2019
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care	Substantially Compliant	Yellow	30/04/2019

	and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	04/03/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	30/04/2019

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/04/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	04/03/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all	Substantially Compliant	Yellow	30/05/2019

	complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	04/03/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/06/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Substantially Compliant	Yellow	30/04/2019

	participate in activities in accordance with their interests and capacities.			