



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ennis Road Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Ennis Road via Limerick, Clare
Type of inspection:	Announced
Date of inspection:	11 March 2019
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0025591

About the designated centre

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

Ennis Road Care Facility is a designated centre located on the outskirts of Limerick city on the old Ennis Road. It is registered to accommodate a maximum of 41 residents. It is a purpose-built single storey facility and when fully registered it will accommodate 84 residents, where bedroom accommodation will comprise 54 single and 15 twin rooms, all with en-suite facilities of shower, toilet and hand-wash basin. Presently, registered bedroom accommodation comprises 41 single en suite bedrooms. Additional toilet facilities are available throughout the centre. There is a spa room with assisted bath. Communal areas comprise a spacious dining room, a large garden room (day room), activities room, smoking room, and oratory. Main reception is an expansive space with a grande piano, massive fire place, and lots of seating hubs; off the main reception is the hairdressers salon and an area to be developed into a coffee dock. There are additional comfortable seating areas off the activities room. Residents have access to two enclosed gardens with walkways, seating and raised flower beds. Ennis Road Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Current registration end date:	19/11/2021
Number of residents on the date of inspection:	29

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
11 March 2019	09:30hrs to 17:30hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector spoke with four residents during the inspection, and 12 questionnaires (six residents and six relatives) were submitted. Feedback was positive and people relayed that staff were kind, gentle, helpful and encouraging. They loved the spaciousness of the new facility and how easy it was to maneuver around. They enjoyed the activities programme and highlighted the poetry, knitting, crochet, writing, bingo, singing and dancing; they loved the garden, and socialising in the garden room. Residents reported that there was good information sharing with them. Their visitors are made welcome and people had lots of choice of places to entertain their visitors. Residents reported that staff were very busy.

Capacity and capability

This was a new service that opened 20 November 2018. Care was provided in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge was supported in role by the clinical nurse manager (CNM) and senior nurse. Clinical governance meetings had commenced and minutes were evidenced from two meetings to date. Attendees included the person in charge, CNM, senior nurse and physiotherapist. Standing items on the agenda included staff and staff management, education training and continuous professional development, risk management, clinical audit, clinical effectiveness, information, client and carer experience and involvement, and key performance indicators.

The person in charge, CNM and senior nurse demonstrated good knowledge of their roles and responsibilities including good oversight of resident care and welfare and commitment to promoting a quality service to ensure quality of life for residents.

The person in charge completed morning walkabout to meet residents and supervise staff. The CNM was supernumery to the care roster and was also involved in staff supervision. At 11:45am there was a morning catch-up for staff to relay the care given and current status of each resident. Staff levels were discussed with the provider and person in charge, and proposed staff numbers and skill mix as the number of residents increases. Increase in staffing levels included a designated laundry staff to take responsibility for the laundry. While staff had completed an array of training, further training was necessary regarding laundry practices to ensure compliance with infection control standards and professional guidelines.

The person in charge had developed and commenced a programme of audit of

clinical data and she described good oversight of the clinical data gathered; this data will be trended and analysed to inform work practices. She had introduced reflective practice following a medication incident to identify a possible root cause to prevent possible recurrence. Reflective practice was also introduced following the death of a resident to support staff, and possibly identify improvements to care and practice.

Contracts of care were in place that identified fees to be charged as well as possible additional fees to be charged. While the contracted included the possible bed occupancy type of either single or twin occupancy, they had not been edited to indicate the occupancy status.

Notifications were timely submitted to the office of the chief inspector. Residents said they could raise issues and concerns were dealt with, and people said they raised issues during residents' meetings.

Controlled closed circuit television (CCTV) was at main reception and on corridors throughout the centre. Evacuation plans were displayed throughout the centre, however, some of these were not orientated to reflect the floor layout. Fire drills and evacuations were routinely completed and staff were knowledgeable regarding evacuation protocols, compartmentation divisions and escape routes.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences. Residents feedback was very positive regarding access to and support of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was discussed and the person in charge outlined that the roster was review in line with the number of residents admitted to the centre. Cognisant of the proposed registration of additional beds, recruitment had commenced to ensure adequate numbers and skill mix of staff to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had up to date mandatory training completed, for example, fire safety, manual handling and lifting, hand hygiene, safeguarding and protection as well as other training such as report writing and medication management. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

Clinical governance meetings had commenced and minutes were evidenced of two meetings to date. A clinical audit schedule for 2019 was in place and person in charge, CNM and senior nurse were responsible for completing these and had audits assigned to them. These audits informed the clinical governance meetings.

Additional staff will be employed in accordance with admissions to the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately. While the possible accommodation type of single or twin bedroom occupancy was in the contract, the appropriate room type was not selected.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the management structure, the conditions of registration, and that residents' meetings occurred every two months.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted. Notifications were discussed with the person in charge regarding information to be included in the quarterly notifications relating to the main entrance and environmental restraint.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. It identified the possible avenues to raise issues including an independent person. Most of the questionnaires indicated they could raise issues with the person in charge and they reported that their concerns were dealt with in a timely manner.

Judgment: Compliant

Quality and safety

Residents' independence was promoted by all staff and this was observed on inspection and formed part of the questionnaires returned.

An activities coordinator was appointed and residents, relatives and staff spoke very highly of the activities programme in place, such as reading, poetry, music sessions, knitting and crochet, parties and fashion shows, baking and dancing. There was a memory gallery displaying photographs of parties and events by main reception. Residents meetings were scheduled for every two months and minutes of two meetings to date were evidenced. These showed an array of topics were discussed and issues raised were followed up by the person in charge. The hairdresser attended every Tuesday; the chiropodist was available every 2-3 weeks.

Medical cover was provided by the residents' general practitioner and out-of-hours cover was provided by Shannon Doc and Limerick Doc. Residents had good access to community intervention services and palliative care specialists services. Medication administration, prescriptions and controlled drugs were checked in accordance with best practice. The physiotherapist assessed residents regarding their mobility, balance and assistance required, and developed a care plan accordingly.

Each resident was assigned two key carers on admission, one nurse and one healthcare assistant to enable continuity of care. There was documentary evidence that pre-admission assessments were completed by either the person in charge or

the CNM. A sample of care plans reviewed showed a person-centred approach and contained valuable information to inform individualised care. While comprehensive assessments were completed for long-stay residents, short-stay residents had just core assessments completed. This had the potential to miss health and nursing care needs.

Positive feedback regarding food, meals and mealtimes was relayed. Issues raised during the residents meetings and in the questionnaires were relating to meals and choice were dealt with by the person in charge and the chef. The inspector observed lunch and tea time and snack times where people had choice at each meal; meals were pleasantly presented including textured diets.

In general, the premises was gorgeous; the activities room was alongside the dining room; these were partitioned but the partition could be opened to create an expansive space to facilitate a large event. The main reception was warm and welcoming and had several seating hubs for residents to entertain their visitors; there was other spacious comfortable seating areas outside the activities room. There were three storage rooms for hoists and other large equipment. However, several issues identified before the centre opened had not been remedied by the registered provider. For example, doors to some en suites did not close effectively; another en suite door was sticking on the flooring; residual glue stains were evident in several en suites; damage to en suite wall was not repaired; paint works and paint spattering throughout the centre including the nurses station; several of the windows and doors had not been cleaned and had stickers or sticker residue visible. There were three enclosed gardens for residents to amble about. While two of these had been landscaped and had garden furniture, shrub and flower beds, statues, gazabo and bird feeders, landscaping to the third garden had not commenced. This garden would be viewed by residents being accommodated in phase 2 of the registration. While many of the rooms were ready to be occupied, the person in charge advised that bed tables and comfortable arm chairs were ordered and their delivery was awaited. The layout of some twin rooms required attention to ensure residents had unobstructed access around their bed spaces and that a chair could fit within their bed space.

Staff had training in infection prevention and control practices, nonetheless, issues were identified such as, inadequate storage in sluice rooms for bedpan inserts and shelving for disposable gloves and clinical equipment; commode covers were left on the ground of one sluice room. Staff had not received training in laundry practices regarding appropriate temperatures for laundering different clothes types in line with best practice guidelines. There was an old broken industrial size dryer in the laundry. While the cleaners' room was secure it required attention to ensure it was maintained in accordance with infection control best practice guidelines.

Information for residents was displayed at main reception including the statement of purpose and the residents' guide. These were updated on inspection to better reflect the organisational structure, conditions of registration, and availability of printed inspection reports.

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. While there was signage requesting protected mealtimes, the inspector observed visitors were made feel welcome and offered refreshments. The provider outlined that development of a coffee hub was planned as part of the main foyer facilities.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage; some bedrooms had additional storage of chest of drawers.

Residents had access to on-site laundry facilities. Clothing was labelled for ease of identification. Residents questionnaires identified issues with laundry but these were dealt with in a timely fashion by the person in charge. A designated laundry staff will be in place to take responsibility for laundry services when the remainder of the centre will be opened.

Judgment: Compliant

Regulation 17: Premises

The premises was homely, spacious and comfortable with many large areas for residents and their visitors to enjoy. However, there were several issues identified before the centre opened, which had not been remedied by the registered provider. For example, doors to some en suites did not close effectively; another en suite door was sticking on the flooring; residual glue stains were evident in several en suites; damage to en suite wall was not repaired; paint works and paint spattering throughout the centre including the nurses station; several of the windows and doors had not been cleaned and had stickers or sticker residue visible. Landscaping to the third garden which formed part of phase 2 of the registration, had not commenced. The layout of some twin rooms required attention to ensure residents had unobstructed access around their bed spaces and that a chair could fit within

their bed space.

An old filing cabinet in the hairdressers' room took from the salon appearance of this room.

Judgment: Not compliant

Regulation 18: Food and nutrition

A fortnightly menu rotation was in place with menus displayed on dining room tables. Tables were tastefully set with place-mats, cutlery and condiments. Residents were offered a choice with all meals. Some residents chose to stay in their bedrooms for their meals, while most dined in the dining room. The observed that mealtime was a social affair with lovely banter and interaction between residents. Issues raised at residents meetings were timely addressed by the person in charge and chef.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available at main reception and this was updated on inspection to reflect the organisational structure.

Judgment: Compliant

Regulation 27: Infection control

There was inadequate storage in sluice rooms for bedpan inserts to store them in accordance with best practice guidelines. Commode covers were on the floor in one sluice room. Gloves and urine testing equipment were inappropriately stored on the hand-wash sink. One cleaners' room was not maintained in line with best practice.

Judgment: Not compliant

Regulation 28: Fire precautions

There were precautions taken to ensure fire safety, and certifications for testing and maintenance of fire safety equipment. Fire drills and evacuations were completed routinely. Staff were knowledgeable regarding lateral evacuation and compartmentation information. While there were evacuation floor plans displayed throughout the centre, some were not orientated to reflect the layout and evacuation route in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed showed a person-centred approach and contained valuable information to inform individualised care. While comprehensive assessments were completed for long-stay residents, short-stay residents had just core assessments completed. This had the potential to miss health and nursing care needs.

While some care plans had information on residents' wishes regarding their end of life care, this was not reflected in all care plans reviewed. This was discussed with staff and it was identified that staff would benefit from further training regarding eliciting end of life care wishes.

There was signage displayed at the end of residents' beds which was not in keeping with their person-centred social approach to care.

Judgment: Not compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that exercise classes, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. Residents concurred with this.

The controlled drugs (CDs) logs were examined and required further review as stock balance brought forward from one page to another was not reflected; stock received from the pharmacy and added to the existing stock was not recorded as an

individual entry, instead it was recorded at the time of administration of the controlled drug to the resident. All of which had the potential for near miss or errors in medication management.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had received training on protection and the inspector observed that this was implemented in practice where residents were given choice, and their independence was promoted and encouraged. Observation showed that this was a social model of care that was resident led.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were held on a two-monthly basis with lots of items discussed; these were followed up by the person in charge and when necessary other staff were involved in remedying issues. The inspector observed that residents' independence was promoted and encouraged. The activities programme was extensive and included activities that were meaningful to residents. The inspector observed a period fashion show where the activities person modelled costumes from a bygone era. One of the residents narrated the show, explaining to the audience the history of the time, the purpose and function of each of piece of the costume including the hair pieces, undergarments and accessories. While modelling the dresses the activities person offered residents the opportunity to feel the texture of the material to enable sensory engagement. Following the fashion show another resident had a book with his repertoire of songs and entertained the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0025591

Date of inspection: 11/03/2019

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract for the provision of services: Yellow</p> <p>All contracts have the appropriate room ie. Single or Double selected as the accommodation type.</p> <p>Timeframe: Immediate effect.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The following issues have been addressed to come to compliance with Regulation 17. Doors to en-suites all open & close effectively. Residual glue stains have been removed from the en-suite floors. Damage to the en-suite wall have been repaired. Paint works have been addressed throughout the centre. Windows have been cleaned. Landscaping to the external gardens has been attended. Appropriate chairs have been sourced for identified twin rooms to ensure they had unobstructed access around their bed spaces. Old filing cabinet has been removed from the hairdresser’s room. Furniture layout in the double rooms has been reassessed & moved in the room to accommodate more space in the room.</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Infection control:</p> <p>The following has been addressed to comply with Regulation 27: Infection Control: (Orange)</p> <p>Storage & shelving has been added in sluice rooms for bedpan inserts, covers etc to store them in line with best practice guidelines. Timeframe: Within 2 weeks.</p> <p>Cleaners room is maintained in line with best practice. Time frame: Immediate effect.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire precautions:</p> <p>Regulation 28: Fire precautions: Yellow</p> <p>Evacuation floor plans are orientated to reflect the layout and evacuation route in the event of an emergency. Time frame: Immediate effect.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual assessment and care plan: (Orange)</p> <p>The following has been addressed to come to compliance with Regulation 5: Individual Assessment & Care Plan:</p> <p>Comprehensive assessments are completed for short term residents.</p> <p>Further training has been provided to Nurses regarding eliciting end of life care wishes &</p>	

the documentation of same in care plans.

Signage has been removed from end of beds to keep with the person-centred approach to care.

Timeframe: Immediate effect.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Health care: (Yellow)

Weights & MUST scores are completed on admission and routinely in line with the centre's care documentation and best practice professional guidelines.

Control drugs (CDs) are recorded in line with medication management best practice guidelines. Nursing staff ensure that stock being brought forward from previous page in the control drug book will have a stock control narrative to inform the nurse, to eliminate the potential of medication errors.

Timeframe: Immediate effect.

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 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.	Not Compliant	Yellow	10/04/2019
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 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	Substantially Compliant	Yellow	12/03/2019

	centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	10/04/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/03/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	12/03/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	12/03/2019

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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