

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Elm Hall Nursing Home
Centre ID:	ORG-0000034
Centre address:	Loughlinstown Road, Celbridge, Co. Kildare, Kildare.
Telephone number:	01 6012014
Email address:	info@elmhallnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Springwood Nursing Homes Limited
Provider Nominee:	Mairead M Byrne
Person in charge:	Clodagh Cuningham
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	5

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 judgements 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 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 October 2013 11:00 To: 01 October 2013 19:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Health and social care needs continued to be met to a high standard although care plans were not consistently reviewed as required. While overall, medication practices had improved, the temperature of the medication fridge was not maintained within acceptable limits.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention and reporting any allegations of abuse of vulnerable persons. Appropriate fire procedures were in place and staff recruitment was in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Other improvements required relate to volunteer files, the emergency plan and residents' finances.

Section 41(1)(c) 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.

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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It described the service that was provided in the centre and was kept under review by the person in charge and the provider and any changes notified to the Chief Inspector. The most up to date version was available to residents.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Clodagh Cunningham is the person in charge. She is a registered nurse and has the required experience in nursing older people. She had undertaken a diploma course in gerontology and in management. She attended numerous clinical courses such as nutrition, the use of restraint and continence management. During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused, although the system for managing residents' finances required strengthening.

The person in charge managed small amounts of money for some residents. The inspector saw that this was securely stored in a locked press and balances checked were correct. However, this system could be made more robust by the issuing and maintenance of receipts for all deposits and withdrawals as required by the centre's policy.

There was a policy in place on the detection, response and investigation of allegations of abuse. Staff had received training and were knowledgeable of the different forms of elder abuse and all were clear on reporting procedures.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Although further work was required to the emergency plan, the inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

The inspector read the emergency plan and saw that it did not outline the plans in place for dealing with emergencies. It specifically dealt with evacuating the building. This was discussed with the provider and person in charge who undertook to develop this.

The inspector noted that there was a health and safety statement in place. An external company had been employed to review all risk management policies and procedures. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. The inspector also noted that a staff member had attended a safety representative training course and was currently conducting safety audits of bedrooms and corridors.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. The inspector spoke with the instructor and person in charge who outlined plans to introduce additional documentation to record the safety checks currently undertaken on the hoist and slings.

Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Although satisfied that the actions required from the previous inspection had been completed, the inspector was concerned about the storage of medication that required refrigeration.

A locked medication fridge was available in a locked room. The temperatures were recorded twice daily. However, the inspector noted that the fridge temperature was not consistently maintained between the required temperatures for safe storage.

Otherwise the inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. Previous issues identified relating to prescribing, transcribing and photographic identification had been addressed. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A comprehensive policy was in place which guided practice and the nurses had attended medication management training.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However, further work was required to ensure that care plans were reviewed three monthly as required by the Regulations.

The arrangements to meet each resident's assessed needs were set out in an individual care plan with evidence of resident or relative involvement at development and review. The inspector reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. However in a minority of cases, these assessments and care plans were not always reviewed at least three monthly, as required.

The inspector reviewed the management of clinical issues such as wound care, falls management, dementia care including the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence-based practices and guided by robust policies. Appropriate medical and allied health care was

available.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' interests and capabilities.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. It had been updated following the appointment of the new person in charge who assumed the role of complaints officer. The complaints procedure was on display throughout the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The catering staff discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory.

Staff were seen to assist residents discreetly and respectfully with their meals if required. Residents confirmed that they enjoyed the food. Residents told the inspector they could have anything they wanted at meal times and the inspector saw that a wide variety of dishes were served.

The inspector saw residents being offered a variety of snacks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used for residents at risk. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

The laundry room was organised and well equipped. The inspector spoke to the staff member working there and found she was knowledgeable about the various laundry

processes including infection control. The clothes were sorted after laundering and brought back to each resident's room. Adequate storage space was provided and there was adequate space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Although there was evidence of good recruitment practices, further improvement regarding volunteers was required in order to meet the requirements of the Regulations.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had been vetted appropriate to their role but as yet there was no written agreement setting out their roles and responsibilities. This was identified as an area for improvement at the previous inspection.

There was a robust written operational staff recruitment policy in place which had been updated to meet the requirements of the Regulations. A checking system had been introduced to ensure that all staff files contained the information required by the Regulations which was identified as an area for improvement at the previous inspection. The inspector examined a sample of staff files and found that all were complete. The inspector confirmed that up-to-date registration numbers were in place for nursing staff.

The inspector reviewed the roster which reflected the staff on duty and the person in charge told the inspector that staffing levels were based on the number of residents and their dependency levels. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents.

The person in charge told the inspector of plans to reintroduce staff appraisals on a yearly basis and her intention to use this information to identify any additional training requirements. The provider and person in charge promoted professional development for staff and were committed to providing ongoing training. A training matrix was maintained which identified which staff had attended training and which were due to attend. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, use of restraint and nutrition. The inspector saw that plans were in place to provide e-learning courses for the staff and a computer was available in the library.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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

Action Plan

Provider's response to inspection report¹

Centre name:	Elm Hall Nursing Home
Centre ID:	ORG-0000034
Date of inspection:	01/10/2013
Date of response:	22/10/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The system for managing residents' finances was not sufficiently robust nor in line with the centre's policy.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

A revised 'Management of Resident's Finances' Policy was implemented following the previous inspection of November 2012. This policy resulted in the implementation of individual records for each resident which clearly outlines items or monies received and stored for safe-keeping. Each record requires the signature of the receiver of property, the resident, and the administrator who checks all safe contents on a twice weekly basis.

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

Following constructive feed-back from this inspection, this process has been augmented by the implementation of a revised 'receiving policy' which ensures that additional duplicate receipts are now maintained in relation to monies or items received for safe-keeping - a copy of which is issued to residents.

Proposed Timescale: 02/10/2013

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

The emergency plan did not outline the procedures for dealing with emergencies.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

The Nursing Home has a maintenance team on duty from 08.00 - 18.00 hrs each day who deal with all emergencies in the Nursing Home. There is also a resident maintenance person who lives on-site to deal with out of hours emergencies which may occur.

The Registered Provider and Company Directors are also available and contactable by telephone on a 24 hour basis to assist with emergencies if necessary.

The Nursing home has the following on-site facilities in place for use in the event of emergency:

- A back-up electricity generator which functions automatically in the event of loss of national grid electricity.
- Reserve supply tank of gas for use in the event of emergency or loss of company supply.
- Reserve water supply storage tanks for use if reduction or interruption of local/public water supply.
- Independent Emergency 'Pump House' for use by Fire Services in the event of fire.
- Industrial Construction Machinery for clearing pathways and roads of snow and ice.

Following feed-back during this inspection, this information and required actions in the event of emergencies have been included in the 'Emergency Evacuation Plan' which has been re-named to facilitate the amendments.

Proposed Timescale: 03/10/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The temperature of the medication fridge was not consistently maintained within acceptable limits.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

A temperature recording chart is in place for all fridges in the Nursing Home. Following the inspection feed-back, this process has been reviewed and systems put in place for more robust monitoring of temperatures.

The Medication fridge has been 'serviced' by an external engineer to ensure that it has appropriate 'gas levels' and is operating effectively.

Responsibility for twice daily recording of temperatures and maintenance of fridge temperature records has been designated to named staff to ensure consistency and immediate action in the event of difficulties with temperature levels.

Proposed Timescale: 08/10/2013

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:

Care plans were not consistently reviewed on a three monthly basis.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Internal policy dictates that all Care Plans and individual Assessments are reviewed on a three monthly basis and more often if required. Following the recruitment of new nursing staff and the return to work of senior nurses who were on extended leave, this process has been enhanced to ensure that all care plans continue to be reviewed as

required by our internal policy.

The process is monitored by a designated Clinical Nurse Manager on each floor who will ensure that residents and/or families continue to be involved in Care Plan reviews.

Effectiveness of this process will be augmented by newly implemented 'Documentation Audits' which will take place monthly.

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme: Workforce

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

Volunteers did not have their roles and responsibilities set out in a written agreement.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

Although each volunteer has been appropriately 'Garda Síochána Vetted' as required by legislation, a written agreement has now been drawn up which clearly records the individual's contact and other details. The Agreement also outlines the roles of individual volunteers, external (ad-hoc) Social Activity Service Providers and work-placement persons (if any) in the Nursing Home.

Proposed Timescale: 22/10/2013