



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0025589

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	70
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## How we inspect

To prepare for this inspection the inspector or 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
16 January 2019	09:30hrs to 17:20hrs	Siobhan Kennedy	Lead
16 January 2019	09:30hrs to 17:20hrs	Sonia McCague	Support

## Views of people who use the service

Residents who communicated with the inspectors were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told inspectors about their daily routines, activity plans and interactions with the community. All of the residents expressed satisfaction regarding food and mealtimes. In particular, residents were happy with the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

## Capacity and capability

This was a good centre. There was a good atmosphere and residents and staff interacted well.

Governance arrangements were appropriate. The nominated person who was available in the absence of the person in charge facilitated the inspection process and was knowledgeable regarding her role, management of the centre and care and condition of residents.

The provider representative was available during the inspection. She is actively involved in the centre and had ensured that there were sufficient resources for the effective delivery of care in accordance with the statement of purpose.

Inspectors saw that systems were in place which ensured that service delivery was safe and effective through on-going auditing and monitoring of performance

An annual review report was in progress. Inspectors were told that the review period is from April 2018 to March 2019. Prior to this data is collected and analysed and a quality improvement plan is devised. Some areas highlighted for development include the continuous redecoration programme of the premises, further development of a music and memory programme for engaging with residents with dementia and continuing with the poly pharmacy review. Residents and relatives surveys are carried out during the year and their views are contained in the report. The provider and management team are working proactively in anticipation of the forthcoming thematic inspections.

Staff were recruited in compliance with employment and equality legislation, An examination of staff files showed that the information required by the regulation was available in the centre and this included appropriate vetting.

There were sufficient staff to meet the needs of residents. Staff had access to education and training, appropriate to their role and responsibilities. Inspectors were informed that staff participates in induction and their competencies are assessed. Documentation is completed during this process and there after three and six monthly reviews take place. Mandatory training was up to date and staff had participated in medication management, infection prevention and control and data protection.

The complaints policy and procedure was displayed and residents were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations.

Appropriate notifications were received by the Office of the Chief Inspector. These were reviewed and it was found that appropriate measures were taken to safeguard residents.

Information governance arrangements ensured that secure record-keeping and file management systems were in place.

### Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The centre was being managed by a suitably qualified and experienced nurse who had authority in consultation with the provider representative and was accountable and responsible for the provision of the service.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were knowledgeable and skilled for example in fire safety procedures, safeguarding, infection prevention and control and safe moving and handling of residents.

Staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose which outlined the facilities and services corresponded with the findings on inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained. Notifications were provided to the Office of the Chief Inspector within the identified time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

## Quality and safety

The residents in this centre had a good quality of life and were receiving a good standard of care.

Each resident has a care plan, based on an on-going comprehensive assessment of their needs which was implemented, evaluated and reviewed, reflecting their changing needs and the support required to maximise their quality of life in accordance with their wishes.

The health and well being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented.

Care and services provided ensured that supports were available to cater for the physical, behavioural and psychological well being of residents including those living with dementia and behavioural and psychological signs and symptoms of dementia (BPSD).

Arrangements and measures to safeguard and protect residents from harm and abuse were evident and demonstrated.

The provider was committed to implementing the national policy 'towards a restraint free environment'. There was a policy in place that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. There was a clear record of the assessment and decision-making process that were reviewed regularly to ensure they remained the least restrictive option available. The provider representative told inspectors of plans to engage an external auditor to evaluate the concept of restraint and its usage.

The nursing home was homely, well maintained and spacious. It was furnished to a high standard throughout and painting and re-decorating was on-going in parts during the inspection. Inspectors were informed that residents were consulted with in relation to paint colours and shades. Many residents had availed of the option to personalise their own bedroom with colours, furniture and memorabilia of their choosing. Three spacious passenger lifts serviced each floor as well as stairwells. All parts of the centre were accessible and some parts had secure key code points to promote resident safety and security. There was a central courtyard that was accessible from the ground floor and a number of balconies with outdoor areas located on the upper floors. A stocked coffee dock for residents and visitors was



available.

The nursing home was clean throughout with suitable infection prevention and control practices in place supported by an approved policy referencing the national standards for infection prevention and control in community services (2018).

Residents were protected through the centre's policies and procedures for medicine management.

### Regulation 17: Premises

The premises of the designated centre was appropriate to the number and needs of the residents and was operating in accordance with its statement of purpose. It was homely and residents said they found it comfortable.

Judgment: Compliant

### Regulation 27: Infection control

Procedures consistent with the national standards for the prevention and control of health care associated infections were being implemented by staff.

The staff and household team ensured the centre was well presented and clean throughout.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to medical and pharmacy services, and were protected by safe medicine management practices that were reviewed and audited on a regular basis.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of

residents were assessed and appropriate interventions and treatment plans were being implemented accordingly.

Judgment: Compliant

### Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A restraint free environment in line with the national policy was promoted in practices reviewed. The centre's policy reflected the national guidance document and was available to guide restraint usage as a last resort.

Due to their medical conditions, some residents had responsive behaviours. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches adopted by staff.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from being harmed or suffering abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	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