Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Ealga Lodge Nursing Home
Name of provider:	Underhill Investments Limited
Address of centre:	Main Street, Shinrone, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	31 October 2019
Centre ID:	OSV-0005665
Fieldwork ID:	MON-0026980

About the designated centre

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

Ealga Lodge Nursing home is located in Shinrone town centre. The centre is located in off the main street and is situated in a residential area. The centre is a purpose built 59 bed facility. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 37 single and 11 twin bedrooms with full en suite facilities over two floors. The first floor is accessible by means of a lift and a stairs located in the reception area of the centre. Communal sitting rooms are provided on both floors and a dining room is available on the ground floor. Two enclosed courtyard areas with outdoor seating are available to residents. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Ealga 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.

Number of residents on the date of inspection:	41

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
31 October 2019	09:30hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

High levels of satisfaction with the service provided and life in the centre was expressed by residents who spoke to the inspector on the day of inspection.

Residents said they enjoyed living in the centre and referred to the centre as their 'home'. Some residents said they choose to live in the centre because it was close to their home in the community and it was convenient for their friends to visit them. The inspector observed residents' visitors calling to see residents throughout the day and they were made welcome by the centre's staff.

Several residents who spoke with the inspector said the care they received was 'excellent', of 'a high standard' and one resident attributed their recovery to better health to the care they received since coming to live in the centre. Residents confirmed that staff were always 'available when you needed them', 'not intrusive' and 'the kindest of people'. Residents knew they had a care plan and said staff spoke to them about it. When asked by the inspector about activities in the centre, a number of residents said 'there was always something to do' and selected 'the music sessions', 'bingo' and 'parties' as their favourite activities. A Halloween themed party took place on the afternoon of the inspection and several relatives' families joined residents for this event.

Some residents said they looked forward to going out into the community with their family and friends and one resident said they visited the house they lived in before coming to live in the centre. Residents who spoke with the inspector stated they were comfortable and were happy in the centre and did not want anything changed. They said that they liked the very relaxed and happy atmosphere in the centre and that the food was 'hotel standard', 'tasty' and 'always plentiful'. Staff were kind and caring and knew residents well. The inspector observed lots of fun and laughter between residents and staff and many staff referred to residents as 'their friends' and chatted to them about their past lives and family members by name.

All residents who spoke with the inspector said they felt 'very safe' in the centre and commented on the 'kindness', 'patience' and 'respect' they received from staff caring for them.

Residents told the inspector that they knew the person in charge and staff by name. They confirmed that they could make a complaint and singled out various staff members and one resident singled out their GP as people in the centre 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 and Standards. The inspector followed up on notifications and unsolicited information received by the Chief Inspector since the last inspection in December 2018. The inspector assessed completion of the compliance plan from the last inspection and found that four of the 10 regulations were now compliant. The other six regulations were progressed but not completed to achieve compliance. These areas of non-compliance with the regulations are restated in the compliance plan from this inspection.

The inspector monitored aspects of the service related to unsolicited information and these were not substantiated on this inspection.

There was a clear governance and management structure in place. However, the safety systems and procedures were not adequate to ensure the residents' safe evacuation in the event of a fire in the centre. Improvements were also necessary to ensure areas identified for improvement through audits of key areas were tracked to completion and used to inform continuous quality improvement. The person in charge had previously been responsible for two centres. The provider had appointed a new person in charge who now worked on a full-time basis in the centre. A full-time person in charge improved clinical governance and oversight of residents' care and quality of life in the centre. The person in charge reported formally to the provider representative on a monthly basis. This arrangement ensured that any issues that arose were reviewed and appropriately escalated.

Sufficient numbers of staff were available with appropriate skills to meet the health and social needs of residents. However, assurances were not available that there were sufficient staffing resources available to meet residents' evacuation needs in an emergency. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Síochána (police) vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Feedback on the service was welcomed by the provider and person in charge and an effective complaints procedure was in place. The procedure was displayed and all expressions of dissatisfaction with the service were recorded and investigated. Complainants were informed of the outcome of investigations and their satisfaction was obtained. An appeals process was in place.

Regulation 14: Persons in charge

A new person in charge was appointed since the last inspection. The new person in charge is a registered nurse, works full-time in the centre and has the experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

An actual and planned staffing roster was maintained in the centre with any subsequent changes recorded. Arrangements were in place to provide relief cover for planned and unplanned leave. The staffing roster reflected the staff on duty on the day of inspection

The inspector's observations and residents who spoke with the inspector confirmed there were no delays in staff attending to residents' personal care and assistance needs. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and legislative requirements.

While there were appropriate staff numbers and skill-mix to meet the assessed social and healthcare needs of residents, assurances were not available that there was sufficient staff to meet residents' evacuation needs in the event of an emergency.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A staff training programme was in place to ensure staff were facilitated to attend mandatory and professional development training to ensure they were skilled in meeting the needs of residents in the centre. A staff training matrix record was maintained by the person in charge to assist her with monitoring and tracking completion of mandatory and other training done by staff.

Most staff in the centre were facilitated to attend training in dementia and in managing and supporting residents with responsive behaviours. Since the last inspection, staff with responsibility for facilitating residents' activities attended training to enhance their skills in facilitating meaningful activities for residents unable or unwilling to participate in group-based activities.

Induction of new staff was closely monitored by the person in charge and all staff were appropriately supervised in accordance with their roles. The person in charge completed annual staff appraisals with staff and this process was also used to inform their training needs.

Judgment: Compliant

Regulation 21: Records

sample of staff files were examined by the inspector and contained the information as required in Schedule 2 of the regulations. All staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The inspector received assurances from the provider representative that all staff working in the centre had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

Records of simulated emergency evacuation drills completed, tests of fire equipment and a record of the number and service records of equipment were maintained.

Daily records of each resident's condition and treatments received was maintained by night and day nursing staff.

A register of any restrictive procedures used in the centre was also maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The centre's organisational structure was clear and staff roles and responsibilities were clearly defined. Systems were in place to monitor the quality and safety of key aspects of the service but the management systems in place did not ensure that residents could be safely evacuated to a place of safety in the event of a fire. This finding is discussed under Regulation 28: Fire precautions.

The person in charge collated data on key clinical indicators to inform clinical effectiveness such as, resident falls, use of restrictive procedures, infections, antibiotic use and residents' wounds. The results of audits and key clinical indicators were reviewed at the regular governance and management meetings. The use of audits to inform continuous improvement needed to be strengthened. While the information collated in audits was analysed, the areas identified as needing improvement were not consistently described in action plans to provide assurances that areas identified in audits as needing improvement were completed.

Sufficient resources had not been provided to refurbish unoccupied bedrooms on the first floor in a timely manner. This work had progressed slowly and alternative rooms were not made available for residents who had limited space in twin rooms.

The provider prepared an annual review in January 2018 in consultation with residents. The annual review was available to residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

Some minor revisions were necessary to the centre's statement of purpose. The revised document detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was reflected in practice in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted required statutory notifications of incidents involving residents to the Chief Inspector within the timescales as specified by the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

Appropriate deputising arrangements were in place for the person in charge. The person in charge and the centre's clinical nurse manager scheduled their leave to ensure that there was a member of the management team working in the centre each week. This arrangement ensured consistency in oversight of clinical care and timely address of any complaints received or other issues that arose.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was available to inform management of complaints in the centre. The complaints process in the centre was displayed. The centre's designated complaints officer is the person in charge. A record of all complaints received was maintained and included details of investigation and identified any learning to be

implemented. There were 15 complaints received in 2019 and all were resolved to the satisfaction of complainants. The records confirmed that the outcomes of investigations were communicated to complainants and their satisfaction was recorded. Procedures were available for complainants who were not satisfied with the outcome of investigations to access the centre's appeals process.

Complaints were reviewed at the centre's monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, other staff members or their family. An independent advocacy service was available to assist residents if necessary.

Judgment: Compliant

Quality and safety

Residents' nursing and healthcare needs were met to a good standard and residents had timely access to medical services and allied health professionals. The provider employed a physiotherapist one day each week and an occupational therapist once per month. This arrangement ensured positive outcomes for residents' health and well-being. Residents had access to acute hospital and psychiatry services and were provided with a good standard of nursing care.

A review of residents' care documentation demonstrated improvement in the quality and detail of the information describing residents' individual preferences and wishes regarding their care need. Residents' nursing care and healthcare needs were appropriately assessed and reviewed on a regular basis. The provider and person in charge had improved residents' quality of life with increased opportunities to participate in meaningful activities that met their interests and capabilities.

Residents' medicines were safely managed, reviewed by their general practitioner (GP) and administered as prescribed and in line with professional guidelines.

The layout and design of the ground floor met residents' needs with the exception of twin bedrooms located at the end of the four accommodation wings. The layout of these twin bedrooms negatively impacted on residents' privacy and dignity and the space available did not optimise their comfort and quality of life. The provider was refurbishing residents' accommodation on the first floor and no residents could be accommodated on the first floor until these works were completed. The provider representative advised the inspector that refurbishment works would be completed in early 2020.

The provider had procedures in place to ensure residents were protected from the risk of fire, including assessment of their evacuation needs. While simulated emergency evacuation drills were completed, the records of these drills did not

provide assurances that residents would be evacuated to a place of safety in the event of a fire. Fire compartments were large and none of the simulated emergency evacuation drills demonstrated a practice evacuation of any of these large fire compartments.

Residents had access to information including local newspapers and their civil and religious rights were respected.

A small number of residents in the centre experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While some improvement was necessary to ensure consistency in supportive strategies, these residents were well supported by staff. A minimal restraint environment was promoted in the centre and practices reflected the national restraint policy guidelines.

The provider ensured that residents were safeguarded from abuse and that any incidents, suspicions or disclosures of abuse were appropriately investigated and addressed. All interactions between staff and residents observed by the inspector on the day of inspection were supportive and kind.

Regulation 11: Visits

There was an open visiting policy in place in the centre. Residents confirmed that their visitors were welcomed. Residents were facilitated to meet their visitors in several private areas at the end of corridors and in the reception area outside of their bedroom if they wished.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

Judgment: Compliant

Regulation 13: End of life

While staff consulted with residents where possible, or their relatives as appropriate, to ensure residents' wishes for their end-of-life care were elicited and documented in their care plans, end-of-life care plans were not in place for all residents. This practice did not ensure that all residents were given opportunity when they were well to share their wishes regarding the physical, psychological and spiritual care they wished to receive and where they wanted to receive care that was of priority for them.

Single bedrooms were available in the centre to ensure residents' privacy and

comfort during end-of-life care. Residents' relatives were facilitated to be with them in the event of them becoming very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available and provided pastoral and spiritual support for residents as they wished.

Judgment: Substantially compliant

Regulation 17: Premises

Residents' accommodation in the centre is provided over two floors with lift and stair access provided between floors. The first floor has accommodation for 10 residents but is closed to residents during refurbishment work. The provider advised the inspector that this work will be completed in early 2020. Residents' accommodation on the ground floor consisted of 30 single bedrooms and eight twin bedrooms. All residents' bedrooms throughout were fitted with en-suite toilet, washbasin and shower facilities. The layout and design of the centre met residents' needs with the exception of the twin bedrooms located at the end of the accommodation wings on the ground floor. The floor space available did not provide sufficient space to meet residents' privacy and dignity needs. Placement of a chair next to each resident's bed was not possible and the layout and design necessitated placement of one resident's bed against a wall.

Single bedrooms were spacious and met residents' individual needs. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments and soft furnishings. The inspector observed where some residents were facilitated to have items of their own furniture from home in their bedrooms. Residents' communal accommodation was bright and spacious with furnishings and fittings that were domestic in style and familiar to them.

Toilets and showers were fitted with grab-rails. However, the location of grab-rails fixed to the wall on one side of some toilets did not optimise residents' safety and independence and the provider representative agreed to review this finding. Handrails were in place along all circulating corridors. Appropriate assistive equipment was available to meet residents' support needs, such as hoists and wheelchairs. Residents' accommodation on the ground floor was generally in a good state of repair. An audit of five residents' bedrooms was completed on a weekly basis. Refurbishment work was underway to address stained and damaged floor surfaces, toilets and hand basins in some en suites and communal facilities. The inspector observed that some were completed and work on others was in progress.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider ensured fire fighting and safety equipment was available throughout the premises. The building was compartmented and emergency exits were clearly indicated. However, steps down to the footpath outside one fire exit required review to ensure residents safe exit in the event of an emergency evacuation of the centre was not compromised. Daily and weekly fire equipment checking procedures were completed. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor and were available up to quarter three 2019. The contractor also provides an on-call repair service.

Each resident had their individual evacuation needs assessed and recorded. Staff training records confirmed that all staff employed in the centre had attended annual fire safety training. Staff who spoke with the inspector were aware of the procedures for evacuation in the centre. A named staff member was assigned as the fire marshal each day and their name was displayed on an information notice board by the nurses' station. The records of simulated emergency evacuation drills did not provide assurances that residents' emergency evacuation needs would be met in the event of a fire in the centre. Two compartments in the centre accommodated 12 residents and three staff were on night duty in the centre from 20:00 to 08:00hrs. The records of simulated emergency evacuation drills viewed by the inspector confirmed that frequent drills were completed but did not simulate evacuation of any area in the centre accommodated by residents. The provider representative told the inspector that he was working to reduce the size of compartments in the centre.

A floor plan of the first floor was not displayed by the fire alarm panel and compartment boundaries on the ground floor plan were not clearly displayed. Following the inspection, the Chief Inspector issued an urgent action plan, which required the provider to address fire safety issues

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine management practices and procedures. Written operational policies informing ordering, prescribing, storing and administration of medicines were available. Practices in relation to prescribing, administration and medication reviews met with regulatory requirements and reflected professional guidelines.

Medicines were stored securely in a designated clinical room. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and was involved in reviewing residents' medicine prescriptions and communicated their findings to the person in charge and the residents' GPs. Medicines administered

in 'crushed' format and maximum dose of PRN medicines permitted in a 24hour period were clearly prescribed.

Procedures were in place for returning out-of-date or unused medications. Systems were in place for recording and managing medication errors if necessary. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by nurses. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs. A physiotherapist attended the centre one day each week and was involved in assessing residents' mobility needs and fall prevention strategies. Residents were well supervised and there was a low incident of residents falling in the centre. Measures were in place to prevent residents developing pressure related skin damage. Residents were closely monitored for any deterioration in their health and wellbeing. For example, a small number of residents with unintentional weight loss or dehydration had frequent weight and intake monitoring procedures in place.

Care plans were developed to inform the care supports and assistance each resident needed were person-centred and clearly described residents' individual preferences and wishes. Improvements were made since the last inspection in residents' care plan documentation and residents' individual preferences regarding the care they wished to receive was described to a high standard. As there was a lot of information documented in residents' care plans, the inspector recommended that the quality of the care plans would be improved with reviewing the relevance of some of the information detailed.

The inspector was told that residents, or their families on their behalf were involved in their care plan development and in subsequent reviews and while this consultation process was referenced in continuation notes, it was not easy to retrieve among other daily entries regarding the health and welbeing of residents.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. An out-of-hours on-call emergency medical service was also available to residents if necessary. A physiotherapy worked in the centre one day each week and an occupational therapist attended the centre to review residents on a monthly basis. The provider had arrangements in place for residents to access dietitian and speech and language therapy services without delay. Chiropody, dental and optical services were available to residents as necessary. Community psychiatry of older age and palliative care services were available to residents on referral, as necessary.

Residents were supported and facilitated to attend out-patient appointments and were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents in the centre were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were well supported to ensure any behaviour that caused them distress was minimised. Procedures were in place to ensure residents' responsive behaviours were tracked and recorded to inform their care and treatment plans. Each resident had a behaviour support care plan developed to inform their care and support needs. Staff were facilitated to attend training in dementia care which included management of responsive behaviours. Staff who spoke with the inspector were knowledgeable regarding care of residents with responsive behaviours.

The information in behaviour support care plans had improved since the last inspection. However, further detail to include undocumented effective strategies used by some staff was necessary to ensure that a consistent approach was used by all staff to support residents. Procedures were in place to closely monitor and review use of PRN (a medicine taken as the need arises) psychotropic medicines. No residents were in receipt of these medicines on a PRN basis at the time of inspection.

Use of equipment and procedures that restricted residents in the centre reflected national restraint policy guidelines. Use of full-length bedrails was low. Residents' need for and safety using full length restrictive bedrails was assessed and alternatives were tried before implementation. Procedures were in place to ensure the period of time that bedrails were in place was minimised.

Judgment: Substantially compliant

Regulation 8: Protection

Systems and procedures were in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to any suspicions, incidents or disclosures of abuse. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse and how evidence of abuse may present. All interactions observed by inspectors between staff and residents were respectful, courteous and kind and residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate in the running of the centre with regular residents' committee meetings. The meetings were attended by members of the management team and were chaired by a resident. Actions arising from these meetings were completed.

Staff were respectful and discreet when attending to the personal needs of residents and ensured bed screens in twin bedrooms and that bedroom and bathroom doors were closed when assisting residents with their personal care. However, residents' privacy and dignity was negatively impacted by the layout and design of the twin bedrooms, especially twin bedrooms where residents needed assistive equipment for transferring into and out of bed. One side of resident's beds in each of these bedrooms was located against a wall and the two beds were within close proximity of each other. The space available did not permit residents to rest in a chair by their bedside. Screen curtains were fitted very close to residents' beds and the privacy of residents needing assistive equipment could not be assured during personal care or transfer procedures.

A record of each resident's life, significant events and past interests was maintained and was used to inform the activities in the centre that suited their interests and capabilities. Since the last inspection, the quality and variety of meaningful activities available for residents was improved and staffing resources available in the sitting and activity rooms ensured the activity staff were able to focus on facilitating residents' activities. The inspector found that residents who were not interested in or unable to participate in the group activities were supported to engage in meaningful activities on the day of inspection. As found on the last inspection, the records of the activities residents participated in and their level of engagement were inconsistently completed. While residents said they were satisfied with the activities provided, the activity records examined by the inspector indicated that residents

were not supported to engage in any activities for several consecutive days. This finding did not provide sufficient assurances that residents had opportunities to participate in meaningful activities that met their interests and capabilities. Residents were supported to integrate with the local community and go on organised outings to local places of interest. Some residents enjoyed participating in bingo in the local community and one resident was supported to attend a day service five days each week.

Residents in twin bedrooms did not have choice of television viewing as they shared a television with a resident in the adjacent bed. Their choice of listening was also negatively impacted by this arrangement in the absence of appropriate discreet listening equipment.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their civil, political and religious rights. Residents had appropriate access to independent advocacy services.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ealga Lodge Nursing Home OSV-0005665

Inspection ID: MON-0026980

Date of inspection: 31/10/2019

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 are continuing to carry out Evacuation Drills in the Nursing Home on a regular basis (at least once per month). A schedule has been devised which ensures that each area of the Nursing Home undergoes a simulated evacuation which takes in to account staffing levels for both day and night time. These will be reviewed by the PIC after they have been carried out. Any concerns relating to staffing levels and the capacity for safe evacuation will be immediately acted upon to ensure that the residents in Ealga Lodge can be evacuated in a safe and timely manner. Date of Completion: 17/11/19 and ongoing evacuation drills Will be evaluated: 1/12/19	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Recommendations relating to safe evacuation are discussed above under Regulation 15: Staffing and below under Regulation 28: Fire Precautions. Date of completion: 17/11/19 Recommendations regarding Action Plans: The PIC is in the process of collating all of the Action Plans in Ealga Lodge relating to all audits, meetings and quality improvement plans in to one clear document. These Actions will clearly identify the action required, the	

person responsible for carrying it out and the progress of this action. This method of reviewing the service will clearly outline the improvement plan and the progress of same.

To be completed by: 6/12/19
Recommendations regarding the lack of provision of resources to refurbish unoccupied rooms upstairs in a timely manner: At present, the Provider has engaged in the services of an architect in order to plan the refurbishment of the first floor and of the twin rooms on the ground floor. Work continues on the first floor of the Nursing Home in clearing out the old furniture and fittings. We acknowledge the limited space available in the twin rooms on the ground floor and we continue to offer residents single/alternative rooms when they become available. These works are to be progressed from January 2020 with an expected completion date of: 30th September 2020.

Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
We recognise the importance of having an End of Life Care Plan in place for all residents in order for residents to plan ahead and communicate their wishes for the end stage of their life. Our Admission Policy outlines that the End of Life Care Plan is one of the care plans which must be in place within one week of admission to Ealga Lodge Nursing Home. The importance of End of Life Care Planning will be discussed at our next End of Life Committee Meeting and at Nursing Staff Meetings. A schedule has been drawn up which indicates which residents need an End of Life Care Plan, this will be checked by the PIC to ensure that all End of Life Care Plans are in place by 21/12/19.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Recommendations regarding twin bedrooms and the first floor are discussed above under Regulation 23: Governance and Management.

Recommendations regarding the location of grab rails in some toilets: Our Maintenance department is currently in the process of reviewing the location of grab rails in our toilets and showers. The OT will make a recommendation to us on the best placement of these rails in order to ensure the safety of our residents and to promote their independence.

Due to be completed by: 31/1/20

We will continue to carry out refurbishment and repair work on the floor surfaces, toilets

and wash hand basins. Due to be completed by 25/2/20

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Recommendations regarding steps down to the footpath outside one fire exit:
This will be reviewed and rectified by our maintenance department with the installation of a ramp.

Due to be completed by 15/12/19

We are continuing to carry out Evacuation Drills in the Nursing Home on a regular basis (at least once per month). A schedule has been devised which ensures that each area of the Nursing Home undergoes a simulated evacuation which takes in to account staffing levels for both day and night time. These will be reviewed by the PIC after they have been carried out. Any concerns relating to staffing levels and the capacity for safe evacuation will be immediately acted upon to ensure that the residents in Ealga Lodge can be evacuated in a safe and timely manner.

Due Date for Completion: 17/11/19 and ongoing evacuation drills

The floor plan of the first floor was displayed beside the fire panel at the end of the inspection.
Completed

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
We are in the process of reviewing the content of our care plans for residents with responsive behaviour. A template demonstrating what information should be included has been devised using up to date and evidence based best practice. Nursing staff will be provided with a copy of this template in order to review their assigned residents' Responsive Behaviour Care Plans. All responsive behaviour care plans will be reviewed by the PIC after being updated by nursing staff.

Due Date for Completion: 6/1/20

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Recommendations regarding the layout of twin rooms has been discussed above under Regulation 23: Governance and Management.

Recommendations regarding the documentation of Activities:
We were pleased to note that the inspector had recognised an improvement in the quality of Activities provision within the home since the last inspection. We have reviewed the documentation relating to Activities and have developed a more user friendly Activities Log which will be easier and quicker to fill out, but which will still capture the necessary information. This documentation will be checked by the CNM on a weekly basis to ensure that it is being completed as planned.

Due date for completion: 5/12/19

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	21/12/2019
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	17/11/2019
Regulation 17(1)	The registered provider shall	Not Compliant	Orange	30/09/2020

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, 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.	Substantially Compliant	Yellow	30/09/2020
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	Orange	06/12/2019
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	Not Compliant	Orange	17/11/2019

	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.			
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	Orange	17/12/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	06/01/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	30/09/2020

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2020