

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Elmgrove Nursing Home
Centre ID:	0035
Centre address:	Syngefield
	Birr
	Co Offaly
Telephone number:	057 91 21205
Fax number:	057 9120902
Email address:	denisegallagher@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Catherine Gallagher
Person in charge:	Catherine Gallagher
Date of inspection:	31 August 2011
Time inspection took place:	Start: 09:15 hrs Completion: 14:30 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Elmgrove Nursing Home is a two-storey period residence set on four acres of mature gardens. The centre has 24 places for older people and offers residential and convalescent care. The admissions policy precludes people with a diagnosis of dementia from taking up residence. There were 12 residents on the day of inspection and one was in hospital, all residents were over 65 years of age.

The facility is maintained to a high standard. A double front door opens into an entrance hall, with the day room to the right and the dining room to the left. The large day room is furnished with comfortable seating and has a large screen television, sideboard and a piano. A second double set of doors with stained glass panels opens into a hallway with a winding staircase. The nursing office is at the foot of the stairwell.

There is one twin and six single bedrooms, five toilets and two specially adapted bathroom/shower rooms on the ground floor. Toilets are located close to the day and dining rooms. Although all bedrooms are spacious, there are no en suite facilities available. The laundry, sluice and treatment room are on the ground floor. The kitchen and catering staff facilities are adjacent to the dining room.

A second staircase has a chair lift to the first floor which has 10 spacious single bedrooms. Five single bedrooms are up a further four steps and are not accessible by the chair lift. These rooms are offered to residents who can access the stairs independently. There are two assisted showers with toilets, a bathroom and two additional toilets on the first floor. There is also a large, elegantly furnished day-room and a self contained suite comprising a bedroom, bathroom, lounge and kitchenette on the first floor.

Parking is provided at the front and the side of the building.

Location

Elmgrove is situated on the Kinnity Road and is within walking distance of Birr town in County Offaly.

Date centre was first established:	1 September 1988
Number of residents on the date of inspection:	12 + 1 in hospital
Number of vacancies on the date of inspection:	11

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	1	7	2

Management structure

The centre is owned by Catherine Gallagher who is the Provider and also the Person in Charge. She will be referred to as the Person in Charge throughout this report. The Person in Charge is supported by a full-time senior nurse who deputises in her absence. Staff nurses, care assistants, catering and cleaning staff all report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	2	2	1	0	0

Background

Elmgrove Nursing Home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate in May 2010. This was an announced registration inspection. A follow up inspection was carried out on 2 March 2011.

At the follow up inspection the inspector found that four of the actions from the registration inspection had been fully addressed, seven were partially completed and a further three were not completed within the agreed timescale.

Many of the actions plans relating to the assessment of residents' needs, care planning and the use of policies to guide practice had not been fully completed. The inspector was also concerned about the use of bedrails. There was no evidence of a comprehensive assessment being undertaken or of alternatives being considered. Nutritional assessments were undertaken but again the results were not being used to formulate a plan of care for the residents. The person in charge was required to take immediate action to implement and document appropriate interventions to manage residents who had fallen, were at risk of pressure ulcer development, malnutrition and presented with behaviours that challenged.

Training had been provided for staff and additional education programmes were being sourced. Medication practices had improved but additional issues were identified which required improvements. The improvements identified relating to the premises had been completed including increased provision of storage and lockable facilities for residents.

There were some significant gaps in the management of governance and health and safety issues.

This report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Summary of findings from this inspection

This third inspection was unannounced and focused on the areas where improvements were required following the inspection of 2 March 2011.

There were 10 actions from the inspection of March 2011 and the inspector found that three of the actions had been fully addressed, two were partially completed and a further five were not completed within the agreed timescale.

The inspector was concerned regarding some aspects of governance in the centre for example the person in charge was unable to locate a number of policies including the health and safety policy and the policy on the recognition, prevention and management of elder abuse. The inspector also became aware that a notification regarding a serious injury had not been notified to the Chief Inspector.

The person in charge and a senior nurse had recently completed a "Train the Trainer" course in the management and use of restraint. While progress had been made on the assessment of restraint, the inspector was concerned that alternatives had not been considered prior to the use of bedrails. Medication practices had improved.

Although the recruitment policy had been updated, staff files still did not meet the requirements of the Regulations. There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

These, along with some additional issues identified at inspection, are addressed in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that risks assessments are completed appropriately and include all the required information.

Put in place system whereby issues such as falls risks or use of restraint are addressed in the care plan.

Implement a system for the assessment of residents who present with behaviours that challenge to identify factors which may have triggered the behaviours.

This action was partially completed.

Risk assessments had been introduced and the inspector saw that these were completed for residents in areas such as falls, pressure ulcers and malnutrition. The inspector noted from the incident report book that a resident had sustained a fracture following a fall in June 2011, this resident's care plan had not been updated to reflect her changing needs and to maintain her ongoing safety. The person in charge and staff nurse said that they would update the care plan immediately following inspection.

The inspector also read a care plan of a resident who was using bedrails. There was evidence that the resident had been consulted with. A consent form was signed by a family member and the GP but a risk assessment had not been completed and there was no evidence that alternatives had been considered or that the use of bedrails was being reviewed.

A resident who presented with behaviour that challenged had an assessment completed which identified the factors that might trigger this behaviour. A policy was in place which outlined the procedure to follow including appropriate assessment and identification of possible trigger factors. Staff spoken to were aware of the contents of the policy.

2. Action required from previous inspection:

Put in place a system whereby interventions for residents identified as being at risk of malnutrition are addressed in the care plan.

This action had been completed.

The person in charge had arranged for the dietician to attend the centre and provide training in the use of the Malnutrition Universal Screening Tool (MUST). The person in charge and the nurse told the inspector that there was no resident with weight loss at that time. The inspector noted that residents' weights were checked and recorded on a monthly basis or more often if necessary. Prescription sheets indicated

that some residents had been prescribed supplements. The person in charge said that she was arranging for the dietician to return to provide additional training to staff.

3. Action required from previous inspection:

Put in place a recruitment policy that meets the requirements of the Regulations.

Provide for each staff member the information and documents specified in Schedule 2 of the Regulations.

This action had been partially completed

The recruitment policy had been updated to meet the requirements of the Regulations. For example, it specified that three references were to be obtained in respect of each staff member.

The inspector reviewed three staff files. None of the files contained a full employment history. Two files contained three references and one file contained one reference.

There was no evidence of physical and mental health fitness on two files. All files reviewed had Garda Síochána vetting.

4. Action required from previous inspection:

Put in place a system where medications are administered at the times prescribed and appropriately recorded on the administration record.

This action had been completed.

The inspector reviewed three prescription and medication administration sheets and found that the times on both correlated.

5. Action required from previous inspection:

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Implement the written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Put in place a system so that all staff are aware of the contents of the policy.

This action was not completed.

The person in charge said that the health and safety statement and the risk management policy were not available as they both required to be updated. She said that she had engaged an external consultant to visit the centre to support her to complete these policies. The inspector saw evidence that the consultancy was arranged for 19 September 2011.

The inspector also noted that the missing persons' policy and the policy on the recognition, prevention and management of abuse was not available and could not be located. A staff member spoken to was knowledgeable regarding the recognition, prevention and management of elder abuse and confirmed that she had read the policy.

6. Action required from previous inspection:

Implement the risk management policy throughout the centre.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Develop a system of implementation so that staff understand and implement all policies, procedures and guidelines.

The person in charge was unable to locate the risk management policy. Hence, the inspector could not assess this action.

7. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of residents in the centre.

This action was not completed.

There were no procedures in place for the collection of data for the purpose of continuous quality improvement. The person in charge said that she intended to commence audits at the end of September 2011.

8. Action required from previous inspection:

Use a validated assessment tool to plan the staffing requirements and skill-mix in order to meet the needs of residents.

This action was completed.

The person in charge used a recognised tool to assess residents' dependency levels which informed staffing requirements. Adequate staff were in place at the time of inspection. The person in charge said that if additional staff were required they would be provided and she gave an example of having provided extra staff when a resident became very ill.

9. Action required from previous inspection:

Continue to provide increased education and training opportunities for staff in accordance with contemporary evidence based practice to suit the needs of the residents.

This action was in progress.

Some training had been completed in 2011 including:

- Train the trainer course on the use of physical restraint, this was attended by the person in charge and a senior staff nurse
- wound management.

Records showed that the person in charge and senior staff nurse had provided an in-house workshop on the use of restraint which was attended by all grades of staff. Further training was being planned for Autumn 2011.

Staff spoken to were able to demonstrate knowledge of issues such as nutritional management and assessment of people with challenging behaviour. While staff were knowledgeable on some aspects of care planning, additional training was required. The person in charge said that she had endeavoured to access this training but had not yet been successful. She said she intended to pursue the matter further.

10. Action required from previous inspection:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence or otherwise in the designated centre of all matters required by the Regulations.

This action had not been completed.

The inspector identified that a resident had a fracture on 31 June 2011 and this had not been notified to the Authority. Quarterly notifications had not been received by the Authority in a timely manner. The above information was subsequently received following the inspection.

Recommendation from previous inspection:

Maintain appropriate records to reflect staff induction, appraisal and professional development.

Develop and implement a system for performance management which is linked to professional development for staff.

Develop and implement a formal induction programme.

The person in charge told the inspector that as yet a formal induction, appraisal or professional development planning was not introduced. She outlined that she frequently discussed progress and training needs with staff but no records were maintained.

The person in charge had sourced talking magazine cassettes for residents with either full or partial visual impairment and was awaiting the supplier to return with more cassettes. Residents who used this assistive equipment confirmed that they enjoyed using it.

Other Issues

While residents had been provided with a copy of the complaints procedure in the Residents' Guide, the complaints procedure was not clearly displayed for residents and visitors to read. The inspector read the complaints log and found that there were no complaints logged. The person in charge said that there had not been any complaints.

The inspector noted that there were five single rooms on the first floor accessed by using a four step stairs. The chair lift in the centre did not provide access to this area. The person in charge stated that she ensured that only independent residents were accommodated in these bedrooms but this was not something which could be assured on an ongoing basis as residents become more dependent with time.

The inspector noted that the person in charge still did not have access to a computer in the centre and she had no access to email. This resulted in poor communication, for example she was not at the recent providers meeting as invitation was via email and she did not have access to email. This was discussed with the person in charge and she told the inspector that she was hoping to acquire a computer system in the near future.

Report compiled by:

Marian Delaney Hynes

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

7 Sept 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
10 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Elmgrove Nursing Home
Centre ID:	0035
Date of inspection:	31 August 2011
Date of response:	29 September 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

A resident who had a recent fall did not have her care plan updated to reflect her changing needs and to ensure her ongoing safety.

Action required:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Narrative notes within this resident's care plan were completed in detail regarding this incident, the falls risk assessment was not completed but this was rectified immediately.</p>	<p>Completed immediately</p>

2. The person in charge has failed to comply with a regulatory requirement in the following respect:

Alternative methods to the use of bedrails had not been sufficiently explored.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 13: Healthcare
 Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The pros and cons of alternative methods of enablers were discussed in detail with the inspector, the bedrails are used as enablers to assist the resident to have some degree of independence regarding movement while in bed. I have researched alternative measures as discussed with the inspector we shall continue with our research in our efforts to maintain and offer quality of care and independence to our residents.</p>	<p>Ongoing</p>

3. The provider has failed to comply with a regulatory requirement in the following respect:

The provider was unable to locate a number of policies including the missing persons' policy, risk management policy and the policy on the recognition, prevention and management of elder abuse.

Action required:	
Put in place all of the written and operational policies listed in Schedule 5.	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>I will accept that I was unable to produce the elder abuse policy at the time of inspection, as commented by the inspector a member of my staff confirmed knowledge of content and confirmed she had read the policy, this policy had been placed back in the wrong folder, the elder abuse management policy is back in its' rightful place.</p> <p>The missing person policy was in the policy folder at the time of inspection, it was under management and prevention of resident elopement policy, I enclose a copy of both policies to confirm existence.</p> <p>The risk management policy was seen by the inspector during this inspection, I did point out that this policy was going to be reviewed during our meeting with the consultant for health and safety on 19 September 2011 as part of our annual review of same.</p>	<p>In place</p> <p>In place</p> <p>currently under review - to be in place on completion of Health and Safety</p>

4. The person in charge has failed to comply with a regulatory requirement in the following respect:
The person in charge had not notified the Chief Inspector of the occurrence of a serious injury to a resident
Action required:
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Following inspectors visit this was acted on immediately.	Immediate

5. The provider has failed to comply with a regulatory requirement in the following respect: Staff files did not contain the required documentation including three references, employment history and evidence of physical and mental health fitness.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We introduced a new record of employment procedure that was in the process of being completed, this was shown to the inspector on the day of inspection, we are aware that there is some information outstanding, the staff related to this have been informed that completion of these documents is a matter of urgency. I have given the staff related to this matter a time line of three weeks to complete.	14/10/2011

6. The provider has failed to comply with a regulatory requirement in the following respect:

There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Reference:

Health Act, 2007
 Regulation 35: Review of Quality and Safety of Care and Quality of Life
 Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have three-monthly and six-monthly audits in place for the Quality and Safety of Care, the three-monthly audits was not due till the end of September and the six-monthly audits is due at the end of December.	30/09/2011 30/12/2011

7. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints procedure was not displayed in a prominent position.

Action required:

Display the complaints procedure in a prominent position in the designated centre.

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: This has been completed with immediate effect.	Immediate

8. The provider has failed to comply with a regulatory requirement in the following respect:

There were five bedrooms on the first floor that could only be accessed by four steps. The chair lift did not provide access to this area.

Action required:

Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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:

We note your comments, but in the past 23 years this has never been a problem in our caring facility. We would always ensure the residents' mobility needs are met, by placing immobile residents' on the ground or first floor accessed by a chair lift. Independently mobile residents' would be placed in the five rooms in question. The four steps to this area in question have always had handrails for the safety and assistance for a safe transfer.

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Maintain appropriate records to reflect staff induction, appraisal and professional development.
Standard 24: Training and Supervision	Develop and implement a system for performance management which is linked to professional development for staff.
Standard 24: Training and Supervision	Develop and implement a formal induction programme.

Any comments the provider may wish to make:

Provider's response:

We at Elmgrove House Nursing Home will endeavour to continue to improve, implement and comply with all Regulations and procedures.

Provider's name: Catherine Gallagher

Date: 29 September 2011