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## Elmgrove House Nursing Home Syngefield, Birr, Offaly

Item Type	report
Authors	McCague, Sonia
Citation	Sonia McCague, 'Elmgrove House Nursing Home Syngefield, Birr, Offaly', [report], Health Information and Quality Authority, 2016-08-12, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-20 02:49:24
Link to Item	<a href="https://hdl.handle.net/20.500.14765/80618">https://hdl.handle.net/20.500.14765/80618</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Elmgrove House Nursing Home
<b>Centre ID:</b>	OSV-0000035
<b>Centre address:</b>	Syngefield, Birr, Offaly.
<b>Telephone number:</b>	057 912 1205
<b>Email address:</b>	elmgrovehouse@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Catherine Gallagher
<b>Provider Nominee:</b>	Catherine Gallagher
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	4

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
24 May 2016 09:00	24 May 2016 18:00
25 May 2016 09:00	25 May 2016 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection which took place over two days following a completed application to renew the registration of the centre.

As part of the inspection process, the inspector met with the provider as the person in charge, residents, visitors and staff members. The inspector observed practices

and reviewed documentation such as care plans, general and clinical records, incident and complaint records, policies and procedures, fire safety, risk management documentation and staff records.

Previous inspection of this centre by the Health Information and Quality Authority (HIQA) was carried out 28 August 2014 that focused on two outcomes and no actions were required.

Notifications submitted to HIQA since the last inspection was followed up and the inspectors' findings are outlined within the body of the report.

Overall, the inspector found good governance and management arrangements in place, with adequate arrangements available to meet the health and social care needs of residents. The resident group were complimentary of the care and support provided.

The inspectors found evidence of good practice in a range of areas. The premises, facilities, furnishings and décor were of a good standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated sufficient knowledge of residents' needs, likes, dislikes and preferences.

While compliance was awarded to the majority of outcomes inspected, some improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The findings and improvement required in relation to medication management and use of restraint devices, notifications and records are discussed within the body of this report and set out in the action plan at the end for response.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A statement of purpose that consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services provided for residents was made available.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Statement of purpose was reviewed and had been revised as required to include the admission criteria and mobility status of residents accommodated on the upper floors..

Staff were familiar with the statement of purpose which was reflected in practice.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is also the registered provider and works in the centre on a full time basis. She described her involvement in the quality review of care on a daily basis. She was supported by senior nurses who managed the centre in her absence. On-call arrangements were in place.

There was a clearly defined management structure that identified the lines of authority and accountability.

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to promote the delivery of safe, quality care services.

Management arrangements were in place to review the quality and safety of care delivered to residents. risk and clinical assessments were completed to promote safety.

An annual review of the quality and safety of care delivered to residents was completed for 2015. Improvements identified and initiated for 2016 were brought about as a result of the learning from reviews. Changes undertaken were in consultation with residents and or their representatives to inform care and service provision.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A Residents' Guide was available, that was subsequently updated to reflect the revised statement of purpose to meet the requirements of the Regulations.

The inspector reviewed a sample of the contracts of care for some residents, which set out the services provided and the agreed fees charged to these residents.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a suitably qualified and an experienced nurse who is also the provider. She has worked as the director of nursing in this centre prior to 2009. She had sufficient clinical experience and knowledge of the legislation and of her statutory responsibilities.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge told the inspector she worked in the centre on a full-time basis which was confirmed by residents and staff members.

The person in charge and the staff team facilitated the inspection process by providing documents and information as required. They had knowledge of residents' care and conditions.

Staff confirmed that good communications existed within the staff team. Residents and relatives could identify the person in charge and staff members.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended)) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors and the directory of residents was recorded and maintained in the centre.

The centre's insurance was up to date and a certificate of insurance cover was available.

The sample of staff files reviewed were found to be compliant with the regulations.

Some operating policies and procedures for the centre, as required by Schedule 5 of the Regulations were reviewed. Policies reviewed from Schedule 5 included those related to health and safety of residents, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Many of these policies had recently been reviewed by the person in charge and read by staff.

A directory of residents was maintained, however, the date, time and cause of death and dates of transfer or return of residents from another service such as a hospital were not consistently maintained in the directory reviewed.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were no reported or notified absences by the person in charge since the previous inspection.

The provider as person in charge was aware that:

- if the person in charge is expected to be absent for 28 days or more, the Authority is

to be notified one month prior to the expected absence

- in the case of an emergency absence, the Authority is to be notified within 3 days of its occurrence and within 3 days of person in charge's return and
- suitable arrangements are required during any period of absence made and to notify HIQA accordingly.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or abused. Residents were provided with support that promoted a positive approach ensuring their well-being and comfort.

There was a policy in place which gave guidance to staff on the prevention, detection, assessment, reporting and investigation of allegations or suspicion of abuse. It incorporated the principles of the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Improvements were noted around the use of bedrails although usage remained high (65%). Staff spoken with confirmed that many residents had requested the use of bedrails and that some alternatives to the use of bedrails had been tried. For example, equipment such as low beds and floor mats had been used as an alternative to bedrails. However, other less restrictive alternative devices such as sensory devices were not considered or available in the centre. The inspector noted that appropriate risk assessments had been undertaken for the use of bedrails and that a low rate of incidents and accidents were reported. Regular checks of residents with bedrails were completed when in use. A policy was in place which guided practice.

Because of their medical conditions, some residents' behavioural and psychological well-being fluctuated at times. The inspector saw that specific details such as possible triggers and proactive interventions were recorded in their care plans. Staff spoken with were familiar with appropriate interventions to use. Behaviour logs were maintained

when required and episodes of behavioural changes were analysed for possible trends to ensure an appropriate response and referral to specialists, where required. The inspector saw that information regarding each resident's condition was communicated with all relevant staff. During the inspection the inspector observed staff approaching residents in a sensitive and appropriate manner. Residents responded positively to the techniques and approaches used by staff.

The provider and staff managed some residents' monies. Staff responsible were spoken with and plans to make the system more robust by introducing a new procedure for managing, receipting and documenting transactions was discussed. Balances checked on inspection were correct.

**Judgment:**  
Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policy to include items set out in regulation 26(1). An infection control policy with supporting protocols was also available.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from incidents and adverse events involving residents. Some actions taken to prevent incidents included increased supervision, refusal of admission or residents being transitioned to other parts (floors) of the centre and or discharged to a more suitable placement. Emergency response equipment was available and centrally located to support staff to react in an emergency situation that included relevant information about residents and support equipment.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. Infection prevention and control practices were in line with recommended standards, however, an improvement in practice is outlined in outcome 9. The person in charge told the inspector training in prevention and control of infection was planned later in the month. The management and staff team discussed and reviewed any incidents and accidents involving residents to identify the key cause or likely factors to inform control measures. A low rate and frequency of resident falls and incidents was

reported.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff interviewed and records reviewed confirmed fire drills, fire alarm tests, checks of escape routes and of fire fighting equipment tests on the regular basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building and at the alarm panel. Staff were trained and those who spoke with inspectors knew what to do in the event of a fire alarm sounding.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. The inspector found that certain aspects of medication management practice required improvement including the storage, transportation and certain aspects of documentation relating to the prescribing and administration of medicines.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. All medicines were stored in within a locked press within the clinical room that was secured by a key code lock. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift.

The inspector reviewed the processes in place for administration and transportation of medicines to residents throughout the centre. The practice found of transporting prescriptive medicines and kardexs within an open basket for the purposes of the drug administration round was considered unsafe.

The inspector reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice:

- groups of up to and over 13 medicines including high risk medicines such as insulin listed on residents prescription kardexs were blocked signed with a bracket and by one centrally located signature of the prescriber. The risk that further medicines may be added to this arrangement was highlighted to nurses
- there was no indication on the prescription sheet or by fax to indicate that an appropriate prescriber had authorised short term courses of repeated oral and topical antibiotic therapy for residents, as required by the centre's policy within 72hours.

Other medication management practices did not ensure that each resident was protected by the centre's procedures for medication management. The lock was not functioning on the fridge where medicines including high risk medicines such as insulin were stored within the clinical room.

The centre's medication policy included that insulin was to be checked by two nurses, however, two nurses were not available or on duty at all time that insulin was prescribed or to be given at. The policy and or practice required review.

The risk of cross infection with blood glucose monitoring required review as the inspector noted that the centre was using one lancing device suitable for single patient use on more than one resident with a new lancet needle for each resident. The nursing staff were informed that each resident required their own individually labelled lancing device or single use safety lancets were to be used.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the designated centre was maintained. Quarterly reports were provided, where relevant, for 2015. However, notification to the Chief Inspector of incidents occurring in the first quarter of 2016 and one serious injury in December 2015 had not been notified, as required. On inspection these notifications were completed and later submitted.

The inspector found that number of recorded incidents occurring in the centre to be low. Policy documents and management systems were in place to alert staff to notify HIQA of notifiable incidents within three days.

**Judgment:**

Substantially Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. However, improvement in the recording of clinical assessments and care plans was required.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. However, a record to confirm this was not consistently maintained. Following admission, there was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. A personal and social assessment was completed to inform staff of each resident's hobbies, likes and preferred activities. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, dependency levels, weight loss or malnutrition and pressure ulcer development.

Arrangements were in place to ensure each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. However, a record to demonstrate this was not consistently maintained in the sample reviewed.

There were no reported pressure ulcers and no falls or serious incidents in 2016. The inspector reviewed the management of clinical risks following assessments of skin integrity, mobility, weight and behavioural problems and found suitable interventions in place to mitigate identified risks. Good supervision and support arrangements attributed to the prevention and management of clinical risks and ensure compliance with the centre's policies.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and

occupational therapy (OT), physiotherapy, chiropody, dental and optical services. 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.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and many of the activities were particularly suitable for these residents. A programme of events was available and included religious ceremonies and music and an extensive range of both group and individual activities. Records and photographs were maintained of each resident's participation or otherwise in the various activities.

**Judgment:**

Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

It is a two storey building with three split levels internally. The inspector was informed that the centre has been operational as a nursing home since 1988 and was a listed building. It is located on the outskirts of a town where community facilities, resident's general practitioners (GPs) and pharmacy services were available. A mature garden around the centre and a secure courtyard and garden area adjoining it was available. A spacious car park was available at the front of the centre. Entry was via the main front door in to the reception area.

On inspection, the building design and layout met the residents' individual and collective needs. There were 20 residents accommodated at the time of this inspection. The

centre could comfortably accommodate 24 residents in mainly single occupancy rooms. The decor was of a good standard. Sitting rooms, lounges and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated soft furnishings, flooring and appropriate fittings.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds and chairs, chairlifts and mobility aids were seen in use by residents that promoted their independence.

Corridors, staircases and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required existing residents. Handrails and grab rails were provided where required.

The centre was clean, warm and well ventilated. The ground floor layout could accommodate up to seven residents with varying dependency and immobility levels. While the first and upper floor levels could accommodate up to 17 residents who were mobile independently or with the use of an aid or with staff supervision. Residents accommodated on the floors above ground level were required to use the stairlifts or stairs to access all areas as there was no passenger lift in the centre. This requirement was reflected in the centre's statement of purpose and function.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***  
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a written operational policy and procedure relating to the making, handling and investigation of complaints.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and this showed that no complaints were reported or recorded since the previous inspection.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Caring for a resident at end of life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy.

Having reviewed a sample of care plans and from discussions with staff, the inspector was satisfied that each resident or their relative was given the opportunity to outline their wishes regarding end of life care. In some cases very specific information was discussed with staff and or documented regarding their preferences. This included their wishes regarding transfer to home or the acute hospital or if their local parish priest was to be contacted.

Although not currently required, staff spoken with confirmed that the palliative care team provide advice and support as needed.

There was a procedure in place for the return of possessions. Equipment to improve the level of respect shown to the deceased including the necessary religious artefacts and bed linen were available. The inspector was told removal arrangements would be facilitated in accordance with the residents' or relatives' wishes or choice. Other residents were informed and had an opportunity to sympathise or attend the service, if appropriate.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served,***

*and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**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 each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The meals and mealtimes were an integral social occasion for residents. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

Monitoring of residents' food intake and fluid balance were completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered accordingly.

Access on referral to a speech and language therapist was available when required. The inspector observed practices and saw that staff were using appropriate techniques when assisting residents with their meals.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Residents had a choice of where to have their meals. The tables in the dining rooms were attractively and invitingly set and a menu for the day was displayed. The inspector noted that to help some residents with their choices, the residents were asked which they would like in advance of the mealtime and their satisfaction on receipt was again checked.

The food provided was appropriately presented and provided in sufficient quantities. The inspector noted that residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively.

The inspector saw that snacks and fluids were readily available. Night snacks were also available should they be required.

Residents spoken with also expressed satisfaction with the food provided. Residents told the inspector they could have anything they wanted, they felt at home and staff were always attentive

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum was facilitated and the group met on a regular basis. Information for residents' and their family members' involvement was central to care planning.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents choosing to participate in activities or not. In the main, residents were able to make choices about how they lived their lives in a way that reflected their individual preferences. For example prayer services and religious ceremonies held externally to the centre had been attended by residents' recently which was a tradition of theirs.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their bedrooms and they could receive visitors in private. Residents were of an older age range, they were seen occupied in hobbies that interested them such as knitting, crochet and reading and were dressed in an appropriate manner with their own clothes and personal effects of their choosing.

Respondents who completed questionnaires confirmed that they were 'treated with respect' can 'make own decisions' and 'we all get on well together'. The general consensus was that staff informed them or their relatives' of their health care needs and any changes in the conditions.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***

***Adequate space is provided for residents' personal possessions. Residents can***

*appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a locked facility in their bedrooms and some choose to lock their bedroom door.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Residents and relatives were satisfied with the arrangements in place.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of the residents. The person in charge informed the inspector that staff recruitment was ongoing to ensure that the centre was sufficiently staffed at all times.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities and explained the systems in place to supervise staff members. In discussions with staff,

they confirmed that they were supported to carry out their work by the person in charge.

Staff were seen to be supportive of residents and responsive to their needs. Prior to the inspection, some residents had completed a questionnaire regarding the centre. In these questionnaires, residents stated that the staff were 'kind and good' to them. Resident's relatives were also complimentary of the staff and of the care that was provided to residents.

The inspector spoke with staff members, all of whom were knowledgeable of residents' needs, fire safety and how to report suspicions or allegations of abuse. Records viewed by the inspector indicated that some staff appraisals were carried out following their employment in the centre. The person in charge described a plan to appraise all staff by the end of 2016.

A recruitment procedure was described and the policy was in place in accordance with the Regulations. A sample of staff files was examined and found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with the professional body.

There were no volunteers working in the centre.

**Judgment:**

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:*

Sonia McCague  
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 report<sup>1</sup>

<b>Centre name:</b>	Elmgrove House Nursing Home
<b>Centre ID:</b>	OSV-0000035
<b>Date of inspection:</b>	24/05/2016
<b>Date of response:</b>	29/06/2016

#### 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 05: Documentation to be kept at a designated centre

##### Theme:

Governance, Leadership and Management

##### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The date, time and cause of death and dates of transfer or return of residents from another service such as a hospital were not consistently maintained in the directory of residents.

##### **1. Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the

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

information specified in paragraph (3) of Schedule 3.

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

The directory has been amended as per regulations.

**Proposed Timescale:** 29/06/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Bedrails usage was high (65%).

Other less restrictive alternatives and or devices were not considered or available in the centre.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We are currently researching bed bumpers instead of the rails.

**Proposed Timescale:** 31/08/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

The practice of transporting prescriptive medicines and kardexs within an open basket for the purposes of the drug administration round was considered unsafe.

Some prescription and administration sheets reviewed did not conform with appropriate medication management practice:

- groups of up to and over 13 medicines including high risk medicines such as insulin listed on residents prescription kardexs were block signed with a bracket and by one centrally located signature of the prescriber. The risk that further medicines may be added to this arrangement was highlighted to nurses.
- there was no indication on the prescription sheet or by fax to indicate that an appropriate prescriber had authorised short term courses of repeated oral and topical antibiotic therapy for residents.

The lock was not functioning on the fridge where medicines including high risk medicines such as insulin were stored within the clinical room.

The centre's medication policy included that insulin was to be checked by two nurses, however, two nurses were not available or on duty at all time that insulin was prescribed or to be given at. The policy and or practice required review.

The risk of cross infection with blood glucose monitoring required review as the inspector noted that the centre was using one lancing device suitable for single patient use on more than one resident with a new lancet needle for each resident. The nursing staff were informed that each resident required their own individually labelled lancing device or single use safety lancets were to be used.

### **3. 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 purchased a lockable, mobile medicine box which has replaced the basket.  
Timescale – Immediate/Completed.

The doctor responsible for block signage has been notified and we trust this will not be a problem going forward.  
Timescale – Immediate/Completed

The inspector found an isolated incident, all medication with prescriptions are with the drug chart and chart then sent to G.P. for signing. All R.G.N's have been made aware of this error and updated to ensure this incident is not repeated.  
Timescale – Completed/ Immediate

The locksmiths are working on a lock for the fridge.  
Timescale – Aug 2016

Our medication policy has been reviewed as per Bord Altranais guidelines – CD2 drugs must be checked by two people, i.e RGN and co – worker. Insulin may be checked by one person.  
Timescale – Immediate/ Completed

Individual blood glucose monitoring devices have been acquired and labelled.  
Timescale -Immediate/ Completed

**Proposed Timescale: 31/08/2016**

## **Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

Notification to the Chief Inspector of one serious injury in December 2015 had not been notified, as required.

**4. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

We apologise, this was an oversight and has not occurred before.

The report was given to the inspector on the day of inspection and posted by recorded delivery.

**Proposed Timescale:** 29/06/2016

**Theme:**

Safe care and support

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

Notification to the Chief Inspector in the first quarter of 2016 had not been submitted, as required.

**5. Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Again, our apologies, if you have a look historically you will see this is not an ongoing problem, rather a one off, which is unacceptable and will not happen again. Report given to inspector on the day of inspection and sent recorded delivery.

**Proposed Timescale:** 29/06/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

A record to demonstrate that a comprehensive pre-assessment was undertaken prior to

admission of residents was not consistently maintained.

**6. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We have implemented a new pre assessment form which will be filled in on pre assessments and appropriately filed.

**Proposed Timescale:** 29/06/2016

**Theme:**

Effective care and support

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

There was a lack of recorded evidence to demonstrate the development and review of care plans was done in consultation with residents or their representatives.

**7. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

60% of our files have the signature of the next of kin or resident themselves stating that they are kept up to date and informed on an ongoing basis.

We endeavour to complete this process as soon as possible.

Proposed Timescale: For 100% completion August 2016

**Proposed Timescale:** 31/08/2016