



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Eliza Lodge Nursing Home
Name of provider:	Eliza Care Limited
Address of centre:	Boherdurrrow, 5 Roads, Banagher, Offaly
Type of inspection:	Announced
Date of inspection:	11 February 2020
Centre ID:	OSV-0000663
Fieldwork ID:	MON-0023156

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Tuesday 11 February 2020	09:00hrs to 19:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Thirteen residents completed satisfaction questionnaires sent by the Health Information and Quality Authority in advance of the inspection. These pre-inspection questionnaires were completed by some residents and family members or staff in the centre on behalf of residents. The inspector met with a number of residents and their relatives during the inspection. Overall, feedback received was generally positive regarding residents' experiences and their level of satisfaction with living in the centre.

Residents' bedrooms were observed by the inspector to be spacious with sufficient storage facilities. Some residents' personalised their bedrooms with small items of their own furniture from home, family photographs, fabric throws and ornaments. One resident told the inspector they they 'loved their room', it was 'cosy and comfortable' and they preferred to 'spend time in their room'. Although, facilities were available for residents to meet their visitors outside of their bedrooms, many choose to entertain their visitors in their bedrooms. Several residents discussed the high importance they placed on maintaining their links with their family and looked forward to their visits. Residents were pleased with the way their relatives were welcomed into the centre and credited staff on how they always ensured this welcome. This concurred with feedback from residents' relatives spoken with.

Staff were observed to be respectful, kind and gentle towards residents. Their approach was person-centred and as they knew residents well, they chatted easily about family members and residents' past experiences. Staff were busy providing residents with assistance to meet their care needs. Residents said they did not have to wait too long for staff to come to them when they needed help. Residents commented that staff were very caring but always very busy and they 'did not like to delay them'. The inspector saw that staff were busy with assisting residents and did not have time to sit and chat with them. Interactions with residents, although positive, mostly occurred when staff were carrying out tasks of care. While some residents told the inspector that they enjoyed the social activities available to them and they liked to spend their day in the sitting room as it was an opportunity to 'meet and chat' with other residents, others did not enjoy the activities available. Some residents commented the room was 'too noisy' or they had 'no interest' in the activities available. One resident was observed by the inspector to put their hand up and say 'no' in response to a ball throwing game where a member of staff was going around each resident in the sitting room. Other than a small number of able residents reading newspapers, residents not participating in the ball game were not engaged in any meaningful activity. Residents were facilitated to attend a pilgrimage to a local shrine over two days each year. The inspector was told that this was the only outing arranged for residents. Some residents said they would like to go on outings when the weather gets warmer.

Some residents with high support needs who spent their day in the sitting room told the inspector that they enjoyed being in the company of other residents or preferred

their own company and these residents chose to spend most of their time alone in their bedrooms watching television or reading. However, from the inspector's observations and discussions with staff and residents, assurances were limited that several residents with high support and one-to-one needs had sufficient access to meaningful activities and social engagement. Much of these residents' day was spent watching television. The activity coordinator demonstrated that she tried to meet each resident's needs and confirmed that although she made every effort to engage residents who remained in their bedrooms, this was often not feasible due to the diverse needs and dependencies of residents in the centre. The activity coordinator was also involved in assisting residents with drinks in the sitting room. The records of activities residents participated in also confirmed the inspector's observations.

Residents' clothing was observed to be clean and well maintained. All but one resident was satisfied with how their clothes were cared for. This was discussed with the person in charge and they were already aware of this resident's dissatisfaction and was addressing it.

Mealtimes were observed to be a high point of the residents' day and several residents used this time as an opportunity to meet with other residents they got to know in the centre. There was high praise from all but one resident regarding the quality of the food and another resident regarding the variety of vegetables offered. The person in charge was aware of these residents' dissatisfaction and together with the chef was making all efforts to ensure these residents were provided with a variety of alternative nutritious options.

Capacity and capability

This was an announced inspection to monitor on-going compliance with the regulations and standards. The inspector followed up on the provider's progress with completing the compliance plan from the previous inspection in February 2019. The provider and person in charge had progressed and completed eight of the 15 action plans developed to achieve compliance following the previous inspection. The provider and person in charge had progressed improvements with the other seven actions but further improvements are necessary to ensure adequate skilled staffing resources are made available to meet residents' activity and social engagement needs. While, measures were in place to protect residents from risk of fire, the provider representative gave assurances that the findings of inspection regarding ineffective fire/smoke containment measures in the laundry and dining room areas of the centre will be addressed as a priority.

The inspector followed up on notifications and unsolicited information received since the previous inspection in February 2019. Unsolicited information regarding insufficient staffing provision and limited access to meaningful activities was substantiated on this inspection.

The centre's governance and management structure was clear and oversight of the service was assured. The provider took a proactive approach to managing risk and had management systems in place to monitor the quality and safety of the service and continuous quality improvement of the service. The provider representative visited the centre at least, on a weekly basis and convened regular governance and management meetings to review all aspects of the service provided including, action plans from monitoring activity, risk management, staffing resources and complaints. The person in charge worked full time in the centre. The person in charge and clinical nurse managers staffed an out-of-hours on-call rota to ensure senior members of the centre's management team were available to ensure timely support to staff and response to any issues that arose in the service.

While, staffing provided reflected the centre's statement of purpose, there was insufficient staffing resources provided to meet the assessed social and recreational needs of residents in the centre. This was impacting on residents' quality of life. This finding was identified during the previous inspection in February 2019 and the provider facilitated a staff member to attend an activity training course. However in the absence of sufficient dedicated, skilled activity staff, assurances that the recreational and social needs of each resident could be met was not feasible. Staff were facilitated to attend mandatory training requirements.

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

Regulation 15: Staffing

There were sufficient numbers of staff to meet the clinical and assistance needs of residents but there was insufficient staff available to engage socially and provide recreational activities for residents. One activity coordinator was responsible for facilitating activities for 50 residents with the support of a designated member of staff to facilitate activities during weekends. The activity coordinator was involved in assisting residents in the sitting room with their drinks and supervising residents in the sitting room in the mornings. Care staff helped with facilitating a ball game activity in the sitting room but, their assistance was not assured and depended on care staff not being engaged in other health care activities.

Staff were observed to be caring towards residents and were knowledgeable regarding their individual and collective needs. A clinical nurse manager on-duty each day was supernumerary to staff providing direct care of residents and supported the person in charge with supervision of residents' care, staff and with auditing procedures.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training. All mandatory staff training was up-to-date. Staff were facilitated to attend training in dementia care which included supporting residents with responsive behaviours. Facilitating suitable activities for residents was the responsibility of the activity coordinator and the inspector was told that this was also an integral part of the role of other staff in the centre. Since the last inspection, one carer was facilitated to attend training in facilitating activities for residents. However, the inspection findings indicated that further staff training in suitable and meaningful activity provision for residents with dementia or other conditions that negatively impacted on their ability to meaningfully participate in group activities was necessary to ensure these residents' activity needs were met.

Staff were supervised according to their role and their performance was supported and monitored on an ongoing basis.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and made available to the inspector. The directory of residents referenced all information regarding each resident as required by the Regulations.

Judgment: Compliant

Regulation 21: Records

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

Records of emergency evacuation drills and testing of fire equipment were maintained and made available to the inspector. The records of simulated emergency evacuation drills viewed on the day of inspection contained

sufficient detail of the simulated emergency evacuation.

The policies as required by Schedule 5 were all available.

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

Judgment: Compliant

Regulation 23: Governance and management

There was clear governance arrangements and established management structures and systems were in place. Staff roles and responsibilities were defined.

The quality and safety of the service was monitored and results of audits were reviewed at monthly governance and management meetings. Clinical nurse managers collated resident data to inform key performance indicators such as resident falls, infections and pressure ulcers. This information was analysed by the person in charge and reviewed at the monthly management meetings. Key areas of the quality and safety of the service were monitored in audits and areas identified as needing improvement were for the most part described in action plans. Action plans were reviewed by senior management at monthly meetings and were progressed. For example, a recent audit of call bell response times from 20:30hrs to midnight identified response times of three to five minutes in 40% of the calls reviewed. Action was taken to increase healthcare assistant hours during this period to reduce the time residents were waiting on a response from staff. However, improvements continued to be necessary to ensure residents' quality of life in terms of access to meaningful activities and social engagement continued to require improvement. For example regarding the staffing resources provided to ensure each resident's needs were met in this area.

An annual review report on the quality and safety of the service and quality of life in the centre for residents for 2019 was completed in consultation with residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A contract of care setting out the terms and conditions of residency was available for each resident. Residents' contracts of care outlined the services to be provided and the fees to be charged to residents in receipt of the 'Fair Deal Scheme' including additional fees. The contract included a schedule of costs for additional services residents may wish to avail of. An additional fee was charged outside of that covered by the nursing home support scheme and details of the services covered by

this fee were described. Opt-out arrangements out of all or part of payment of additional charges was facilitated. Details of the bedroom each resident occupied was stated as required. Residents or their family members on their behalf signed the contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

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

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 34: Complaints procedure

A policy was in place to inform the management of complaints in the centre. Residents' feedback was welcomed and used to improve the service as necessary. Information on the complaints procedure in the centre and accessing support was communicated to residents and the complaints procedure was displayed. The information displayed provided instruction on making a complaint and the response process thereafter.

A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. The records confirmed that complaints received were appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations

was recorded and an appeals procedure was available.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was clearly displayed. Advocacy services were involved in supporting some residents in the service.

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 members.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were centre-specific and included the policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

Quality and safety

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

The layout and design of the premises generally met residents individual and collective needs. Although, not all practices reflected infection prevention and control best practice standards, the centre was visibly clean throughout and was generally maintained and decorated to a good standard. The layout and decor in a sitting room off the main sitting room required review to ensure this area met its stated purpose as an area where residents could take time out of the main sitting room for rest and relaxation and to address overcrowding in the main sitting room.

Residents care plans were significantly improved since the previous inspection and contained sufficient detail to support person-centred care for each resident.

However, the inspector was not assured that residents' activity care plans were implemented. Inadequate staff to support residents to participate in meaningful activities impacted on residents' quality of life in the centre. Improvements were found to be necessary to ensure residents had appropriate access to meaningful activities and social engagement to meet their interests and capacities.

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

Resident nutrition and hydration needs were met and they were supported to enjoy a varied menu.

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

Residents with behaviours and psychological symptoms of dementia (BPSD) were appropriately supported by their GP, staff in the centre and community psychiatry of later life services. A minimal restraint environment was promoted and practices reflected national restraint policy guidelines.

The provider took a proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents health and safety needs were met. Measures were in place to protect residents from risk of fire and to ensure their emergency evacuation needs can be met. Action by the provider was found to be required to ensure effective containment of fire/smoke in the event of a fire in the laundry or dining room. The provider gave assurances to the inspector that this finding would be addressed as a priority. Staff were facilitated to attend mandatory fire safety training and evacuation of residents

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Residents were given opportunity to express their end-of-life care wishes regarding their physical, psychological and spiritual care and where they wished to receive care. Residents choices about where they wished to receive their end-of-life care was described in advanced care directives. End-of-life care plans were in place to ensure residents' individual wishes were communicated to the staff team. Where residents were unable to communicate their decisions, staff make efforts to get information from families that best reflected residents' end-of-life care preferences and wishes. Where

possible, residents were involved in making advanced decisions regarding their end-of-life care.

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

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

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met residents' individual and collective needs with the exception of a small sitting room off the main sitting room. The layout and decor in this room needed review as one part was cluttered with activity equipment and the low seating provided was not suitable for many of the residents. Otherwise, residents' accommodation was generally in a good state of repair.

Residents accommodation in the centre was provided at ground floor level throughout. Residents' bedroom accommodation was provided in 34 single and eight twin bedrooms. All residents' bedrooms throughout were fitted with en-suite toilet, washbasin and shower facilities and provided them with sufficient space to meet their individual needs including their needs for assistive equipment. A spacious communal sitting room, a dining room and a quiet sitting area to the rear of the reception were available to and used by residents.

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

Toilets and showers were fitted with grab rails and handrails were in place along all circulating corridors. Appropriate assistive equipment was available to meet residents' support needs such as hoists and wheelchairs which were serviced at regular intervals.

Lighting in the main sitting room was observed to be poor in the evening. This

finding was discussed with the provider representative and person in charge and the provider representative gave assurances to the inspector that this finding would be addressed without delay.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents nutrition and hydration needs were assessed and met. A validated assessment tool was used to screen residents' risk of malnutrition and dehydration on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. The inspector was informed that there were no residents with unintentional weight loss or gain of concern on the day of inspection. Appropriate procedures were in place to support residents with insufficient fluid and food intake.

Residents meals were served in two sittings in the dining room to facilitate all residents to dine in this area. Mealtimes were observed to be social occasions for many residents in the centre. Staff made efforts to ensure residents were seated with friends they had made in the centre at mealtimes. Residents had timely and appropriate access to speech and language therapy and dietitian services as necessary. Special diets were communicated to the Chef. Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions requiring special diets, such as diabetes. Residents' dietary recommendations were described in their care plans to ensure they were communicated to all staff. Snacks and refreshments were provided for residents throughout the day and they had a choice of hot meals or alternatives to the menu for lunch and tea.

There were sufficient staff available to supervise residents in the dining room and to meet their needs for assistance during mealtimes, as necessary.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 26: Risk management

The health and safety of residents, visitors and others was promoted and protected by risk management procedures in the centre. An up-to-date safety statement and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to effectively mitigate levels of assessed risk. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. Areas found to need improvement were actioned and learning was implemented.

All residents' moving and handling procedures were completed in accordance with best practice procedures. Staff were facilitated to attend up-to-date training in safe moving and handling of residents. Each resident's moving and handling needs were assessed and clearly documented.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Sufficient numbers of hand hygiene dispensers were located at convenient locations in most areas but required review to ensure they were available in all areas of the centre. Unsecured bottles of alcohol gel placed on hand rails at various locations along corridors posed a risk of ingestion by vulnerable residents or others. This finding was discussed with the provider representative and person in charge at the inspection feedback meeting. Staff were facilitated to attend training in hand hygiene and staff carried out hand hygiene procedures as appropriate.

While a designated room was provided for storage of cleaning equipment, the inspector observed that a floor buffer was stored inappropriately in a room for residents' equipment. The inspector observed that not all toilet rolls in shared toilets were in protected dispensers to mitigate potential risk of infection cross contamination. Bags of used linen were stored on the floor in the laundry room and

a black refuse bag was anchored to a tap on the hand washing sink. These findings were not in line with the infection prevention and control standards.

All residents bedrooms had en suite facilities and the majority of residents in the centre were accommodated in single bedrooms. The cleaning system in place reflected best practice cleaning procedures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre premises was compartmented internally to effect containment of fire/smoke in the event of a fire in the centre and this information was displayed in a floor plan displayed by the centre's fire panel. However, containment of fire/smoke in the event of a fire in the laundry and the dining room areas was not possible as there was a unprotected gap on closure of the fire doors to these areas. This finding was not identified in fire safety checking records examined by the inspector. All doors in the centre were fitted with self-closure devices as appropriate. Residents bedroom doors were each fitted with safety devices that facilitated them to keep their bedroom door open if they wished but disengaged on activation of the fire alarm to ensure their bedroom doors closed.

Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. Emergency exits were clearly indicated. Daily and weekly fire safety equipment checking procedures were completed including weekly sounding of the fire alarm to ensure it was operational at all times. Confirmation was provided of quarterly and annual servicing of the fire alarm system and emergency lighting by a suitably qualified external contractor. The contractor also provides an on-call repair service as necessary.

Each resident's individual evacuation needs were assessed and this information was clearly recorded. This information was discretely displayed in their bedrooms and ensured ease of reference in the event of an emergency. Staff training records examined by the inspector confirmed that all staff employed in the centre were facilitated to attend annual fire safety training. Staff who spoke with the inspector were aware of the emergency procedures including evacuation of residents.

There was evidence that simulated night and daytime emergency evacuation drills were completed at regular intervals throughout the year. The information in the records of simulated evacuation drills viewed by the inspector provided assurances regarding timely evacuation of residents in the event of an emergency including residents' timely evacuation during the night time when conditions are changed and staffing resources are reduced.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were made since the last inspection to ensure residents were protected by safe medicine management procedures and practices. Staff nurses administering residents' medicines wore aprons advising that they not be disturbed during this procedure. The inspector observed timely administration of residents' medicines as prescribed and in line with professional guidelines.

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

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

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. Appropriate assessment tools were utilised by staff to assess residents' risk of pressure related skin injury, risk of falling and risk of malnutrition among others. This information was used to inform care plans describing the care interventions in relation to each area of need identified. The standard of person-centred information detailed in residents' care plans was significantly improved since the previous inspection and the information clearly described the priorities for each resident regarding their care. While, most residents' care plans were implemented, the inspector was not assured that residents' activity care plans were implemented. This is discussed further under Regulation 9.

The level of detail in care plans for residents with diabetes informed high standards of care to ensure their ongoing health and wellbeing. Their care plans clearly described the recommended frequency for sampling of their blood glucose levels and the parameters their blood glucose levels should be maintained within. Residents with assessed risk of developing pressure related skin injuries in the centre were closely monitored and procedures were in place to ensure effective pressure relief on their skin. Skin checks and body mapping procedures were in place to ensure any damage to residents' skin was identified and addressed without delay. Residents including residents at risk of dehydration were encouraged and

supported to drink sufficient fluids. The recommended amounts of fluid these residents should drink was detailed in most of the care plans examined.

Residents or their families on their behalf were consulted with regarding their care plan development and subsequent care plan reviews, information regarding this process was mostly documented.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare were met and they had timely access to a GP and specialist medical services such as psychiatry of older age and palliative care services as necessary. Referrals were made for residents to community allied healthcare professionals as appropriate and their recommendations were documented in residents' care plans and implemented. The provider has also put arrangements in place so that residents had access to these services without delay to ensure timely interventions to meet their needs. The occupational therapy and physiotherapy services were seen to be frequently involved in assessment of some residents to ensure their ongoing health and comfort.

Residents were supported to attend out-patient appointments. Arrangements were in place for residents to access national screening services such as diabetic retinal screening, breast and bowel screening.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to support residents with managing any 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). that they experienced. At the time of this inspection, five residents were periodically predisposed to episodes of responsive behaviours. These residents were well-supported by staff who knew them well and implemented person centred de-escalation strategies as necessary. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Behavioural support care plans were developed for residents with responsive behaviours that detailed the triggers to their behaviours and the most effective person-centred de-escalation strategies to guide consistency in their care and support procedures. The details of any episodes of responsive behaviours experienced by residents were recorded to inform possible triggers and their treatment plans. Residents with responsive behaviours had appropriate access to

community psychiatry of older age.

A minimal restraint environment was promoted and the person in charge and staff team were working to reduce use of bedrails in the centre. Arrangements were in place to ensure the impact of any restrictive procedures and the period of time in place was minimised. Details of alternatives tried before a decision was made for use of full length bedrails were recorded. Risk assessments were completed to ensure each resident's safety with using a full-length bedrail.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard and protect all residents from abuse. Procedures were in place to ensure residents were closely monitored by staff for any signs of them experiencing abuse. For example all incidents of bruising of unknown origin to residents' skin was investigated to outrule any abuse. Training records examined by the inspector confirmed that all staff were facilitated to attend training on prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse and clearly articulated their awareness of their responsibility to report any disclosures, incidents of abuse they witnessed or suspected.

All staff interactions with residents were observed by the inspector to be person-centred, respectful, courteous and kind. All residents and residents' relatives who spoke with the inspector confirmed these observations.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and were given opportunity to participate in the organisation of the centre. Staff respected residents' privacy and dignity by closing screen curtains around beds in twin bedrooms and closing all bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors. However, two cubicle design toilets for residents' use did not ensure their privacy and dignity when using these facilities.

Residents were assessed to ensure that suitable activities were provided to meet their individual needs since the last inspection. Each resident had a 'key to me' completed and other information regarding the activities that interested them. A person-centred care plan was developed for each resident describing their interests and the activities available that best suited their capabilities. The

activity coordinator worked until late afternoon on Monday to Friday each week. A health care staff member was rostered to do activities at the weekends and had received training in imagination gym since the last inspection. The inspector was also told that facilitating residents' activities was an integral part of all staff roles but staff were observed to be busy throughout the day of the inspection with assisting residents and meeting their care needs.

Given the number of residents in the centre, their age profile and the range of their dependencies it was not possible to meet their activity and social needs with the current staffing resource. The activity coordinator was also called upon to assist residents with their health care needs. The activity coordinator facilitated a group activity each afternoon and also tried to visit residents who had higher support needs and remained in their bedrooms. However, opportunities, for one-to-one engagement were limited and the inspector was not assured that the social needs of residents, especially those who could not participate in group activities were met. For example, the inspector was told that an accredited sensory programme suitable for residents with dementia was being modified due to time constraints. The inspector also found activity care plans for residents with one-to-one or small group needs were not being implemented. The records of activities attended by residents since the 01 January 2020 indicated that residents with high support needs had limited social interaction and were not facilitated to participate in any of the activities that were documented as being of interest to them. Residents told the inspector that they enjoyed the activities but looked forward to their visitors coming in them.

Most residents spent their day in the main sitting room. This arrangement resulted in the main sitting room being overcrowded and very noisy in the afternoon. A smaller room was available off the sitting room which the inspector was told was available to residents for rest and relaxation. The decor in this room and its use as a storage area for activity equipment required review. No residents were observed using this room. A work station with a computer connected to Wifi was available in this room to residents if they wished.

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

There were no restrictions on visitors and there were areas in the centre where residents could meet their visitors in private if they wished. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Eliza Lodge Nursing Home OSV-0000663

Inspection ID: MON-0023156

Date of inspection: 11/02/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We acknowledge that our dedicated activities coordinator requires further support in the provision of a more structured activities program for all residents, therefore we will enlist two further Health Care Assistants on “The Imagination Gym” program to further enhance the provision of an individualized holistic activity for the residents. When training is complete, we will have two activity coordinators facilitating activities.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: As above we have enlisted two further Healthcare Assistants to attend training in “Imagination Gym” to further enhance the provision of meaningful activities to all residents seven days a week.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Regular auditing and reviews of services enhance and direct the quality of care to the residents. As audit records indicate, we need to increase the evening shift from 17.00-midnight. We will re-audit the call-bell response times to ensure patient safety and minimize falls risk.

As indicated above, we have enlisted two further Healthcare Assistants for the Activities training program to ensure residents quality of life in terms of access to meaningful activities and social engagement.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Since our inspection ,all lighting has been replaced in day-room to meet the needs of all residents and caregivers. It is sufficiently brighter and facilitates reading and other activities.

In relation to the small sitting-room beside the day-room, we will look at options to improve the décor and make it a more homely environment with the involvement and input of the residents.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

In line with Infection Control, extra Wall- Mounted alcohol gels have been erected and placed in prime positions in the building.

The floor-buffer is now stored in an outside building for Health and Safety purposes.

All toilet-rolls in shared facilities/toilets are now fitted with protected dispensers to minimize the potential risk of cross-infection.

Further education and training in Infection Prevention and management of laundry has been delivered to laundry staff. Extra equipment is provided to ensure the safe storage of used linen and also safe storage of all refuse for infection prevention and control

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The laundry room door and dining room door has been fitted with appropriate seals to contain fire/smoke in the event of a fire in either areas. Fire safety checking has identified this improvement.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have contacted the building provider to improve the layout and design of the "two cubicle toilet"-to enhance privacy and dignity.</p> <p>As previously mentioned, we will increase activity hours to enhance social engagement with residents. We have identified two staff members for further training to enhance this program.</p> <p>On admission, a personalized activity care plan is developed with the resident/ NOK. We endeavor to provide a range of activities that will enhance the daily living needs of all residents. With the addition of extra hours to support the activity coordinator, a comprehensive activity program will meet residents social engagement.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/06/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2020
Regulation 17(1)	The registered provider shall 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	Substantially Compliant	Yellow	25/05/2020

	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	25/05/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/05/2020
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.	Substantially Compliant	Yellow	30/06/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	01/04/2020

	published by the Authority are implemented by staff.			
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.	Not Compliant	Orange	01/04/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/04/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/04/2020
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	25/05/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Substantially Compliant	Yellow	30/06/2020

	personal activities in private.			
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