

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Esker Ri Nursing Home
Centre ID:	ORG-0000733
Centre address:	Kilnabinnia, Clara, Offaly.
Telephone number:	057 933 0030
Email address:	eskerri@eircom.net
Type of centre:	
Registered provider:	Clara Nursing Home Limited
Provider Nominee:	Sheila Maher
Person in charge:	Deirdre Lenihan
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	28

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 April 2014 10:00	09 April 2014 17:30
10 April 2014 09:00	10 April 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Esker Ri Nursing Home is a purpose-built, residential centre with places for 67 residents, however the intended provider is only seeking to register 28 places. The intended provider had applied to the Health Information and Quality Authority (the Authority) Regulation Directorate for registration under Section 48 of the Health Act 2007. This registration inspection was announced and took place over two days.

This centre had been built and designed to comply with requirements of 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. There are presently no residents living in

the new centre as the centre is not registered as a designated centre yet. The person authorised to act on behalf of the provider (who will be referred to as the provider throughout this report), person in charge, and other staff were available on the days of inspection.

As part of the inspection the inspector met with the provider, the person in charge, the nursing staff, care staff, kitchen staff and household staff members. The inspector reviewed the proposed documentation to be used such as care plans, logs, registers, policies and procedures and staff files.

Separate fit person interviews were carried out with the provider and the person in charge and the inspector reviewed completed Fit Person Self-assessment documents in advance of the inspection. This was reviewed along with the information provided in the registration application form and supporting documentation submitted by the provider.

The provider and person in charge demonstrated a good ability in terms of the development of policies and the inspector saw that they were comprehensive and in line with the Regulations.

The inspector met staff and observed a comprehensive scheduled induction programme that was ongoing over the course of inspection.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Robust fire procedures and an emergency plan were in place. The only area of improvement required was to the Risk Management Policy to ensure compliance with the Regulations. This is discussed further in the report.

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 reviewed the statement of purpose which described the service that was to be provided in the centre and met the requirements of the Schedule 1 of the Regulations.

The provider stated that they intended to keep this document under review at all times and will make a copy available to all residents on request.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

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 there was a proposed system in place to ensure each resident will have an agreed written contract within one month of admission. This contract will include details of all services that will be provided to the resident and the fees that will be charged.

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:

Overall the inspector was satisfied that the designated centre will be managed by a suitably experienced nurse with authority, accountability and responsibility for the provision of the service. The person in charge is a registered nurse with appropriate

qualifications in nursing in addition to postgraduate qualifications in management and care for the older person. The inspector found that the person in charge demonstrated the required experience, knowledge and expertise regarding caring for older people. The person in charge will work Monday to Friday on a full-time basis and demonstrated a good knowledge of the role and requirements of her role as person in charge.

The person in charge demonstrated a strong understanding of her responsibilities as outlined in the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to older people.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that the proposed systems regarding the maintenance of records and documentation to be kept at the designated centre are/will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found the following:

- A residents guide that will be provided to all residents and an undertaking by the provider to ensure adequate and appropriate information is continually made available to residents.
- The provider and person in charge were aware of their responsibilities regarding Residents Records (Schedule 3) with an electronic system in place for maintaining residents information and staff training provided for the use of this system.
- The provider and person in charge were aware of their responsibilities regarding General Records (Schedule 4) and the inspector reviewed all relevant proposed records,

documentation, policies and procedures regarding same.

- The provider and person in charge were aware of their responsibilities regarding Policies and Procedures (Schedule 5) and the inspector reviewed same and found policies and procedures to be in compliance with the Regulations.
- The provider and person in charge were fully aware of their responsibilities regarding:
 - i) Staffing Records.
 - ii) Residents Directory.
 - iii) Medical Records.
 - iv) Insurance Cover.

The inspector found a good aptitude on the part of the provider and person in charge in ensuring the maintenance and upkeep of records and documentation. Both the provider and person in charge demonstrated a commitment to continually ensure regulatory compliance.

Outcome 05: Absence of the person in charge

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

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 there are appropriate arrangements in place regarding any proposed absence of the person in charge. A Clinical Nurse Manager will deputise for the person in charge where and when appropriate and the provider is aware that the Chief Inspector must be notified accordingly. The provider nominee also works as the General Manager of the designated centre and is also suitably qualified and experienced to deputise in the absence of the person in charge.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied with the plans to ensure that residents will be protected from being harmed or suffering abuse.

The provider, person in charge and staff were all appropriately knowledgeable regarding their responsibilities in the event of an allegation of elder abuse. The inspector was informed of the measures that would be put in place to protect residents from being harmed or abused. The inspector reviewed a comprehensive policy on the detection, prevention and response to elder abuse (2014). The inspector found that all staff had undergone protecting vulnerable adults training (2014) and all staff interviewed were very knowledgeable of same. The inspector found a clear proposed system of reporting and recording all instances of abuse. The inspector found that all staff were recruited in line with the recruitment policy which required Garda Síochána vetting.

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:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the health and safety of residents, visitors and staff. However, some improvements were required in the risk management policy to fully meet the requirements of the Regulations.

There was a health and safety statement in place dated March 2014. Environmental risk was addressed with multiple health and safety policies containing proposed risk management measures. A risk management policy was in place dated (April 2014) and while this policy largely met regulatory requirements it required some improvements in order to be in full compliance. For example, the risk management did not make specific reference to precautions in place to control residents absent without leave, assault, accidental injury to residents or staff, aggression and violence and self harm. The inspector found the risk management policy contained a risk assessment template and governing risk matrix and that staff training was provided in this area.

The inspector found a full and thorough risk audit was completed by an external body in February 2014 and that a comprehensive risk register was formulated following this audit. The risk register included a number of identified risks and potential hazards and included corrective actions and control measures. For example, slips, trips and falls, temperature control, coffee dock risks, car parking risks, to name but a few.

The inspector was satisfied that thorough fire precautions were in place. The inspector found evidence that the fire safety consultant who had been engaged by the provider to ensure that all requirements relating to fire safety were in place had conducted a series of appropriate checks. The inspector observed a high level of fire equipment in the forms of alarms, detection equipment, fire blankets and extinguishers throughout the designated centre and viewed a highly sophisticated internally plumbed fire extinguishing system in the kitchen. The inspector found a smoking policy in place which included risk assessment. The inspector reviewed relevant correspondence with the County Fire Chief. A certificate was received by the Authority indicating compliance with statutory requirements relating to fire safety. The inspector was satisfied that the person in charge had a high level of understanding regarding fire safety and has a substantial proposed system for daily, weekly and monthly checks including equipment, fire doors, fire panels, exits, maintenance checks and back up lighting. The inspector saw evidence of the last fire drill and simulated evacuation completed on 4 April 2014. The inspector found that all staff in the centre had obtained fire safety training. An appropriate emergency plan was in place which identified what to do in the event of an emergency evacuation. The inspector found that fire assembly points were clearly identifiable outside the designated centre.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. The inspector saw that there was a sophisticated cleaning routine and ample equipment and supplies of latex gloves and disposable aprons and alcohol hand gels were available throughout the centre. Clinical waste was managed and stored safely.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the proposed medication management policies and procedures were comprehensive, satisfactory and safe.

The inspector reviewed medication policies which were robust and gave clear guidance to nursing staff on areas including medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications, medication errors, crushing medications and medication self administration. Individual medication safes were present in each residents' room so as each residents medication was stored beside residents beds. The inspector discussed medication protocols with nursing staff who presented as having competent knowledge and understanding of same. The inspector found two locked fridges had been purchased for medication and one for blood specimens and these were located in a fully equipped secure treatment room. The person in charge showed the inspector the secure storage for medications that required strict control measures (MDA's). The person in charge explained all prescription and administration protocols and had established arrangements and agreements in place with a pharmacist. The inspector reviewed proposed documentation and record templates and found that they were in order.

The inspector found that all staff nurses involved in the administration of medications had undergone a medication management course. The person in charge said she had secured the services of a pharmacy to supply all medication and provide additional training, assistance with policy and guidance for staff as and when required.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that both the person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding notifiable incidents and accidents.

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective 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 the quality of care and experience of the residents would be monitored and developed on an ongoing basis.

The inspector found that the person in charge had plans in place to continually benchmark the centre against the Regulations and Standards. The person in charge had an electronic system to conduct regular audits and multiple assessment reviews. In addition to this, the inspector was informed of an annual audit plan whereby one area would be audited every month. A monthly audit schedule was being developed and included areas such as medication management, infection control procedures and residents' documentation. The person in charge stated that audit findings would be available for discussion with all appropriate staff to ensure learning and improvements to practice. The person in charge told the inspector that surveying residents care experience would be a crucial component of the auditing process.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that residents' wellbeing and welfare will be maintained by a high standard of evidence-based nursing care and appropriate medical and allied health and social care.

The person in charge stated that all residents' healthcare needs will be met as a matter

of priority. These needs will initially be assessed on admission and continually supported by nursing staff and GP (General Practitioner) and allied health professionals as appropriate to individuals assessed needs. A full range of other services will be available on referral including psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody, audiology and dietetic services.

The inspector reviewed the proposed nursing documentation which was computerised and noted that it included nursing assessments and additional risk assessments to be carried out on all residents. Comprehensive person-centred care plans would be put in place for all residents' needs. The person in charge stated that residents' and relatives' would be involved at initial assessment and review stages and this process would be appropriately documented. The inspector reviewed the clinical policies including areas such as falls management, nutrition, wound care, bowel management and the use of restraint and was satisfied that they were centre specific and would inform practice.

A comprehensive system will be put in place for the recording of accidents and incidents. The person in charge outlined how she intended to collect this clinical data and analyse it to identify possible trends. For example, continually auditing certain areas such as falls, weights, behaviours.

The person in charge and provider outlined the plans to have an extensive range of social activities available for residents. A schedule of activities will be available based on the assessed needs of residents. The inspector found a substantive activity room, communal areas and large church/hall that will be available to all residents. Staff members spoken to discussed a variety of social activities that will occur in the designated centre to meet individuals social care needs with links to the community highlighted as particularly important. The person in charge offered specific insight into ensuring that residents who may be confused or who may have dementia related conditions will be encouraged to participate in appropriate needs based activities.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that the location, design and layout of the centre is

suitable for its stated purpose and will meet residents individual and collective needs in a comfortable and homely way.

The building had been designed to comply with the requirements of the Regulations. Residents' accommodation will be provided over three units all on one large ground floor. There was additional and ample space throughout the designated centre with specific areas for laundry, showers, toilets, kitchen and dining areas, communal rooms, activities rooms, hair dressing salon, a church/hall.

The inspector was satisfied that the bedroom accommodation would meet residents' needs for privacy, leisure and comfort. In total there were 63 single and two twin rooms, all with full en suite facilities. However, as stated earlier the intended provider is only seeking to register 28 places. Bedrooms in one unit (27 rooms) had been appropriately furnished at the time of inspection. These rooms were furnished to a high standard with a specialised bed, wardrobe, locker, chair and personal safe. All had coordinating curtains and bed clothes. Each room had a different coloured door and all rooms were very tastefully decorated. All bedrooms had call bell facilities. Under floor heating was provided in all rooms, which could be thermostatically controlled in each room. To further promote safety, touch lamp lighting which automatically came on when touched was available in all bedrooms.

The inspector found assisted toilets and bathrooms throughout the premises; these were located strategically, for example, close to sitting rooms and along the corridors. The inspector was informed that an assisted bath for one unit bathroom was in transit from the distributors and the inspector found that the bathroom was fully plumbed and ready for same to be fitted.

There was appropriate use of colour and textures in the design throughout the centre. A variety of communal day and dining space was provided. The day and dining rooms were bright with large windows and tasteful decoration. In addition there was a fully equipped kitchen that contained many modern appliances and substantive equipment and storage space.

The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided in all corridor areas to promote independence.

There was a sluice room that was fully equipped with a bed pan washer. There was adequate storage space provided to ensure that equipment and assistive devices were stored in a safe and discreet manner.

The garden was being landscaped at the time of inspection and the drive way and car park was being fully tarmacked.

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 inspector found that the provider and person in charge both had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

The inspector reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. The policy also contained an independent appeals process.

The inspector saw complaints review forms, complaints recording forms and a risk rating tool attached to the complaints form.

Both the provider and person in charge told the inspector that all complaints received would be thoroughly investigated and the outcome would be discussed with the resident and their family (where appropriate).

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life will be regarded as an integral part of the care service provided in the designated centre.

This practice will be informed by the centre's policy on end of life care which was read by the inspector. The person in charge demonstrated a strong awareness of the role of good individual care planning with residents and families around end of life needs. The person in charge highlighted that respect, integrity and understanding are crucial considerations when delivering end of life care and committed that all staff will uphold this when working with residents at end of life stage.

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 found that the kitchen was very large and well equipped with stainless steel equipment. Adequate storage space was provided throughout the kitchen.

There was a large homely main dining room that had adequate space and was well decorated. There was a second dining room on one of the units. These were bright airy rooms and finished to a high standard. The person in charge told the inspector that residents could choose where to have their meals either in one of the dining rooms or in their own bedroom.

A menu system had been devised and the chef told the inspector that this would be revised following resident admissions and would be based on residents' food preferences. The chef was highly experienced in older persons settings and very aware of residents needs. The chef discussed how he would maintain documentation to ensure full awareness of residents dietary needs and demonstrated a strong understanding of modified diets and food and drink consistencies. The chef highlighted the importance of choice and demonstrated a good awareness of both food and nutrition but also of the importance of the residents dining experience. The inspector noted good communication between the person in charge and the chef.

The inspector ate food and homemade baking in the designated centre which was to a high standard. The chef and kitchen staff were very aware of the importance of their role in meeting residents needs. The kitchen contained all the necessary equipment and assistive crockery was purchased to make dining easier for residents.

The person in charge told the inspector that all residents would be nutritionally assessed and weighed monthly. They said that weight loss would be closely monitored and that referrals to the GP and dietician would be made if required.

The person in charge and chef confirmed that snacks and drinks would be available from the kitchen throughout the day and night.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge told the inspector how they planned to have ongoing communication and consultation with residents. The person in charge will ensure ongoing meetings to ensure resident satisfaction and assured the inspector that all residents recommendations are listened to and considered.

A large lobby has been provided to allow residents to receive visitors with ample space and room for residents also to receive guests in private. The provider told the inspector that relatives will be able to visit at any time and that residents would be encouraged to go out to visit and attend family occasions.

Most residents will have single bedrooms to ensure privacy and dignity is maintained. Residents may also avail of a shared room if they wish. There was sufficient screening in the shared rooms to maintain adequate privacy. The inspector saw adequate access for residents to television, radio, newspapers, magazines and notice boards throughout the designated centre. A residents guide is available to all residents.

The person in charge told the inspector that residents' religious rights would be facilitated. A large church/hall was on-site and the person in charge had written to the local Bishop seeking a priest and is endeavouring to have mass in the designated centre if possible. Residents who chose to practice other religious beliefs will be facilitated to do so also.

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:

The provider and person in charge told the inspector that they would put measures in place to protect residents' personal property and possessions.

The person in charge said that she would encourage residents to personalise their rooms with photographs, ornaments, soft furnishings and their personal items. Both the provider and person in charge emphasised that residents would be encouraged to make their room's look and feel homely.

The inspector was informed that particular attention would be taken to ensure that residents' clothes were well managed. The inspector visited the laundry and met the staff who would manage this system. It was spacious and very equipped. It had separate areas for washing, drying and ironing. In addition there was ample storage room for clean linen. The laundry staff told the inspector that residents' clothing will be marked discreetly on admission by staff and all residents' clothes can be laundered on site or by relatives who may wish to take them home. Separate containers were in place for each resident to return the clothes to each room. The inspector saw that all bedrooms contained adequate personal storage space including a lockable safe.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence of a suitable number and skill mix of staff on inspection and was satisfied with the recruitment, training and staff development measures that were in place.

Staff files were examined and the inspector noted that all relevant documents were present. A checking system had been introduced to ensure that all documents required by the Regulations were in place.

The provider and person in charge told the inspector that they have a CNM (Clinical Nurse Manager) hired and she will be in place in a number of weeks. They were familiar with the requirements of the Regulations and had plans in place to ensure that all staff would be vetted appropriate to their role and have their roles and responsibilities set out in a written contact.

The inspector reviewed the staff induction policy/checklist and spoke to a number of staff about their induction which included the core areas that staff were expected to understand during their induction. The provider and person in charge stated that records of induction training and ongoing training would be maintained on staff files. The person in charge told the inspector that she planned on ensuring all staff were appropriately supervised and training needs and development with staff would be reviewed on an ongoing basis.

Both the provider and person in charge told the inspector that staffing levels would be based on the number and assessed dependency levels of residents. The provider stated that residents will be admitted on a planned and phased basis and that staffing levels will be increased accordingly based on the assessed needs and number of residents. A proposed schedule of admissions and staffing arrangements were discussed with the inspector and was deemed appropriate.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Esker Ri Nursing Home
Centre ID:	ORG-0000733
Date of inspection:	09/04/2014
Date of response:	01/05/2014

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 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 inspector found the risk management policy did not highlight precautions in place to control all of the specified risks of the Regulations.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Risk Assessment policy amended to cover the precautions in place to control the specific risks of: Unexplained absence of a resident; assault; accidental injury to

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

residents or staff; aggression and violence; and self-harm.

Proposed Timescale: 30/04/2014