



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Elmgrove House Nursing Home
Name of provider:	Catherine Gallagher
Address of centre:	Syngefield, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	12 April 2018
Centre ID:	OSV-0000035
Fieldwork ID:	MON-0020939

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Elmgrove Nursing Home provides accommodation for a maximum of 24 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The centre is located on a mature site at the end of a short avenue in from the road and within walking distance from Birr town centre. The premises is a listed period building. Residents' accommodation consists of 24 single bedrooms, located over three split floor levels. Shared toilets and washing facilities are available on each floor. The upper floors are accessible by stairs and stair lifts. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Current registration end date:	21/09/2019
Number of residents on the date of inspection:	18

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 April 2018	09:15hrs to 19:00hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

The inspector spoke with several residents over the day of this inspection. Residents expressed high levels of satisfaction with the care and service they received in the centre. They stated that they were very comfortable and enjoyed living in the centre. Some residents told the inspector that they were glad they were living in the centre and attributed these feelings to the care and attention they received from the provider and staff. Some residents said they particularly enjoyed the social activities, while others spoke about the high standard of the food they received. Residents said that the staff in the centre were their friends and were always kind, attentive and caring towards them. Residents said they felt safe and that staff were always available when they needed assistance. Many residents singled out the provider/person in charge for her concern and dedication to ensuring they were comfortable and happy living in the centre.

Capacity and capability

The centre's governance and management structure was clear and lines of authority and accountability were defined. The provider was also the person in charge and worked closely with residents in the centre on a full-time, day-to-day basis. In the absence of records of management meetings and details of the items discussed, the inspector was told that key aspects of service provision were reviewed at regular management meetings held between the provider/person in charge and her deputy and administrator. While the provider/person in charge maintained good oversight of the service provided, improvements were necessary to ensure that the quality and safety of the service was comprehensively monitored and informed continuous quality improvement in the centre. An annual review of the quality and safety of care delivered to residents for 2017 had been prepared and was made available to the inspector.

The inspector followed up on the progress made with completion of the 14 actions required from the last inspection in February 2017. Findings confirmed that nine actions were completed and five actions were progressed but not fully completed.

The centre was sufficiently resourced to ensure residents' needs were met. There was sufficient staff available to ensure safe delivery of care in accordance with residents' individual needs and wishes. The inspector found that staff knew residents very well and had developed trusting and supportive relationships with them. Staff were supported and facilitated to attend mandatory training and to meet their professional development needs. A record of staff training was maintained to inform completion of mandatory training requirements and attendance at training to

ensure they had the skills and knowledge to meet residents' needs. Assurance was given by the provider/person in charge that all staff had completed Garda Síochána (police) vetting. There were no volunteers working in the centre.

Residents who spoke with the inspector confirmed they could raise concerns, were confident that they would be listened to and that their concerns would be addressed.

Regulation 15: Staffing

There was enough staff with appropriate skills to meet the needs of residents. As care was provided to residents requiring 24-hour nursing care, a minimum of one registered nurse was on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Actions from the last inspection regarding staff training in cardiopulmonary resuscitation (CPR) and responsive behaviours, and completion of induction records for new staff were progressed but not fully completed. The inspector found that training was ongoing to ensure all staff in the centre were facilitated to attend CPR and responsive behaviours management training. A template record was implemented to ensure all newly recruited staff have a completed induction record, but the record template examined by the inspector required improvement.

Judgment: Substantially compliant

Regulation 21: Records

Documentation and records required by schedules 1, 2, 4 and 5 of the regulations were found to be complete. A record pertaining to schedule 3, paragraph 4(c) regarding a daily nursing record of each resident's health, condition and treatment was incomplete.

Judgment: Substantially compliant

Regulation 23: Governance and management

The system in place to monitor the quality and safety of care and service was not robust. Some completed audits did not pick up on areas requiring improvement as found on review by the inspector. Information collated was not consistently analysed to identify areas needing improvement and action plans were not developed to inform and track improvements to completion. Therefore the provider/person in charge did not have sufficient assurances that all areas needing improvement were identified and addressed.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the centre's reception area and the process was informed by a policy document. Procedures were in place to ensure complaints were recorded and investigated, the outcome of investigations were communicated with complainants and their satisfaction was obtained. An appeal process was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Evidence-based policies and procedures were available to staff to inform all aspects of care and service provision. This documentation was regularly reviewed and updated as necessary.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were provided with a high standard of support and care and were encouraged and facilitated to optimise their quality of life in the centre. Although gaps in the documentation in many areas of service provision required improvement, this did not negatively impact on the experience of residents in the centre. The provider and staff team were committed to ensuring that each resident was consulted with and their wishes regarding how they wanted the service to meet their needs were listened to and put in place for them.

The centre was homely, comfortable, bright and visibly clean throughout. With the

exception of damaged floor covering in the residents' dining room, the centre was well maintained and decorated in a traditional style that was in keeping with the age profile of the residents. The provider had recently repainted parts of the centre, repaired a damaged ceiling and has scheduled replacement of the damaged floor covering in the dining room. Residents were provided with sufficient physical space to meet their assessed needs and had a choice of a comfortable and spacious communal room on each floor level to meet their rest and relaxation needs. Stair-lifts were available to assist residents with access between floors in the centre. To ensure residents' safety and accessibility, the provider did not accommodate residents who were immobile or needed more than minimal assistance by staff with their mobilisation on the first floor levels. This was reflected in the centre's statement of purpose. Pre-admission assessment documentation and records had improved since the last inspection in February 2017 to facilitate informed decisions regarding the centre's capacity to meet the needs of prospective residents.

Residents' bedrooms were single occupancy and personalised with their photographs, ornaments and flowers. All residents had access to shared toilets and washing facilities, many of which were adapted for people with disabilities. Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told inspectors that they felt safe in the centre.

Residents could access a secure courtyard and garden area and a large mature garden surrounding the centre premises.

The provider/person in charge had ensured that residents had access to meaningful and varied group and one-to-one activities to meet their interests and capabilities. Residents' health was promoted with a suitable daily exercise programmes as part of their activities. This has had a positive impact on residents' health and quality of life. Residents were involved in developing the activity programme. The activity coordinator kept the activity programme under continuing review and revised it in response to feedback from residents.

A proactive approach was taken in managing risk to residents in the centre which was evident in the very low incidence of residents falling or sustaining an injury. However, improvements were necessary to ensure documentation informing risk management procedures in the centre was comprehensive.

Residents were generally protected by safe medicines management procedures and practices. With the exception of some medicines that were not individually prescribed, all other aspects of the policy informing prescribing, ordering, storage and administration of residents' medicines had been implemented since the last inspection. Residents' medicines were dispensed by a local retail pharmacy and improvements were in progress to ensure the pharmacist was facilitated to meet their statutory obligations.

Compassionate, sensitive and supportive care from staff positively impacted on

the wellbeing and quality of life of residents with dementia and other cognitive difficulties. Residents were referred as necessary to community psychiatric services. The inspector was told that no residents experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition.

A restraint-free environment was promoted in the centre. Procedures were consistently implemented to minimise the periods of time bedrail restraint was in use and checks were completed to ensure ongoing safe use.

Residents' nursing and support needs were assessed and provided to a high standard in practice. However, care planning documentation required improvement to ensure the care and support procedures and practices to meet residents' assessed needs were clearly described to communicate their individual choices.

Residents' nutritional health was monitored and their nutritional needs were met to a good standard with positive outcomes for their overall health and wellbeing. Residents' food preferences informed a choice of daily menu. Residents with specialised needs had their food and fluid prepared as recommended by the dietitian and speech and language therapist.

Regulation 17: Premises

The layout and design of the premises met residents individual and collective needs and was in accordance with the centre's statement of purpose. An action from the last inspection regarding replacement of damaged floor covering in the residents' dining room on the ground floor was not completed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Each resident had access to fresh drinking water to meet their hydration needs. Residents were offered a choice of two hot meals for their lunch and evening meals. Alternative meals were available to residents and they were offered regular snacks and refreshments. There was sufficient staff to provide residents with assistance during mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy was reviewed and updated since the last inspection to include controls for risks as specified by regulation 26(1)(c). While residents' safety needs were assessed and met in practice, not all hazards were identified to include appropriate controls to mitigate the level of risk found in the risk management documentation. For example, the safety needs of individual residents using the stairs and stair-lifts was assessed in practice but not informed by relevant documentation. Two residents in the centre smoked, however, their safety needs or the safety of carpet floor covering in the residents' smoking room were not documented. The provider/person in charge confirmed that she reviewed all accidents and incidents to residents and others and implemented areas for learning. However, the documentation available did not support this.

Judgment: Not compliant

Regulation 27: Infection control

Cleaning procedures reflected best practice. Carpet floor covering was in place in most areas of the centre. Appropriate cleaning procedures were in place and all carpets were free of stains or damage. Hand hygiene facilities were located at various points throughout the centre and were used appropriately by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A pharmacist was available to residents in the centre and was facilitated to meet their obligations to residents. Medicines were stored securely including medicines controlled under misuse of drugs legislation. Balance checking and required records were maintained for controlled medicines. The temperature of the medicines storage refrigerator was checked and recorded daily. Procedures were in place for returning medicines that were out of date or no longer used by residents in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed but some care plans examined by the inspector did

not provide sufficient detail to inform the care interventions necessary for completion by staff to address their needs. Not all residents' assessed needs were addressed with a care plan. Although care given to residents was personalised to their individual choices and needs, their care plan information was mostly generic. Residents' needs were regularly reviewed, including at times when there was a change in their health status. While staff confirmed that residents, or families on their behalf, were involved in developing their care plans and were consulted with regarding subsequent reviews, reviews were not consistently documented.

Judgment: Not compliant

Regulation 6: Health care

The sample of residents' care documentation examined by the inspector evidenced improvement in timeliness of access to the GP. A small number of residents who had waited up to 10 months for consultation by community speech and therapy services provided by the Health Service Executive (HSE) were recently reviewed and recommendations made regarding their care were implemented. Assurances were not available that the ongoing assessment of residents' needs would be addressed with timely access to this service. A member of staff confirmed that one resident with swallowing difficulties was referred, and was waiting for review by community speech and language services for three weeks at the time of this inspection. There was no indication when this resident would be reviewed.

Actions were completed since the last inspection to ensure that transcription of residents' medicines by staff and faxed medicine orders were prescribed with an original signature by residents' GPs, in line with professional guidelines and prescribing legislation. However, some residents' medicines were administered in the absence of an original signature of the prescribing doctor.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Some members of staff had attended training and an up-to-date policy was available to inform care of residents with responsive behaviours if necessary.

Documentation detailing initial bedrail safety assessments and rationale for use, including less restrictive alternatives tried needed improvement.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that measures were in place to ensure residents were protected from all forms of abuse. Training had been provided to all staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to make personal choices regarding how they spent their day and how they wanted the service to meet their needs. Their independence was respected and fostered by staff. Residents' privacy, dignity, civil and religious rights were respected at all times. Staff did not enter residents' bedrooms or undertake any care activities without their expressed consent. Residents' social activity programme was suitably adapted to meet their individual interests and capabilities. Some residents were encouraged and facilitated to retain their contact with the local community. While a number of residents went to the local shops during the day, others liked to attend the hairdresser in the town and one resident went to a day service three days each week.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmgrove House Nursing Home OSV-0000035

Inspection ID: MON-0020939

Date of inspection: 12/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We are updating our induction and training record.</p> <p>July 2018</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The daily nursing record of residents health, condition & treatment is being reviewed & updated.</p> <p>Timescale for completion July 2018</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Even though we do analyze the results of the audits , there was not paperwork to back this up.</p> <p>We are implementing paperwork to reflect this .</p> <p>Timescale July 2018</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The damaged floor in the dining room is our priority and we are currently investigating other suitable flooring.</p> <p>Timescale August 2018</p> <p> </p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Even though we have in place risk assessments for all residents as to the safety of use of stairs & stairlift , and this practice is in effect constantly in considering the mobility of the residents, this was not reflected in the paperwork.</p> <p>We have a Physio that visits the residents every week for exercise classes and are working with her in assessing all residents regarding the stairs & stairlift & paperwork to reflect this.</p> <p>The two residents that use the smoking room are both very mobile and are monitored constantly as to the safety of being in the smoking room.</p> <p>The carpet flooring is Flotex which is fire resistant, the spec for the floor covering is now in the Fire Safety book.</p> <p>Timescale July 2018</p> <p> </p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Even though residents & family are updated on care & health on an ongoing basis, this was not evident in the paperwork.</p> <p>We have developed a 4 monthly paper update with the family/resident which will reflect this.</p> <p>Timescale August 2018</p> <p> </p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Medicines are always transcribed by the G.P. and we endeavor to get the signature on the drug sheet within 72 hours.</p> <p>We have contacted the Dietetic company who we are working alongside to combat the waiting time of the HSE with regards to Speech & Language.</p> <p>Timescale Immediate</p> <p> </p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>We do not use bedrails as a restriction, rather an enabler and we have signed paperwork from the resident/family member as well as the G.P. if bedrails are in use.</p> <p>The majority of residents do not use bedrails.</p> <p>Out of the 18 residents at the time of inspection only 4 residents utilized the bedrails, usually at night time.</p> <p> </p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	July 2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	August 2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	July 2018
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	July 2018

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	July 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	July 2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	July 2018
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	August 2018

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	August 2018
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	August 2018

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	May 2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	May 2018