Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Elmhurst Nursing Home
Centre ID:	0134
Centre address:	Hampstead Avenue Glasnevin Dublin 9
Telephone number:	01-8073200
Fax number:	01-8571860
Email address:	info@highfieldhospital.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	S and M Eustace t/a Highfield Hospital Group
Person authorised to act on behalf of the provider:	Stephen Eustace
Person in charge:	Dulcie Tacagano
Date of inspection:	31 May and 01 June 2011
Time inspection took place:	**Day 1 Start:** 09:00 hrs **Completion:** 16:00hrs **Day 2 Start:** 07:00 hrs **Completion:** 16:00 hrs
Lead inspector:	John Farrelly
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Elmhurst is located in Hampstead Avenue, a cul-de-sac approximately one kilometre from Glasnevin Avenue in Dublin city centre.

It is a 49 bedded purpose-built, single-storey facility situated on a large, well maintained, mature parkland area with ample walks and pathways available for residents' use.

The centre is divided into two units. The Elmhurst unit provides general continuing care services in 22 single bedrooms, all of which are en suite. The Desmond unit provides continuing care services to dependent people with a history of mental health issues and comprises 17 single and five twin-bedrooms, all en suite.

Both units are similar in design and each comprises of a sitting room overlooking enclosed gardens, a separate dining area with kitchenette, a smoking area, a hairdressing salon, a linen store, a sluice room, assisted bath/shower rooms, assisted toilets, a visitors' toilet, a nurses' office and an activities room.

A small communal chapel is located in Elmhurst's reception lobby. The main kitchen area and staff facilities are located in the original Georgian style renovated house attached to the centre via a connecting corridor.

Date centre was first established:			1985	
Number of residents on the date of inspection:			48	
Number of vacancies on the date of inspection:			1	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents:	0	30	16	2
Gender of residents:			**Male (✓)**	**Female (✓)**
			18	30

Management structure

The centre is part of the Highfield Hospital Group. The Person in Charge reports to the Director of Nursing who is responsible to the Chief Executive Officer (the provider) and the Medical Directors. All nursing and care staff report to the Person in Charge, who is supported by a grade one Clinical Nurse Manager and a range of additional staff employed by the company. These include two Assistant Directors of Nursing, Night Nursing Officers, a Catering Officer, a Household Manager, a Liaison Nurse, a Human Resources Manager, a Purchasing Officer, Maintenance and

Gardening staff, Receptionists and a team of Administration staff. Currently one of the Assistant Director's of Nursing is acting as Person in Charge.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

The Inspector met with residents, relatives, and staff members, over the two day inspection. He observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Fit person interviews were carried out with the provider, the Director of Nursing and the acting Person in Charge, all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by the inspector, along with all the information provided in the registration application form and supporting documentation.

The Inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and relatives. Overall, the inspector found that resident's received a good standard of care. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents, including those residents with a history of mental health problems.

Residents received a good standard of evidence-based nursing care and medical and allied health care. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. Residents were facilitated to exercise choice and personal autonomy and their views were sought and listened to. The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained. Recruitment practices were robust; staff were knowledgeable and well trained. The standard and presentation of food was high.

Systems and practices in relation to the health and safety of residents', quality improvement and the management of risk were good. However, there was no overarching risk management policy in place. Six other improvements were required to enhance the many findings of good practice. These are described under the outcome statements and related actions are set out in the Action Plan under the relevant outcomes.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose accurately described the service that is provided in the centre. The inspector observed that the centre's capacity to meet the needs of residents, as stated in the statement of purpose, was reflected in practice.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The centre had a good quality improvement infrastructure. A system is in place to gather and audit information related to falls, accidents, incidents and complaints. This information was audited on a quarterly basis by an Assistant Director of Nursing. This data as well as reports from other committees such as health and safety, medication management are reviewed by a top level quality group where learning is identified and action taken to improve care. The inspector examined minutes of the quality group and found that actions had been identified and practice changed as required.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
Residents and their relatives reported to the inspector that they had good access to nursing and care staff and they could openly report any concerns which were addressed in a timely manner.

Two advocacy services were available to residents. Posters were prominently displayed giving details of the advocates. The inspector spoke to the advocate who was clear on his role and demonstrated a clear understanding of advocating on behalf of vulnerable people. The advocate chaired the residents committee and residents spoken to were aware of his role and welcomed this. A specialist advocate with expertise in mental health care was in place for the residents of Desmond unit.

The complaints procedure was written in a user-friendly manner and prominently posted in the entrance hall of both units. It was also described in the Residents' Guide and the Statement of purpose. The Director of Nursing was identified as the named complaints officer. A complaints log recorded all relevant details, including the complainant's level of satisfaction with how the complaint was managed. The complaints officer also compiled an analysis of complaints to inform improvements within the centre and gave the inspector an example of practices that had been subject to review and change following residents' complaints. However, the inspector noted that while complaints were dealt with mostly at ward level the centre policy did not include this intervention.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

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

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. All staff spoken to, including night staff, displayed good knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being nice to them.

Robust procedures were in place to ensure the residents finances were handled in a transparent manner. Money was held in individual accounts by the finance

department. Cash was dispensed to residents on request and each resident was given regular statements of account.

At the time of inspection there were no recorded incidents or allegations of abuse.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
Practice in relation to the health and safety of residents and the management of risk promoted and ensured the safety of residents, staff and visitors.

Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering and hand rails which were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support. All staff who were involved in the care of residents were trained in moving and handling. Staff clearly explained to the inspector good practice in assisting residents to transfer into chairs.

There was a documented emergency plan with clear direction to staff on what to do if the centre had to be evacuated for an event other than fire, or arrangements for residents if it was not possible to return to the centre. Staff spoken to could articulate the requirements of the plan. Review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. All staff had received fire safety and evacuation training. Fired drills were held at the recommended times and of fire drills were maintained.

There was a low level of falls and accidents in the centre. A number of structures and processes were in place to mitigate and manage risk. All incidents and accidents were logged and risk assessed. All risks were mitigated promptly. All risks identified were subject to audit and review by a Quality Group. There was a health and safety statement in place, there was evidence of written risk assessments, associated identification of hazards or any required controls. However, while all of the structures and processes were in place there was no overarching risk management policy.

The premises were very clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. The inspector spoke to a staff member who showed him how to ensure waste and used laundry was disposed of safely. All staff had received training in infection control. Staff had access to supplies

of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre. Staff spoken to by the inspector could detail policy and practice in relation to infection control. The household supervisor provided the inspector with a detailed cleaning log and activity plan. This included daily cleaning and regular deep cleaning. This did not include the cleaning of commodes was part of clinical staff duties. The inspector observed that commodes were clean and hygienic. However, there was no plan to ensure the ongoing cleaning of commodes and staff were not clear as to when commodes were deep cleaned.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current guidelines and legislation. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

The medication cardex included a "signature bank". This is a list of the names of all nurses involved in administration of medication. Beside their name was a copy of their signature. However, the inspector noted that prescribing doctors' names and signatures were not included on the list. The inspector noted that a number of the signatures prescribing medication were not clearly legible.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
Inspectors found a high standard of evidence-based nursing care and appropriate medical and allied health care including occupational therapy and speech and language therapy. A robust system of referral and preadmission assessment was in place.

A dedicated activity coordinator ensured residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. This included group and individual activities. Specific activities such as pet therapy, sonas therapy and reminiscence therapy were provided to residents with cognitive impairment and communication difficulties. All of the residents spoken to commented on the various activities available to them, including walks, organised trips, exercise classes, crosswords, and importantly, the quite of their own rooms to relax, read, or visit with other residents.

The provider had a contract in place to ensure sufficient general practitioner (GP) cover, and a GP out-of-hours service was also provided. A Review of residents' medical notes showed that GPs visited the centre regularly and as required. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals. A consultant psychiatrist provided direct medical care to the residents of Desmond Unit and visited the unit on a daily basis.

The inspector examined four care plans and found documentation to be comprehensive and person-centred. The plans were based on a recognized model of nursing which examines all of the residents needs from a holistic perspective. Recognised assessment tools were used to promote health and address health issues. These included standardised assessments for risk of pressure ulcers, nutrition, falls, moving and handling and cognitive functioning. Where required, appropriate measures were put in place to manage and prevent risk. Residents and relatives spoken to confirmed that they had been involved in the initial assessment and ongoing reviews.

Eleven residents had bedrails and one resident had a lap belt in place. The centres' policy on the use of restraint included a direction to consider all other alternative interventions. The inspector reviewed the care plans of some of the 11 residents who had bed rails in place and found that other options had been considered before implementing this practice. There was evidence that the use of bed rails was subject to assessment, and on-going review. Risk assessments were undertaken before introducing bed rails. Care plans clearly indicated if bedrails created a potential risk and outlined actions to mitigate this risk. However, the inspector noted that a number of beds had bedrails attached even though the resident did not require them or use them. The person in charge advised that the rails came as part of the bed and that she and the provider would review the matter.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
A policy was in place for caring for residents at end of life.

Care plans indicated that residents' wishes regarding end of life care were discussed, and staff members spoken to were knowledgeable about the residents' preferred religious practices, and their wishes in relation to whom they wished to spend time with, including other residents and family members.

The inspector spoke to one resident who was receiving palliative care. He was happy with his care. The residents care plan and medical notes indicated that all of the residents needs were addressed in a professional manner and that the local palliative care time was actively involved in his care.

Outcome 9
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.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The food provided to residents was of a high quality. The inspector joined residents for meals and confirmed that residents received a nutritious and varied diet that offered choice. The mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Documentation indicated that each resident's weight was checked on monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk of malnutrition. Records showed that some residents had been referred for dietetic and speech and language review the outcome of which was recorded in the residents' care plans and dietary needs implemented accordingly.

The menu was a two week rolling menu and the inspector observed staff discussing the menu options with a number of residents. They were asked what meal they would like and also where they would like it served. A number of residents chose to have their food in their rooms. Residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Table settings were pleasant and included condiments, matching sugar bowls and milk jugs and appropriate place settings with napkins for all residents.

The inspector observed residents being offered a variety of snacks and drinks throughout the day. Jugs of water and a variety of juices were available in common areas and in residents' rooms and staff regularly offered drinks to residents.

The inspector met the catering manager and the chef who could discuss the special dietary requirements of individual residents and provided documentation to this effect. Kitchen staff had also received mandatory training in avoidance of elder abuse, moving and handling and fire prevention. A copy of the latest Environmental Health report was available and evidenced that the kitchen was in compliance with all statutory requirements.

4. Respecting and involving residents

Outcome 10
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.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Contracts were agreed with and provided to residents within a month of admission. They set out the overall care and services provided to the residents and the fees charged, including any additional fees charged.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Residents received dignified and respectful care and were facilitated to exercise personal choice and autonomy.

Residents and visitors told the inspector that the staff were always available and they felt that communication was welcomed and encouraged. Inspectors observed good interactions between staff and residents. There was a high visibility of staff in the communal areas.

A residents meeting takes place every three months and is chaired by the residents' advocate. It met monthly and provided residents with an opportunity to voice their views and participate in the running of the centre. Minutes from the last meeting, viewed by the inspectors, showed that the meeting was facilitated by the advocate to be an inclusive resident orientated experience. The meeting discussed the timing of breakfast and lunch. Following the meetings the times of breakfast and lunch were changed to meet the views expressed.

Residents had daily newspapers delivered to their rooms each morning and additional copies were available in the day-room.

All residents interviewed indicated that they had privacy in all aspects of personal care which was observed by inspectors. The manner in which residents were addressed by staff was appropriate and respectful. Staff knocked before entering

residents' bedrooms, waited for permission before entering, and curtains were used in semi-private rooms to ensure that privacy and dignity was maintained.

Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own rooms or in the visitor's room. There were no restrictions on visits.

The centre had a dedicated Chaplain who visited the centre on a regular basis. Mass was celebrated in the centre every week and on the last Friday of each month in the oratory. Other religious denominations were visited by their ministers, as required.

Outcome 12
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.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
Residents' rooms were personalised and the inspector noted that all rooms were adorned with photographs, pictures and other personal belongings. All residents had adequate storage space for clothes and personal possessions in their rooms. Each resident had a lockable storage space for their valuables and possessions.

Residents and relatives were happy with the laundry system in place. Where required clothing was marked discreetly and all residents' clothes were folded and returned to the resident's room by the care staff following laundering. If dry cleaning of clothes was required this was facilitated by the provider at an extra cost.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The post of person in charge was being occupied in an acting capacity by the Assistant Director of Nursing. She was acting on a full time basis and was a registered nurse with the required experience in the area of nursing of older people

as well as post graduate qualifications in management and gerontology. The inspectors observed that she had provided good leadership. All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to the inspector.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre.

The inspector found that the levels and skills mix of staff were sufficient to meet the needs of residents on the days of inspection and a review of staffing rotas indicated that these were the usual arrangements. The inspector also spoke to night staff and the night nursing officer who displayed a good understanding of evidenced based nursing. The inspector observed that handovers were well organised and ensured the effective communication of residents needs from one shift to another.

Staff displayed a satisfactory understanding of the regulations and the standards and confirmed that these documents had been made available to them. They were clear about their roles and responsibilities and were able to explain these to the inspector. Staff were observed by inspectors being courteous and professional at all times and consistently displayed knowledge and competence in addressing residents' needs.

A comprehensive professional development and training system was in place for staff. This was viewed by the inspector and found to contain all mandatory training required by legislation, together with other training initiatives in pressure area care, tissue viability and venapuncture.

A robust policy for the recruitment, selection and vetting of staff was in place. This was reflected in practice and overseen by the HR Manager. A review of four personnel files found that all documentation as required by the regulations was in place. The inspector also noted that the provider had refused to employ a number of staff who could not provide the required documentation or whose documentation could not be verified.

All carers had been trained or were in the process of training to Further Education and Training Awards Council (FETAC) Level 5.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The centre had a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

The centre is divided into two units. The Elmhurst unit has 22 single bedrooms, all of which are en suite. The Desmond unit comprises of 17 single and five twin-bedrooms, all en suite. Both units are similar in design and each comprises of a sitting room overlooking enclosed gardens, a separate dining area with kitchenette, a smoking area, a hairdressing salon, a linen store, a sluice room, assisted bath/shower rooms, assisted toilets, a visitors' toilet, a nurses' office and an activities room. A small communal chapel is located in Elmhurst's reception lobby.

The centre has secure internal landscaped gardens which are safe for use by all residents.

The kitchen was found to be well-organised and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The

wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

The centre had a call bell system in place to assist residents to call for assistance as required. The inspector observed that call bells were answered promptly. However, a number of rooms in the Desmond Unit did not have call bells in place. The inspector observed that one resident sought assistance for a period of five minutes before a staff member responded. The inspector observed that the resident had no call bell in her room.

7. Records and documentation to be kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's Guide

Substantial compliance ☐ Improvements required * ☒

Not all of the information as set out in the legislation was in the Resident's Guide

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☐ Improvements required* ☒

A comprehensive policy infrastructure was in place. Risk was managed well and the service was of a good quality. However, there was no overarching risk management policy.

Directory of Residents

Substantial compliance ☒ Improvements required* ☐

Staffing Records

Substantial compliance ☒ Improvements required* ☐

Medical Records

Substantial compliance ☒ Improvements required* ☐

Insurance Cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18
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.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The CNM I deputises for the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the Director of Nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

John Farrelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

05 June 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Elmhurst Nursing Home
Centre ID:	134
Date of inspection:	31 May and 1 June 2011
Date of response:	DD/Month/YYYY

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 3: Complaints procedures

1. The provider is failing to comply with a regulatory requirement in the following respect: In practice, complaints were dealt with mostly at ward level. However, the centre policy did not include this intervention.	
Action required: Ensure that the complaints policy and practice are congruent.	
Reference: Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	

Insert text here The policy will be amended to include the practise	1 Month

Outcome 5: Health and safety and risk management

2. The provider is failing to comply with a regulatory requirement in the following respect: There was no overarching risk management policy.	
Action required: Ensure a risk management policy is in place.	
Reference: Health Act 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A risk policy will be issued.	1 Month

3. The person in charge is failing to comply with a regulatory requirement in the following respect: There was no plan in place for ensuring commodes were deep cleaned on a regular basis.	
Action required: Develop and implement a plan to ensure all commodes are deep cleaned on a regular basis.	
Reference: Health Act 2007 Regulation 30: Health and Safety Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A written record of deep cleaning has been implemented	Completed

Outcome 6: Medication management

4. The provider is failing to comply with a regulatory requirement in the following respect:

Signatures for the prescribing of medication were not legible.

Action required:

Ensure all signatures prescribing medication are legible or are included in signature bank on kardex.

Reference:

Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Drs signatures will be included on the signature bank and the kardex are also being reviewed	3 months

Outcome 7: Health and social care needs

5. The person in charge is failing to comply with a regulatory requirement in the following respect: A number of beds have bedrails affixed which are not required by the residents.	
Action required: Ensure only residents who require bedrails have them affixed to their bed.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The purchase of beds will be reviewed and consideration given to removable and not integrated bed rails	12 months

Outcome 15: Safe and suitable premises

6. The provider is failing to comply with a regulatory requirement in the following respect: The call bell system in a number of rooms was not working.	
Action required: Ensure all residents have the capability to summon assistance.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: This is currently being rectified	1 month

Outcome 16: Records and documentation to be kept at a designated centre

7. The provider is failing to comply with a regulatory requirement in the following respect:

The Residents' Guide does not contain all the documents as set out in the regulations.

Action required:

Ensure the Residents Guide contains all the required information

Reference:

Health Act 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The additional documents have been added	Completed

Any comments the provider may wish to make:

Provider's response:

On behalf of Director of Nursing Orla Scuffil and all staff on duty for the inspection we thank the inspector for his professionalism during the process.

We continually strive to improve the quality of care we offer to our residents and we welcome the inspectors input which was constructive.

Provider's name: Stephen Eustace

Date: 23/06/11