<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Elmhurst Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000134</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hampstead Avenue, Glasnevin,</td>
</tr>
<tr>
<td></td>
<td>Dublin 9.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 807 3249</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mbell@highfieldhealthcare.ie">mbell@highfieldhealthcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health</td>
</tr>
<tr>
<td></td>
<td>(Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>J &amp; M Eustace Partnership T/A</td>
</tr>
<tr>
<td></td>
<td>Highfield Healthcare</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Stephen Eustace</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 February 2015 09:00  
To: 10 February 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

**Summary of findings from this inspection**

This was an unannounced monitoring inspection by the Health Information and Quality Authority’s (the Authority). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 1 October 2014 and to monitor progress on the actions required arising from that inspection.

As part of the inspection the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

It was found that considerable progress was made in all areas by the provider in implementing the required improvements identified by the registration inspection although further action is required in areas of care planning and premises.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:
Governance, Leadership and Management

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

Findings:
A written statement of purpose that described the service and facilities in the centre was available and contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Some revisions were required to ensure completeness of the information in respect of the size and function of communal rooms, consultation arrangements for residents and change of the name for a recently appointed person in charge.

The provider forwarded a revised document to the Authority which meets the requirements of Schedule 1.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Although the time frame for addressing the actions required under this outcome had not expired at the time of this inspection, considerable progress was found to have been made on this action.

Improvements to monitoring care practices directly and indirectly were found.

An additional operational manager was included into the centre resources for a specific three month period to establish an improved level of operational supervision of direct care practices and also establish improved recording documentation and auditing processes going forward. Although this additional resource had ceased at the time of inspection it was found that there were improvements to each of these aspects and the standard of direct clinical and ancillary care delivered to residents had improved.

Systems in place to monitor quality and safety of care including auditing processes on aspects of clinical care were previously found to be in place for medication management; use of restraints and tissue viability and remained in place on this inspection. However, the actions required from the registration inspection to improve the system to include a process for raising standards of care was not yet implemented.

The person in charge had identified a number of areas which required to be closely monitored and audited including; cleaning processes and practices; implementation of continence promotion programmes over 24 hours; detailed documentation and recording of care; full audit of all aspects of the care assessment and planning process. A report had been provided to the internal quality and risk committee on aspects of care such as; revision of nutritional and re positioning recording; improving person centred care elements of care plans

As the time frame had not expired for the full implementation of all actions required under this outcome and on the basis of the extent to which it has been completed a further action is not included in this report as there was sufficient evidence to determine that the governance and management had improved sufficiently to ensure safe quality care services were now being delivered.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was managed by a suitably qualified and experienced nurse who was recently appointed to the role.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of the roles and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outcome 07: Safeguarding and Safety

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

Findings:
This action was fully addressed.
Amendments were made to the end of life and nutritional management polices to improve guidance to staff.

Improvements to the documentation and recording of care were found. Re-positioning records were improved to include sequential rotation and food and fluid intake monitoring records were in place for those residents identified as requiring same and these were noted to be improved in terms of accuracy and completeness.

Judgment:
Compliant
**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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
No actions were required from the last inspection however, further to information received in the form of a notification to the Authority by the provider; improved checking protocols within the centre and between the centre and the finance department of the management entity were discussed and viewed. Additional internal processes were put in place to safeguard both staff and residents which included written requests for cash withdrawals by the person in charge on behalf of residents and duplicate receipts signed by two staff and the individual resident when the monies were received by the resident.

Management of the notification relating to financial matters were discussed with the resident concerned who expressed satisfaction with the manner in which the provider and senior management were communicating and endeavouring to resolve the problem.

**Judgment:**
Compliant

**Outcome 11: Health and Social Care Needs**
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This action was partially addressed. As referenced under outcome 2 an improved
standard of care delivered to residents was found on this inspection.

Aspects of care which was reviewed and found to have improved included:
- evidenced based nutritional risk assessment tool implemented and regularly reviewed based on risk
- residents nutritional status was monitored where identified as required
- reviews by dieticians and/or speech and language therapists documented
- implementation of the clinical recommendations of the therapists involved
- frequency of weight monitoring linked to nutritional risk assessment reviews
- improvements to the care and maintenance of skin integrity through better pressure area care management included documentation of re positioning with sequential rotation and provision and use of moving and handling aids such as slide sheets to reduce risk of skin shearing.

Improvements to the system in place for the delivery of care were noted with all elements of care assessment; planning review and evaluation evident for example;
- care plans were noted to be more person centred with documentation in some instances of explanation of the reasons for the care interventions being given to the individual resident to improve compliance with care regimes and ultimately improve health outcomes
- there was an improved level of detail in some care plans with the care need and the interventions required to manage the need clearly outlined
- there were improvements to the level of assessment noted with more comprehensive risk assessments introduced for aspects of care relating to nutrition and falls management.

However, it was noted that the improvements identified were not yet fully or consistently implemented throughout the centre. On review of a sample of documentation it was found that all care plans were not updated as circumstances or needs changed and that decisions to discontinue monitoring processes were not documented. It was also found that reasons for decisions made to discontinue monitoring processes were not always clear or based on accurate information.

Additionally it was noted that care plans had not yet been evaluated to determine their effectiveness in all cases. However, it was noted that where this occurred the person in charge had not yet had an opportunity to review all care plans, establish staff’s knowledge and embed the changes.

Overall the standard of evidenced based nursing care being delivered to frail residents or those exhibiting signs of clinical deterioration was found to have improved.

Judgment:
Substantially Compliant

**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. The premises, having regard to the needs of the residents,
**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This action was partially addressed.

Aspects of the actions which were addressed included:
- improvements to the standard of cleanliness particularly in residents' ensuite bathrooms.
- shower areas, curtains mats and pedal bins were found to be visually clean. In conversation with members of the household team including, staff, supervisors and managers, it was noted that all staff were aware of changes to the daily cleaning schedule and the clarification of their roles and responsibilities
- an ongoing maintenance programme was in place and painting was ongoing during the inspection.

Aspects of the action required which were not addressed but for which the time frame indicated by the provider had not expired included;
- limited access to and provision of storage for personal belongings particularly in shared bedrooms, although not yet addressed documentation evidencing the ordering of replacement wardrobes was viewed.

However, further improvements were noted to be required specifically in relation to the separation of personal toiletries in shared bathrooms and provision of appropriate toiletry containers.

Also it was noted that storage for all items of equipment remained limited with several transit wheelchairs noted to be stored in residents’ bedrooms during the day.

**Judgment:**
Non Compliant - Moderate

**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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
This action was fully addressed. As referenced under outcome 11 improvements to the assessment and monitoring of residents with nutritional needs were found. Evidence of referral to relevant allied health professional including dietician or speech and language therapists with recommendations included in care plans was found.

Improved documentation of care assessment and review of risk with monitoring of food and/or fluid intake as required implemented and linked to evaluation processes.

It was noted however, that although the recording of intake in food diaries had improved further improvement to the level of detail was required to ensure meaningful analysis of the information to improve health outcomes. Consistency of approach was found to be required and determination of portion sizes in order to be able to accurately assess intake when diaries refer to 'half/ quarter/ full' meal taken.

**Judgment:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This action was partially addressed and it was noted that the time frame for conclusion was not expired at the time of inspection.

As referenced under outcome 12 there was evidence that the provider had sourced and ordered replacement wardrobes to address the limited space available for personal possessions. An action is included under Outcome 12 in relation to this and is therefore not repeated under this outcome.

Systems in place to ensure the safe return of clothing from the laundry were improved.
to include a monthly update of all personal clothing for each individual resident. A new book was established and on review it was found that an inventory of all clothing was recorded in November 2014 but not updated since.

However, it was noted that although the number of each item was documented other descriptive/distinguishing details were not included and in many instances the column for description was not completed.

**Judgment:**
Compliant

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**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
This action was addressed. Improvements to the aspects of staffing specifically in relation to; turnover; supervision; skill mix; replacement; training and knowledge of or familiarity with policies procedures and residents were found.

This included;
- the workforce had stabilised with reduced level of turnover
- skill mix was reviewed and an experienced senior staff nurse was being identified on each shift to supervise practice and ensure care delivered was meeting assessed needs and in line with centre policies and procedures
- roles and responsibilities for cleaning practices between care and household staff were clarified and staff were aware of them
- dates were set for some training such as fire safety; safeguarding and food safety however training on aspects of care relevant to resident profile have yet to be arranged
- improvements to checking procedures on agency staff identification and qualifications with staff aware of the need to check for photo ID on arrival
- evidence that supervision of care practices had improved was found although it was noted that further improvements were required in relation to care planning assessment and documentation it was also acknowledged that time was required to embed change and develop staff competence in these areas. However, it was noted that the additional
management resource provided to establish supervision of care practices was no longer in place and this aspect should be carefully monitored by the provider to ensure good governance is maintained going forward

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Elmhurst Nursing Home
Centre ID: OSV-0000134
Date of inspection: 10/02/2015
Date of response: 18/03/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:
A review of all care plans was not yet completed, such review to take account of the need to evaluate the effectiveness of the care plan and link to appropriate assessment of need and nursing progress reports.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Auditing of all care plans has commenced and is currently ongoing. The ADON has allocated a staff nurse to each resident for the purpose of carrying out comprehensive assessments and based on the resident’s assessments results, care plan is drawn. The staff nurse will then 3 monthly review of the care plans; care plans may be reviewed when necessary. ADON will carry out regular checks of the resident’s assessments and care plans and have impromptu meetings with the key workers (staff nurses) on the resident’s care plans and assessments. ADON will carry out scheduled monthly audits of the nursing notes (reports) and verify that the nursing care plan for the resident tallies with the nursing notes. The results of the audit will be discussed at the Risk and Quality meetings. Staff nurses will be provided with refresher courses on person centred care plans.

Proposed Timescale:
1. Completion of initial assessments and care plans-17/03/15- (ongoing activity)
2. First monthly review of assessments and care plans by ADON- 17/04/15
3. First three monthly review- 17/06/15

Proposed Timescale: 17/06/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements to the premises to ensure it fully meets the requirements of the Regulations and the Authority's standards continue to be required in respect of; adequate and appropriate storage for all equipment; provision of appropriate containers to ensure separation and hygienic storage of personal toiletries; sufficient storage space for residents personal possessions.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Suppliers for wardrobes have been sourced. Measurements for the build in wardrobes have been carried out and work will commence first week of April. Bathroom wall cabinets and toothbrush holders have been sourced and will be installed in the bathrooms. The unit will then be painted after installation of new cabinets and wardrobes.
<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
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<tbody>
<tr>
<td>1. Modification of existing wardrobes in residents rooms- 15/04/15</td>
</tr>
<tr>
<td>2. Installation of bathroom wall cabinets- 15/04/15</td>
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</table>

**Proposed Timescale:** 15/04/2015