

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Elm Hall Nursing Home
<b>Centre ID:</b>	OSV-0000034
<b>Centre address:</b>	Loughlinstown Road, Celbridge, Kildare.
<b>Telephone number:</b>	01 601 2014
<b>Email address:</b>	admin@elmhallnursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Springwood Nursing Homes Limited
<b>Provider Nominee:</b>	Mairead M Byrne
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	6

## **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 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.**

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 announced and took place over 2 day(s).

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

From:	To:
07 October 2014 10:00	07 October 2014 18:00
08 October 2014 09:30	08 October 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

As part of the registration process, an interview was carried out with the person in charge, the person authorised to act on behalf of the provider and the staff member who deputises for the person in charge.

Overall, the inspector was satisfied that residents will receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the Regulations. The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Improvements required related to the provision of activities for residents who did not attend group sessions and one aspect of medication management. Minor works were also required to the premises. These are discussed further in the report and included in the Action Plan at the end of this 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

<p><b>Outcome 01: Statement of Purpose</b> <i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p>
<p><b>Findings:</b> The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre. It had been updated to reflect the proposed increase in bed numbers.</p>
<p><b>Judgment:</b> Compliant</p>

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**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as complaints, falls, wound care and medication management. The results of these audits were shared with all staff. There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a medication audit, the system of checking medications on arrival from the pharmacy was made more robust to minimise the potential risk of error.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Regular residents' meetings were carried out and this is discussed in more detail under Outcome 16. Resident satisfaction surveys had been carried out and plans were in place to repeat these on a regular basis.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

**Judgment:**

Compliant

**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. 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:**

Governance, Leadership and Management
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It was available to all residents and there were additional copies in the front hall.</p> <p>The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 04: Suitable Person in Charge</i></b> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge is a registered nurse and has the required experience in nursing older people. She had undertaken various post graduate courses such as a diploma course in gerontology and in management. She held a certificate in continence management. She attended numerous clinical courses such as nutrition, the use of restraint and wound care. She also attended local and national conferences relating to gerontology.</p> <p>During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection. Relatives confirmed in questionnaires returned to the Authority that they frequently met with her.</p>
<p><b>Judgment:</b> Compliant</p>

**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Adequate insurance cover was in place. All information requested by the inspector was readily available.

Action discussed under Outcome 9, relating to the maximum dose of medication that could safely be administered in a 24 hour period, is included under this Outcome in the Action Plan.

**Judgment:**

Non Compliant - Minor

**Outcome 06: Absence of the Person in charge**

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The person in charge is supported in her role by two Clinical Nurse Managers (CNM), who deputise for her in her absence. One of these was on leave at the time of inspection but the inspector spoke with the second person and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**Judgment:**

Compliant

**Outcome 07: 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. 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):**

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

**Findings:**

The inspector was satisfied that the person in charge had measures in place to protect residents from being harmed or suffering abuse.

There was a policy on the protection of vulnerable adults which had recently been updated. It detailed the procedures in place for the prevention and detection of abuse and included the investigation process to be followed in the event of an allegation of abuse. The person in charge and all staff interviewed had received training on identifying and responding to elder abuse and had a clear understanding about the action to take if an allegation of abuse was reported.

Residents spoken with and questionnaires received confirmed that residents felt safe in the centre. They primarily attributed this to the staff being available to them at all times. One resident said she felt close to the people around her and that made her feel safe. Another said that she felt staff always knew where she was and looked out for her.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to staff and additional training was planned. There was a policy in place which provided guidance to staff.

Although usage remained high improvements were noted around the use of bedrails. Staff had attended specific training. The inspector noted that appropriate risk assessments had been undertaken. Frequent checks were completed when bedrails



were in use. There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried. Additional equipment such as low beds had also been purchased to reduce the need for bedrails.

Small amounts of money were managed for some residents at their request. Action required relating to this had been completed. The inspector was satisfied that this was managed in a safe and transparent way, guided by a robust policy.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the Regulations. Previous actions relating to this had been completed.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting, fire alarm system and fire equipment were serviced on a three-monthly basis. A fire safety inspection of escape routes, exit doors and the fire panel was completed daily. The inspector noted that fire alarm system was in working order and fire exits were unobstructed.

Fire drills with training were carried out at frequent intervals. Staff spoken with had attended training and all were clear on the procedure they would follow in the event of a fire. The inspector saw that additional training was planned and staff who were due their training were targeted to attend. Additional equipment had been provided to use for residents who liked their bedroom door to remain open. This was noise activated and released the door if the fire alarm sounded.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. This had been updated since the previous inspection. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Individual risk assessments were also completed on the use of the slings. In addition hoist and sling safety checks were completed before each use and this was documented. It included checks of the battery, the brakes, the sling sizes etc.

**Judgment:**

Compliant

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Although there was evidence of good medication management practices improvement was required regarding the prescribing of medication to be administered as and when required (PRN).

Some residents required medication on a prn basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. Staff spoken with were unclear of the individual dosages of the medication asked about. The inspector was concerned that this could lead to medication error. Action relating to this is included under Outcome 5. Improvement was also required to the medication policy to guide this practice. The inspector saw that this was being addressed at the time of inspection.

Otherwise the inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The pharmacy staff were also assisting in the checking of the medications provided against the prescriptions. In addition the inspector noted that the pharmacist was available should residents or relatives require advice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control.

The temperature which was within acceptable limits was monitored daily. This was identified as an area for improvement at the previous inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

All nursing staff had received medication management training and all had undertaken an eLearning programme.

**Judgment:**  
Compliant

***Outcome 10: 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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning. An adverse incident learning outcome document was completed following adverse incidents and an action plan was devised as appropriate including for example staff re-education and discussions with families and residents.

**Judgment:**  
Compliant

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**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):**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at development and review and this was an area identified for improvement at the previous inspection. Relatives also praised the staff for keeping in contact with them whenever there was any change in the residents' condition or treatment plans.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies. Extensive work had been undertaken on a falls prevention programme. The inspector saw that following a fall, the resident was reassessed. A post fall review was undertaken including environmental and medication reviews. In addition each fall was analysed for to identify any possible patterns or trends. The inspector also saw that a falls prevention and safety awareness information leaflet was developed for residents to provide information on identifying and reducing the risk of falls. Weight management is discussed in more detail under Outcome 15.

Residents' records reviewed by the inspector showed that they had access to a range of other health services, including dietetic, chiropody, speech and language therapy (SALT), audiology, ophthalmology and dental services. Residents themselves expressed satisfaction with the healthcare services available to them.

**Judgment:**

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, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Some work was required to the premises in order to ensure that adequate infection control measures were in place.

There were four sluice rooms equipped with bed pan washers and sluicing sinks. However there was no wash hand basin in any of these. The inspector was concerned that this increased the risk of cross infection.

Otherwise the inspector found that the centre was warm and homely and met resident's individual and collective needs in a comfortable and homely way.

There are 58 single and two twin rooms located over two floors all with en suites containing a wash-hand basin, assisted toilet and assisted shower. All bedrooms were spacious and had profiling beds, call bell facilities and adequate personal storage space including a locked storage area. Two passenger lifts provided access between the floors. Some residents showed the inspector their bedrooms which were appropriately decorated and contained personal items such as family photographs, posters and pictures. Residents had access to assistive equipment where required.

There was adequate communal space located on each floor. A room previously used as a smoking room had been converted to an additional day room. The inspector found that appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames was available. Servicing contracts were in place. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The environment was bright, clean and well maintained throughout. Both residents and relatives commented on the standard of cleanliness in the centre. The centre had a safe, well maintained garden area which residents said they enjoyed during the fine weather.

There was ample garden furniture for residents' use. There was parking for visitors and staff at the front and side of the building.

**Judgment:**

Non Compliant - Minor

**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The complaint's policy was in place and the inspector noted that it had been amended and met the requirements of the Regulations. The complaint's procedure was on display in the centre. Residents, relatives and staff who spoke with the inspector or completed questionnaires knew the procedure if they wished to make a complaint.

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

**Judgment:**

Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that in some cases very specific information was documented including their wishes regarding transfer to the acute services.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. There was a system in place to ensure that staff read and understood the policy. Staff members spoken with were knowledgeable and confirmed this.

The person in charge stated that the centre received support from the local palliative care team if required. Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. Staff also confirmed that some staff attended each funeral and a wreath was given. Many residents and relatives chose to have the removal ceremony from the centre and this was willingly accommodated. An annual remembrance mass was held each November and the names of each resident who had died was placed on a tree of remembrance. Bereaved relatives were invited to attend.

There was a procedure in place for the return of possessions. A policy was in place to guide the return of personal belongings.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy which was centre specific and provided detailed guidance to staff. The policy had been reviewed in response to the training provided by

the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. Some staff had attended additional training to improve the presentation of the meals. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The inspector saw that the dining experience was pleasant. There was a dining room on each floor and some residents also chose to have their meals in one of the other smaller sitting rooms or their bedroom. Table were nicely laid and meals were appetisingly presented.

The inspector saw that snacks and refreshments were available at all times. Water dispensers and juices were available in the corridor areas. The inspector saw residents frequently offered a choice of drinks including smoothies. Residents spoke very highly of the catering staff and praised the selection of homemade desserts and cakes. The inspector saw that suggestions made by residents at the committee meetings had been taken on board.

**Judgment:**  
Compliant



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**Outcome 16: Residents' Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. However the inspector was concerned that residents who did not attend group activity sessions did not have sufficient opportunity to participate in activities that were meaningful to them.

There was an extensive range of activities available within the centre. Staff spoken with confirmed that the programme was based on their assessed needs and capabilities. Residents spoken with confirmed how much they enjoyed the activities in particular the outings, bingo and music sessions. The inspector spoke to one of two activity coordinators who outlined how the programme was planned with the residents and how group sessions were carried out. However there were inadequate records to show that residents who did not attend the group sessions had sufficient opportunities for meaningful activities. The inspector also saw that the daily records of residents' participation were incomplete with no records maintained for the previous two days on more than half of the residents.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Church of Ireland services and mass took place regularly while Eucharistic ministers visited weekly. Residents also had the opportunity to attend mass in the community if they wished with transport provided. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, residents had made suggestions about the range of activities available and the menu options. The person in charge also said she spoke individually with each resident everyday she was on duty making sure that everything was ok.

**Judgment:**

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry.

There was adequate space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided. Staff however remained concerned that some laundry was not marked and they were unable to find out who the clothes belonged to. The provider and person in charge confirmed that although requested some relatives did not mark the clothing. They discussed plans to introduce a new marking system to attempt to solve this issue.

**Judgment:**

Compliant

**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:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff

were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained which identified which staff had attended training, which were due to attend and the dates of courses planned. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on wound care, pressure area care and dementia care including the management of behaviours that challenge. In addition two staff members were undertaking masters courses in gerontology and dementia care while another staff member had plans in place to complete a management course.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in a written agreement as required by the Regulations and this was an action required from the previous inspection.

**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:***

Sheila Doyle  
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 report<sup>1</sup>

<b>Centre name:</b>	Elm Hall Nursing Home
<b>Centre ID:</b>	OSV-0000034
<b>Date of inspection:</b>	07/10/2014
<b>Date of response:</b>	17/10/2014

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The maximum dose of medication to be administered as and when required (PRN) was not consistently recorded.

#### Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

The Nursing Home has a comprehensive written Medication Management Policy which has been implemented and guides Best Practice in relation to all aspects of Medication Prescribing, Administration and Storage.

Following the Inspection process the issue referred to during the Inspection process was immediately discussed with the relevant attending General Practitioners whose responsibility it is to prescribe all medication.

G.P.'s would not concur with the Inspection findings but, following prolonged discussion, have agreed to ensure that 'Maximum Prescribed PRN Doses' are recorded in a more consistent manner.

This issue will be constantly reviewed as necessary during the G.P. Medication Chart reviews and for future prescribing.

The internal Medication Policy has been updated to reflect a more comprehensive approach in relation to PRN Medication prescribing and administration.

The regular 'review' of all Medication Charts will continue and remain an on-going process.

**Proposed Timescale:** Immediate & On-going

**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:**

There were no wash hand basins in any of the sluice rooms.

**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:**

Following comments received from the Inspector during 'Feedback' at the end of the Inspection Process on the 8th October 2014, arrangements were immediately made to install Wash Hand Basins in the four Sluice Rooms.

Fully operational Wash Hand Basins were installed in all Sluice Rooms on 9th October 2014.

**Proposed Timescale:** 09/10/2014

## **Outcome 16: Residents' Rights, Dignity and Consultation**

### **Theme:**

Person-centred care and support

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

There were inadequate records to show that residents who did not attend the group sessions had sufficient opportunities for meaningful activities.

### **Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The Provider and Person In Charge were surprised and disappointed at the Inspectors finding in relation to the 'incomplete records relating to the previous two days' and in relation to 'Residents who do not attend Group Activities'.

It has always been internal policy to ensure adequate records of both communal and individual Resident activities are maintained by the Social Activity staff. These records are usually checked by the Registered Provider and/or the Person In Charge as part of a monthly review and have been consistently reflective of practice and activities.

The unavailability of records at the time of Inspection has been addressed with the relevant staff and dealt with according to internal policy. They have also been advised of the necessity for immediate rather than retrospective completion of records as is the policy and practice with all records and documentation in the Nursing Home.

To ensure consistent staff compliance and the maintenance of more robust records, a new recording procedure has been implemented which will now be reviewed by the Provider and/or Person In Charge on a weekly basis and also on an ad-hoc daily basis to ensure compliance.

A revised Recording Chart has been implemented to ensure that both Group and Individual activities and social intervention are maintained, transparent and easily accessible.

**Proposed Timescale:** Immediate - Complete & On-going