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Eliza Lodge Nursing Home, OSV-0000663, 28 May 2018

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Eliza Lodge Nursing Home
Centre ID:	OSV-0000663
Centre address:	Five Roads, Banagher, Offaly.
Telephone number:	057 915 2922
Email address:	michael@elizacare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eliza Care Limited
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	7

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 May 2018 11:00	28 May 2018 18:00
29 May 2018 09:30	29 May 2018 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents, relatives and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, records and staff training records were reviewed.

Eliza Lodge Nursing home is purpose built and provides residential care for 50 people. Approximately 32% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

On the days of inspection, there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities, including a range of dementia specific training courses.

There was a recruitment policy in place but some staff files did not meet the requirements of the regulations.

Each resident was assessed prior to admission to ensure the service could meet their needs, and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs.

Although there were several examples of good practice in relation to end of life, the inspector found that in some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Some improvement was also required to medication management practices.

In order to ensure the design and layout of the premises will promote the dignity, well-being and independence of residents with a dementia, the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some improvement was required to end-of-life assessments and medication management to ensure that national guidelines and best practice initiatives were incorporated into the standards of care provided.

Samples of clinical documentation were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. Following admission, the assessment process involved the use of validated tools to assess each resident including the risk of malnutrition, falls, level of cognitive impairment and their skin integrity. Detailed person-centred care plans were then developed to guide the care provided.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded. Meals were well presented and adequate choices were available. It was noted that meals were an unhurried social experience, with appropriate numbers of staff available to support residents if required, in a discrete, caring and respectful manner. Several residents commented on the food saying it was 'top notch' and 'like a hotel'. Many residents told the inspector how much they appreciated the home baking.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy

(SALT), physiotherapy, dietetic and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Although there were several example of good practice in relation to end of life, the inspector found that in some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes could then direct the care provided. Otherwise the inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The practices were supported by an end-of-life policy. The person in charge stated that the centre received advice and support from the local palliative care team.

Some improvement was required to ensure safe medication management practices. The inspector noted that the administration times recorded did not match the actual time medication was administered or the prescription times. Most morning medications were prescribed and recorded as being administered at 9am although the staff told the inspector that the medication round did not usually finish until 10.30am. This is not in line with good practice guidelines.

Otherwise the inspector noted ongoing improvements relating to medication management.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses. Action required from the previous inspection, relating to the storage and checking of medications that required strict controls, had been addressed.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The person in charge discussed plans to ensure residents had access to the services of a pharmacist should they so wish.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place to guide practice. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training and a detailed policy was in place. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

A restraint-free environment was promoted. The inspector noted that appropriate risk assessments had been undertaken. Usage was low and staff spoken with confirmed the various alternatives that had been tried, prior to the use of bedrails. Care plans were in place to guide practice and safety checks were completed when restraint was in use. This had been identified as an area for improvement at the last inspection.

The provider was not currently a pension agent for any resident but was aware of the procedure should it be necessary. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. Documentation such as receipts and details of each transaction were maintained.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. Staff worked to ensure that

each resident with dementia received care in a dignified way, that respected their privacy.

The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted that all staff, including catering, housekeeping and laundry staff, had established comfortable relationships with residents and the inspector saw all grades of staff engaging with residents in sing songs, good humoured banter and conversations.

Independent advocacy services were available.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day residents were observed to move around the centre freely.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room, garden and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 70% of interactions demonstrated positive connective care, 21% reflected task orientated care while 9% indicated neutral care. These results were discussed with the staff who attended the feedback meeting.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents were satisfied with opportunities for religious practices. Arrangements had been in place for residents to vote in the recent election.

There was a residents' committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board. There was evidence that feedback on the services provided was sought from residents with dementia. The inspector noted that smaller focus groups were regularly held, and staff assisted residents with dementia to take part in these.

There was a planned activity programme although the inspector noted that residents might change their mind on a particular day. For example, although a programme of events was displayed, on day two of inspection, many residents chose to go out to the garden area instead, as the weather was fine.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

From the information available, the inspector was satisfied that the complaints of each resident and their family were listened to and acted upon, and there was an effective appeals procedure.

A log was maintained electronically and adequate details were recorded including the level of satisfaction with the outcome. The inspector read a sample of complaints received and found that they were managed in line with the policy in place. Residents told the inspector who they would talk to if they had a complaint.

There was a policy in place. However, this did not meet the requirements of the regulations. It did not give details of the nominated person to ensure that all complaints were appropriately responded to and adequate records were maintained.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre. Improvement was required to ensure that staff files were complete.

There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that some were not complete. For example, one of four files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations. In addition, one of four did not have a reference from the most recent employer.

Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on issues such as confidentiality and policies and this was signed off once completed. Appraisals also took place on a yearly basis.

Up-to-date registration numbers were in place for nursing staff. An actual and planned

roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The inspector was aware that there was one nurse on night duty and, although at the time of inspection no evidence was available that this was insufficient, the person in charge undertook to review this, based on the current needs of residents. Call bell response times will also to be monitored.

There were no volunteers in the centre at the time of inspection. The provider was aware of the requirements of the regulations in this regard.

The training records for all staff were reviewed and showed that a wide range of training was provided for staff including training in areas such as dementia and managing responsive behaviours. The inspector noted that the dementia training included an item called 'a take home message' which was a change that the staff member was going to undertake as a result of the training. This was then reviewed a week later to check progress. Staff spoken with told the inspector how valuable they found this element of training.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once some planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

Eliza Lodge Nursing Home is a purpose-built single storey centre. The building is well-maintained both internally and externally. It was found to be clean, comfortable and welcoming.

In total, there are 34 single and eight twin bedrooms, all have en suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. The resident's bedrooms were equipped with modern and bright furnishings including televisions, telephone points and a resident alarm system. Bedrooms windows allowed residents good views of the garden and surrounding countryside.

Further enhancements to the bedrooms could assist residents' orientation. This might include the use of clocks and calendars, additional directional signage and contrasting colours. The provider assured the inspector that plans were afoot to address these, with the input of the residents, through the activity programme.

There are additional wheelchair accessible toilets located around the building. There were ample dining and kitchen facilities. Other rooms included an oratory, treatment room, laundry, smoking room, hairdressing salon and storage rooms.

There were two fully equipped sluice rooms and plans were afoot to provide additional shelving in these. There was adequate appropriate, assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

There was a secure courtyard which provided a safe, well-maintained external area for residents to walk and sit outside.

Adequate parking was available to the front and side of the building.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Eliza Lodge Nursing Home
Centre ID:	OSV-0000663
Date of inspection:	28/05/2018
Date of response:	09/07/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life.

1. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social,

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

Assessment of "End Of –Life " care needs is an ongoing process. Each resident makes decisions about their own life and maintaining as much autonomy and independence as possible. Preferences are identified , care plan is personalised and appropriate referrals are made to specialist Palliative care services for additional support. Assessments and care plans have been updated to reflect the wishes of the resident. For residents who are unable to participate in this decision making process, next of kin are consulted and findings documented and a plan of care commenced. This will direct the care for all care-staff.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some improvement was required to ensure safe medication management practices.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

We have reviewed our Medication Policy in line with good practice guidelines and in consultation with General Practitioners and Pharmacist. Prescription times for medications have been altered to reflect good practice.

On June 15th 2018 each resident was afforded the opportunity to consult with the Pharmacist in Eliza Lodge regarding their prescribed medications.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The complaints policy did not meet the requirements of the regulations.

3. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:

Complaints policy has been updated to reflect the nominated person to ensure that all complaints are appropriately responded to and maintains appropriate records.
Proposed Timescale: Complete

Proposed Timescale: 09/07/2018

Outcome 05: Suitable Staffing**Theme:**

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Two of four staff files reviewed, did not meet the requirements of the regulations.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

We are currently updating all staff files and any gaps in employment history is investigated and documented.
All staff files now have their most recent employer as a referee.
Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated

centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

Consultations are taking place with residents/families to personalise bedrooms and living spaces appropriate to the needs of the resident. Additional signage and contrasting colours will enhance and assist resident's orientation. Our activities co-ordinator is currently in consultation with residents in relation to further personalising bedrooms and extra signage.

Proposed Timescale: Ongoing

Proposed Timescale: