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:	Elmgrove House Nursing Home
Name of provider:	Catherine Gallagher
Address of centre:	Syngefield, Birr, Offaly
Type of inspection:	Announced
Date of inspection:	18 February 2019
Centre ID:	OSV-0000035
Fieldwork ID:	MON-0022697

About the designated centre

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

Elmgrove Nursing Home provides accommodation for a maximum of 24 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 24 single bedrooms, located over two floor levels. The first floor is divided into three wings. Wings D and F were accessible by chair lift and stairs and Wing E was accessible by stairs only. 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 both floors. 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, maintenance, activity, housekeeping, administration and catering staff.

The following information outlines some additional data on this centre.

Current registration end date:	21/09/2019
Number of residents on the date of inspection:	16

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
18 February 2019	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
19 February 2019	09:00hrs to 17:00hrs	Mary O'Donnell	Lead

Views of people who use the service

On the days of inspection there were no male residents accommodated in the centre. Prior to the inspection nine questionnaires were completed by residents, or on their behalf by their families or staff in the centre. All residents spoke positively about the care and support they received in the centre. Some residents commented in the questionnaires that they would like more opportunities to avail of meaningful activities in the centre and greater integration with the local community. Residents who spoke with inspectors on the days of inspection said they enjoyed the activities and opportunities to attend Mass and religious services in the centre. Some relatives said that a resident, who had been a housewife all her life would enjoy engaging in domestic type activities in the centre.

Residents felt the visiting arrangements were good to support them with keeping in touch with family and friends. Residents reported they felt safe in the centre, and that staff were very kind and approachable. Residents spoke of the range of choice that was offered in relation to when they got up or went to bed, and how people wanted to spend their day. The quality of the home cooked meals received favourable comments. Residents appreciated that they had their own room and television set, which meant they could always watch the programmes that they liked.

Residents said they could raise concerns with the person in charge, the nurse on duty of any of the staff. They had never made a complaint because issues raised were always dealt with. Residents were satisfied with staffing levels, with the laundry service and with access to the hairdresser.

Residents felt their privacy and dignity was respected, with staff being courteous, respecting their wishes and always asking before entering bedrooms or delivering any support required.

Capacity and capability

The governance of the centre had been strengthened with the appointment of a new person participating in management (PPIM) and a nurse with experience in auditing.

The centre was small and the service was delivered in line with the Statement of Purpose. Only mobile residents who were deemed fit to use the stairs or the chair lift were admitted to the first floor. Eight vacant rooms on the first floor on the days of the inspection, confirmed that management completed stringent assessments and carefully considered their ability to meet the needs of people who wished to live in

the centre.

Quality indicators were positive, demonstrating a low incidence of falls, pressure ulcers and complaints. Recent audits had been carried out on care plans, medication management and the use of restraint. An action plan was developed to address areas for improvement in relation to care planning and the other audits were found to meet the required standard. The inspectors held the view that the audits could be strengthened, given that inspection findings identified areas for improvements in relation to monitoring controlled drugs and restraint usage.

There was effective recruitment and training of staff. An activity coordinator was hired on a trial basis, without her vetting disclosure being completed. The staff member was not in the centre on the days of inspection. The provider took action to address the situation and provided assurance that all staff working in the centre have been Garda Vetted.

While there was a clear contract for residents setting out the terms of their stay, improvement was needed to provide additional information about the 'the bedroom' they would occupy.

When speaking with residents, and where appropriate their families, inspectors were assured that they were aware of the complaints process and who to speak to if they wanted to raise any issues. Information about who to contact in relation to complaints was displayed clearly. The information in the policy on what to do if a complainant was not satisfied with the outcome presented to them required clarification.

On each floor, staff were allocated to support residents with activities of daily living, such as getting up and washing, getting dressed and with mealtimes. Residents told inspectors that staff were available to provide assistance when required and also for a chat. Inspectors observed positive interactions between the staff and residents and that care was being delivered in line with residents' care plans. Staff who spoke with inspectors said they were satisfied with the staffing levels and they had good access to training. They liked working in a small centre as it gave them an opportunity to get to know the residents really well.

Registration Regulation 4: Application for registration or renewal of registration

The provider was preparing an application for renewal of registration of the centre. This application was due for return to the Office of the chief Inspector by 31 March 2019.

Judgment: Compliant

Regulation 14: Persons in charge

The provider is also the person in charge of the centre and has been operating this centre since 1988. The person in charge met the regulatory requirements in terms of experience in a management role and in caring for older persons in a residential setting. The person in charge demonstrated that she was involved in the governance, operational management and administration of the centre. The person in charge was knowledgeable regarding the regulations and standards.

Judgment: Compliant

Regulation 15: Staffing

A minimum of one registered nurse was on duty at all times. Sufficient staffing resources were available to meet the clinical needs of residents. Given the findings of this inspection, a review of staffing was found to be necessary to ensure that appropriate interim arrangements were put in place to ensure residents had sufficient access to activities. The centre's activity coordinator was on extended leave and this was impacting negatively on residents' access to activities to meet their interests and capabilities. This finding is discussed under Regulation 9: Residents' Rights. Some bedrail restraints were found to be used as measures to prevent falls as an alternative to supervision arrangements by staff.

The night-time staffing levels was one staff nurse and one carer. This staffing level required review to ensure residents' emergency evacuation needs could be met if necessary. This is detailed under Regulation 28.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities to support them in carrying out their role in the centre. This included safeguarding training, manual handling, fire safety, and managing behaviours that challenge. Some healthcare staff had attended first aid training. Nurses had been trained to take blood samples, so that residents could have bloods taken in the centre if they did not wish to attend the doctors' surgery. Five nurses had attended a safe talk on suicide prevention.

Training planned for 2019 included, assessment for the risk of malnutrition and refresher training in cardio-pulmonary resuscitation.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and made available to inspectors. Some items of required information was not consistently documented in the directory including residents' gender, address of their next of kin, address and telephone number of their GP and cause of death for residents who deceased in the centre.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files were examined by inspectors. They were found to contain 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 other staff currently working in the centre had completed Garda Siochana vetting disclosures available in their files.

Records of emergency evacuation drills were not available on the days of inspection. The provider confirmed that simulated emergency evacuation drills were completed and undertook to forward records of the drills to the Office of the Chief Inspector following the inspection.

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.

Judgment: Not compliant

Regulation 22: Insurance

Confirmation of up to date insurance was made available to inspectors.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care had recently been amended and outlined the services to be provided and the fees to be charged. The contracts did not state the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider recently revised the centre's statement of purpose. The information as required by Schedule 1 of the Regulations was detailed including information detailing the arrangements in place where residents who were independently mobile were accommodated in accommodation above the ground floor.

Judgment: Compliant

Regulation 30: Volunteers

The provider confirmed that no volunteers worked in the centre. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted notifications within three days of two incidents that occurred in the centre as required by Regulations and set out in Schedule 4 paragraph (1) (a)-(j). Notification of these incidents was forwarded to the Office of the Chief Inspector in the days following the inspection.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The person in charge was not absent from the centre for any period greater than 28 days. The provider was aware of the requirement to notify the Chief Inspector of the arrangements in place for management of the centre if any such absence occurred.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider who was also the person in charge is the designated complaints officer for the centre. Arrangements were in place to review any complaints received at the monthly governance and management meetings. Arrangements were in place to record and investigate any complaints received. The arrangements in place and the format of the complaints log required review to ensure this process was comprehensive. No complaints regarding the service were logged since 2012. The provider confirmed that no complaints were received since 2012. The complaints procedure was displayed. Residents and relatives who spoke with inspectors expressed their satisfaction with the service and stated they had no complaints. Residents were aware that they could make a complaint if they were dissatisfied regarding any area of the service they received.

Arrangements were in place to record complainants' satisfaction with the outcome of investigation of their complaint. However, the independent appeal process was not clear.

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

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors reviewed the centre's operating policies and procedures and noted that the centre had site-specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. While, many of the policies had been reviewed within the last four months, the risk management and fire safety policy were not reviewed and updated as necessary at intervals not exceeding three years, as required by Regulation 4. Staff spoken with were knowledgeable in relation to these policies and procedures.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was aware that notification is required, of the procedures and arrangements for managing the centre during any periods when the person in charge is absent for greater than 28 days.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management of the centre had improved, however the system to monitor the quality of the service needed to be strengthened. The registered provider had reviewed the management structure of the centre and implemented monthly governance and management meetings to review the service. Regular meetings were held between the provider/person in charge and the person participating in management. These meetings were minuted and provided evidence that key aspects of the service were reviewed and discussed. The meetings reviewed occupancy rates, practice in relation to residents' needs, audit reports, any information received from families and issues raised by residents. The management team also discussed progress in relation to the review of policies and procedures, and completing the compliance plan following the last inspection in October 2018. However this review process was not informed by a robust system for monitoring the quality and safety of the service. While some areas of the service were audited, the information collated was not consistently analysed and action plans were not consistently developed to inform a process of continuous quality improvement. For example, the audits completed were not picking up areas identified on inspection as needing improvement. These findings provided evidence that effective oversight of this service by the provider who was also the person in charge required further improvement.

In addition the recommendations following a fire safety inspection carried out by the local fire service in Dec 2018 had not been comprehensively followed up. The provider had not arranged to receive independent technical advice from a qualified fire safety engineer, who should prepare a schedule of works, as recommended in the report.

The provider prepared an annual review of the quality and safety of the service in consultation with residents for 2018 and this was forwarded to the Office of the Chief Inspector prior to this inspection.

Judgment: Not compliant

Quality and safety

Residents were receiving a good standard of care and felt safe in the centre. A review of residents' care plans, the practice of staff, and feedback from residents found that residents' healthcare needs were being met in a timely way and care provided reflected their preferences. Residents were safeguarded by effective procedures in the centre and their rights were respected. One area for improvement was to ensure that risk assessments were undertaken for the use of bed rails and that less restrictive alternatives was trialled before bed rails were used. Improvement was also required in the level of detail recorded in some care plans, to ensure that staff provided a consistent level of care.

Risk management and fire safety in the centre was improved since the last inspection in October 2018. Further improvements were found to be necessary to ensure robust procedures were in place for identifying, risk assessing and managing potential hazards to residents' safety in the centre. There was evidence that the provider had put measures in place to protect residents in the event of a fire in the centre but further improvements were necessary to provide sufficient assurances regarding fire safety arrangements and residents' safety in the event of an emergency evacuation of the centre.

Care records were reviewed and all were found to reflect residents' individual preferences, information about their life before moving to the centre and a health history. Many of the care plans reviewed were of a good standard and clearly set out the residents' needs and details of any interventions or treatments required. There were also social care plans setting out effective means of communication, but details about the types of activities and daytime occupation that may suit each resident were not included. Some care plans required additional details to ensure staff had a clear picture of residents' needs, and could respond appropriately. For example, the information in 'Key to me' was not translated into a social care plan.

In practice, staff were seen to know the residents' needs well, and were responsive to changes such as reduced intake of food, or changes in mood or mobility levels. Where residents were identified as being at risk of incidents or accidents, such as falls or developing pressure ulcers, preventative care plans were developed. Where necessary, health professionals outside of the service were contacted to provide support, for example speech and language therapy, palliative care services or psychiatry of later life.

Any use of equipment that restricted residents' free movement, for example bed rails, were agreed by a general practitioner and person in charge, following discussion with the resident or their next of kin. Th use of bed rails was reviewed every three months. However, risk assessments were not consistently undertaken for the use of bed rails and there was no evidence that alternative measures had

been trialled and that it was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure each resident's safety.

Generally residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas of the centre. Residents could not ensure privacy in their bedrooms because the doors did not have a handle or a lock and could be easily pushed open. Residents had access to a secure 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. Half the residents were up when the day shift finished at 21:30 hrs. Given the location of the centre and the type of residents that were accommodated, there was scope to expand the range of activities being offered both in the centre and in the local community.

The registered provider was present in the centre on a daily basis and the 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 from the regular residents' meetings.

Regulation 10: Communication difficulties

The provider ensured that residents with communication difficulties were supported to communicate freely. Residents had access to audiology, opthamology and speech and language therapy. Specialist communication requirements were set out in the resident's care plan. Staff were aware of residents who used hearing aids and were cognisant to the impact of background noise when conversing with residents who had a hearing impairment. Residents had regular eye tests and most of the residents used spectacles.

Judgment: Compliant

Regulation 11: Visits

Suitable arrangements were in place for residents to receive visitors. There was an open visiting policy in the unit and residents had access to a range of communal areas and rooms to meet with visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that, as far as was reasonably possible, residents had access to and retained control over their personal property, possessions and finances. Residents had sufficient wardrobe space and access to a locked cupboard in their rooms, for secure storage. Suitable arrangements were in place to ensure that residents' personal clothing and bed linens were properly laundered. The provider was not a pension agent and did not manage monies for any residents.

Judgment: Compliant

Regulation 13: End of life

The centre had arrangements in place to ensure that residents were afforded the opportunity to outline their wishes regarding end of life care. There was evidence of GPs and the person in charge having discussions with family members and residents to help them to make informed choices about arrangements for their future care, including, their preferred location for their end of life care. In the sample of care plans reviewed, the inspectors noted that most residents had been given this opportunity and their preferred priorities of care could then direct the care being provided and inform funeral arrangements. However, there were some end of life care plans which reflected the relatives wishes and there was no record that the resident had declined to engage in the discussion.

The suite on the first floor was available to accommodate families when a resident was ill. Single rooms were available for end of life care.

The person in charge stated that the centre received support from the local palliative care team if required. Some nurses were competent in the use of syringe drivers.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was a large, period home which had been refurbished to provide a comfortable home for the residents. Accommodation was provided over two floors in 21 single rooms, and one twin bedroom. There was also a single bedroom suite on the first floor with a shower and toilet, a sitting room and a kitchenette. None of the other bedrooms had en suite facilities. However, toilets and bathrooms or showers were located close to all the bedrooms and communal rooms. There was adequate sanitary and bathroom facilities provided for 24 residents. Bedroom accommodation on wing B and C on the ground floor, comprised 6 single rooms, a shower room, a bathroom and two separate toilets. The main sitting room and dining room

were located just off the entrance hall. Accommodation on the first floor was set out in three wings, D wing had five single rooms, a shower and a large sitting room. Wing E had five single rooms a toilet and shower room. Wing F had five single bedrooms a bathroom and a toilet. D and F wings on the first floor were accessible by stairs and chair lifts. Wing E was accessible by stairs only. 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. All the residents on the first floor were mobile and could manage the chair lift.

The centre was in a good state of repair internally and externally and was clean, suitably decorated and warm. Safe floor coverings were provided throughout and with the exception of one short corridor into a resident's bedroom and a communal bathroom and toilet, hand rails were provided in circulating areas. Since the previous inspection, the provider had commenced installing fixed grab rails in some toilets and work was ongoing to replace mobile seating frames over some toilets with fixed grab rails to optimise residents' safety. A member of the centre's management team explained that they were evaluating the quality and effectiveness of these before they installed fixed rails in all the bathrooms and toilets.

Bedrooms were spacious and offered views of the surrounding countryside. Working call bells were accessible from each resident's bed and in each room used by residents. Resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. Residents were provided with televisions in their rooms and wardrobes to met their needs. Some residents requested a commode in their room. The person in charge explained that commodes were left with individual residents to minimise the risk of cross infection.

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. There was a separate kitchen where meals were prepared and a spacious laundry room with an adjacent sluice room, which was compact but suitably equipped, with a bed pan washer, sluice sink, a wash hand basin and shelving. Various potentially hazardous chemicals and solutions were not stored appropriately in the absence of a lockable cupboard in the sluice room. 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 a secure external garden to the rear of the centre. Outdoor seating was provided for residents' comfort.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet. Residents'

special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide contained the information required by the Regulations. It was made available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors examined residents' files and found that appropriate information was provided whenever a resident was transferred to hospital. In the case of a resident who had dementia, information about their likes and dislike as well as food preferences was included as well as their medical history, and information about their medications and nursing care needs.

When a resident returned from hospital discharge letters were on file and additional information sought if necessary. Care plans were amended accordingly.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place in the centre. This policy required review to include instruction on the risk assessment process. There was evidence that some risks identified in the centre were reviewed and updated. However, inspectors found that the risk register required review to ensure that all risks were updated. For example, some risks identified had not been updated since 2013. There was also repetition of some risks identified which may cause confusion regarding implementation of the most up-tp-date controls in mitigating the levels of the various risks identified.

The centre's risk management policy included controls for risks as specified by regulation 26(1)(c). Residents' safety needs were assessed and met in practice. For example, residents at risk of falling on the stairs were accommodated on the ground floor. Risk assessments and safeguarding plans were in place for residents who were

at risk of leaving the centre unaccompanied. Carpeting on the smoking room floor was risk assessed and controls were in place to mitigate risks identified. There was a fire blanket by the door and a fire extinguisher and hose on a corridor close by. All staff were aware of the location of the fire blanket and evacuation route.

Storage of oxygen in a resident's bedroom when not in use required review to ensure secure storage arrangements were in place.

The centre's emergency plan was reviewed and strengthened in practice since the last inspection, however, the policy documentation was not up to date in that it was not updated to reflect the changes in the arrangements made since 2013.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspectors noted that the centre appeared to be cleaned to a good standard. There was an infection control policy and procedures to guide consistent staff practices. Staff adhered to good practice in relation to universal precautions and hand hygiene practices were observed throughout the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The emergency evacuation plan for the centre was strengthened since the last inspection. The provider had arrangements in place for transport of residents to emergency accommodation in the event of the evacuation of the centre. The local fire brigade had also completed a familiarisation visit of the centre. A fire safety inspection carried out by the local fire service in Dec 2018 and some recommendations had been followed up and fire safety works were carried out. However the provider had not arranged to receive independent technical advice from a qualified fire safety engineer, who should prepare a schedule of works, as recommended in the fire safety report.

The emergency policy was kept in an emergency bag for ease of reference. However this policy was dated 2016 and required review and updating to take account of recent changes in the centre's emergency procedures.

Each resident had their evacuation needs assessed and a personal emergency plan (PEEP) was documented. However, this documentation did not reference the individual needs of residents with cognitive impairment or provide sufficient

instruction regarding the number of staff and the equipment necessary in each case. This was an action from the last inspection. Inspectors were told by the provider and staff that regular emergency evacuation fire drills were convened as required. However, records of these simulated emergency evacuation drills were not available. Apart from fire drills conducted as part of fire safety training, regular fire drills were not held in the centre. Therefore sufficient assurances were not available that residents could be evacuated to an area of safety in the event of a fire within recommended timescales. The provider confirmed that fire drills were held following the inspection, including a fire drill which simulated night time conditions.

Staff who spoke with the inspectors were aware of the fire safety and evacuation procedures in the centre. The records of staff training confirmed that all staff had attended mandatory fire safety training.

A fire safety management system was in place. Daily checks of the fire alarm panel and functioning of fire doors were up to date. While inspectors saw that all fire exits were clear of any obstruction, the daily fire safety checks did not document this. Weekly checks of the fire alarm system were referenced as completed. However, this checking procedure did not involve sounding of the fire alarm to test that it was operational. Emergency lighting was checked weekly. Evidence of quarterly servicing of the fire alarm system and equipment by an appropriately qualified contractor was available.

Some residents preferred to keep their bedroom doors ajar and units were fitted to ensure the door self closure devices operated in the event of the fire alarm sounding. The door to the residents' smoking room was kept closed at all times.

Cold smoke seals and intumescent strips were fitted on some fire resistant doors on bedrooms and corridors since the last inspection.

Procedures to be followed in the event of a fire were centre-specific and displayed at various points throughout the centre to direct staff, residents and others.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were able to use a pharmacist of their choice, or the pharmacy service selected by the provider. The pharmacist visited the centre to carry out audits and was available to meet with residents. There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medicines, including medicines controlled under misuse of drugs legislation.

The inspectors noted that while controlled drugs were checked and signed by two nurses in the morning and evening when shifts changed, this did not occur at 14:30 when a new shift came on duty. The checking of balances of controlled drugs was also not maintained as a separate record from the administration register. Medicines

requiring refrigerated storage were appropriately stored and the temperature of the refrigerator was checked daily.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were pre-admission assessments of prospective residents completed prior to admission and many of residents had availed of respite services before coming to live in the centre.

On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk, oral health and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and monthly thereafter. Care plans were put in place to meet each resident's assessed needs. Care plans were person-centred and contained information about care that was important to individual residents, such as, how the resident liked to wear their hair or that they liked to have cotton wool between their toes.

Care plans were consistently reviewed every three months in consultation with the resident or relative if appropriate. Care plans were generally implemented. The incidence of falls was very low and there were no residents with pressure related skin injuries in the centre but the inspectors noted that two pressure relieving mattresses were set too high for residents' weights. Residents with diabetes had access to the diabetic clinic in Tullamore Hospital. Their care plans directed care in relation to diet, medications and frequency of blood glucose monitoring. However the parameters for their recommended blood glucose levels were not specified in their care plans and a resident who was prone to low blood glucose levels did not have a care plan setting out the nursing interventions for hypoglycaemia. Daily flow charts were used and narrative notes were entered by nurses on the day and night shifts. The time of the entry was not consistently stated. A recent audit of care plans had highlighted this as an area for improvement.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met and they had timely access to medical and allied health-care services. A community dietition and podiatry service were not available in the area. The provider had sourced podiatry services at a reasonable cost to residents but she was having problems accessing dietary specialist services

for residents. There was no evidence that residents were adversely impacted by this. Residents were supported to retain their own general practitioner (GP) and if this was not possible, they were offered alternative medical services. Residents had timely access to community physiotherapy, occupational therapy and speech and language therapy. There was evidence within residents' files and from speaking to residents and staff, that advice from allied healthcare professionals was acted on in a timely manner. Residents were supported to have two yearly eyesight assessments. Some residents attended their own dentist in the community and a dentist was also available to review residents in the centre. However a resident with cognitive impairment had not been supported to access specialist dental services.

Inspectors were assured that residents who met eligibility criteria were supported to avail of national health promotion screening programmes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was strict admission criteria to ensure that episodes of responsive behaviours rarely occurred. Staff who spoke with the inspectors stated that they attended training which supported them to work in a person-centred way with any resident who had responsive behaviours. Responsive behaviours were appropriately assessed and care plans set out the interventions required to ensure a consistent team approach to the management of behaviours. Residents had access to psychiatry of later life services and qualified mental health nurses. During the inspection, staff interacted with residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspectors reviewed the use of restraint and found that bed rails were the only form of restraint used. They were used as part of a falls prevention strategy for four residents and their use was not in line with the Department of Health's National policy. Risk assessments were not completed for three of the residents and there was no evidence that less restrictive alternatives had been trialled before taking the decision to use bed rails. Two residents who could not mobilise, had bed-rails to prevent them form rolling out of bed, and two other residents who could mobilise with assistance had full length bed rails in case they got out of bed and fell. Care plans stated the measures that had been put in place to mitigate some risks to residents, such as bruising to the legs or a resident's legs getting trapped in the bed rail. However only one resident's file held evidence that a formal bed-rail risk assessment had been completed.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. All staff had appropriate training and the person in charge and staff were familiar with the safeguarding policy and procedures.

The provider did not act as pension agent for any resident. No monies were managed on behalf of residents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported as individuals. Their care assessments included gathering information on their life, experiences and preferences to ensure care provided was person-centred. The activity coordinator was on extended leave and staff fulfilled a role to ensure that residents were socially engaged, such as providing nail care and ensuring that residents listened to the radio or television programmes. The records for the previous week showed that an activity was organised each day. Activities included an exercise class, Mass and the hairdresser, magazines and music, watching a movie, card making for Valentines Day, pet therapy and piano music. The records showed that all the residents attended except one resident who required periods of bed rest and only sat out for brief periods each day. This resident said they were not lonely because staff took time to call into their room and chat with them. Another resident who attended day-care services in the community three days each week also engaged in the activities when she was in the centre. The daily flow chart and daily notes did not capture residents' social engagement or the level of their participation in activities. For example the daily flow chart stated the location of the resident and attendance record did not indicate the level of engagement apart from one comment that a resident was sleeping. Given that many of the residents were mobile and reasonably active, there was scope to extend the range of activities provided. The provider identified this as an area for improvement and had recruited a person, who is due to take up a post with responsibility for organising activities in the centre.

There was a residents' committee which met regularly. From a review of the minutes of the meetings and discussion with residents, increased discussion and consultation with residents regarding improvements made and in progress would ensure residents were kept informed and involved in changes being made to their environment. Residents had access to a SAGE advocate whose contact details were posted in the foyer. The registered provider was also the person in charge and she worked in the centre each day and interacted with residents and visitors. The inspectors were assured that issues raised by residents were addressed by the person in charge and the management team. The inspectors were satisfied that

residents' religious and civil rights were supported. Two care plans held evidence that the residents had been supported to make an informed decision about treatments and their decision was respected when they decided not to take the advice of a healthcare professional.

Staff were observed knocking on bedroom and bathroom doors. Signs were used to ensure privacy when residents were receiving personal care in their bedrooms. However there were no door handles or locks on the bedrooms doors and this could impact on residents having opportunities to undertake personal activities in private.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant

Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	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	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Elmgrove House Nursing Home OSV-0000035

Inspection ID: MON-0022697

Date of inspection: 19/02/2019

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: We have employed a temporary activities coordinator to cover. as discussed at the inspection. We also have therapy dogs booked in to commence in April. This is in addition to the exercise class, manicures, music, walks, games, bingo , weekly mass, chats and films already provided. Bedrails have been reviewed with immediate effect and, as the inspector knows, these were in arrangement with the families and GP for the residents safety and checked by staff every half an hour. Night time simulation evacuation drills have been undertaken and we are assured by the Chief Fire Safety Officer that due to our location, and the location of the Fire engines , help would be on the way within minutes. The whole fire brigade have recently refamilarised themselves with the Nursing Home, have up to date floor plans and have undertook a pre evacuation plan. Fire doors have been upgraded. **The Inspector has reviewed the Provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the Regulations**	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents has been updated with immediate effect.	

Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: : Records: Records of emergency evacuation drills have been forwarded to the inspector.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract for the provision of services: These are new contracts of care and have since been amended to include 'single bedroom'. All of our residents are in single bedrooms.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of incidents: All notifications are up to date.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints procedure: Our complaints procedure has been updated to clarify procedures as requested.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Fire safety policy was updated in December 2018 following the Assistant Fire Chief's inspection whereas he suggested that we contact all of the emergency contacts to ensure the plan was still viable and also suggested that we have additional provision for transport which was added. This was shown to the inspector on the 1st day of Inspection, the footnote on the policy was dated 2013, this has now been removed. The risk management policy was updated in November 2018. **The Inspector has reviewed the Provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately**	

assure the Office of the Chief Inspector that the actions will result in compliance with the Regulations	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Governance and management: We have conducted a number of surveys with the residents to monitor the quality of service, safety and care and will continue to do so. We have employed a new Auditor who will be reviewing the audit system to provide a more robust system in order to analyse and monitor the results, so that we can continue to provide the best possible care to the residents. We are waiting for the Fire Safety Engineers report after upgrading work was carried out and will forward it to the Inspector when received.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: The only End of Life Careplans that the residents have not had involvement in are those that lack the mental capacity of making the decisions themselves, so the next of kin and their GP have completed on their behalf. **The Inspector has reviewed the Provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the Regulations**	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Access to the sluice room is through the laundry door which is always kept locked with a keypad code in which to enter, only authorised staff are allowed into this area where potentially hazardous chemicals are kept, bleach and disinfectant. All staff have had training on these chemicals and PPOE equipment is provided.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk management: The risk register was updated in November 2018, we did not find any dates of 2013 in which to investigate ? The storage of Oxygen has been reviewed – immediately	

As mentioned before the Emergency policy was updated in December 2018, the footnote on the policy has now been removed.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire precautions:

As before, we are awaiting the Fire engineers report and will forward immediately.

The Emergency policy was updated in December 2018.

There is a PEEP for each resident which indicates the nearest fire exit to their bedroom, their level of mobility and the means of evacuation and how many staff would need to assist. These were all updated after the last inspection in October.

Intensive Fire training took place in February, over two days, lasting 2 ½ hours per training day, details forwarded to the Inspector.

Fire Alarm is tested weekly, the safety doors on the bedrooms are checked daily.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medicines and pharmaceutical services:

Controlled drugs are now checked at 14.30, with immediate effect.

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:
The mattresses had recently been serviced , prior to the inspection.
This has been highlighted as a continual check and our charts have been amended to include checking the pressure.

That specific Diabetic careplan has been updated immediately.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
This particular resident has refused on many occasions to be referred to the dentist. This has now been recorded on her careplan. We will continue to monitor.

Regulation 7: Managing behaviour that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Managing behaviour that is challenging: The three residents mentioned have now all been Risk Assessed for Bed Rails, Immediate	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: There are no locks on the bedroom doors. Since the inspection we have carried out a survey and the result was 100% that the residents do not want locks on their rooms and they are very happy and feel that their privacy and dignity is respected. Should any new residents request a lock on their bedroom , we will of course implement. We have a specific folder for Activities which records level of participation, attention and Engagement. Activities are altered to suit residents. **The Inspector has reviewed the Provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the Regulations**	

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	31/03/2019
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	31/03/2019
Regulation 17(2)	The registered provider shall,	Substantially Compliant	Yellow	31/03/2019

	having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/03/2019
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.	Not Compliant	Orange	31/03/2019
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.	Not Compliant	Yellow	30/04/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the	Substantially Compliant	Yellow	31/03/2019

	bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	31/03/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/03/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant		31/03/2019
Regulation 26(2)	The registered	Substantially	Yellow	31/03/2019

	provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Compliant		
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant		30/04/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/03/2019
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	Not Compliant		31/03/2019

	resident catch fire.			
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		31/03/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant		31/03/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Substantially Compliant	Yellow	31/03/2019

	the incident within 3 working days of its occurrence.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/03/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	31/03/2019

	designated centre concerned.			
06 (1)	Provide appropriate health care for each resident, having regard to each resident's personal plan.	Substantially Compliant	Yellow	31/03/2019
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Yellow	31/03/2019
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	30/04/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2019
Regulation 9(3)(b)	A registered provider shall, in	Not Compliant		31/03/2019

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			