



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Elm Hall Nursing Home
Name of provider:	Springwood Nursing Homes Limited
Address of centre:	Elm Hall Nursing Home, Loughlinstown Road, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	05 March 2024
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0042903

About the designated centre

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

Elm Hall Nursing Home is a purpose built nursing home close to the village of Celbridge and is approximately 15 minutes from west Dublin. The centre can accommodate 62 residents, both male and female and primarily over the age of 55. The centre provides a wide range of 24-hour nursing care services to residents, including long term nursing care, palliative care and convalescent and respite care.

There are 58 single and two twin bedrooms in the centre, all of which have en-suite facilities. Communal space is also available to residents and includes day rooms, dining rooms and quiet rooms. The centre is designed and operated to ensure every comfort is afforded to residents. The centre endeavours to provide a high quality of nursing care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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
Tuesday 5 March 2024	09:00hrs to 16:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents and 10 per cent of visitors in more detail to gain insight into their experience of Elm Hall Nursing Home.

Generally, feedback was complimentary, and many residents spoken with expressed satisfaction about the standard of care provided. Residents reported that overall, the service was good and that they were happy living in the centre. However, while most residents said the food was very good, one resident said the food could be better at times. The inspector highlighted this view to management on the day of inspection who were aware of the concerns and were actively working with the resident to resolve the issue. Relatives spoken with were very positive about the way their loved one was taken care of and spoke about the great efforts made by staff to attend to their every need.

Throughout the morning of the inspection there was a busy atmosphere in the centre. Some residents were observed enjoying each other's company in the communal day rooms, while other residents were observed sleeping or sitting in their room waiting for assistance from staff. Staff were observed busily attending to residents' requests for assistance in a timely manner.

The centre comprised of two floors and there was sufficient private and communal space for residents to relax in. Stairs and lifts were available to support movement between floors. The flooring in the dining room on the first floor was being replaced on the day of the inspection. Updating the floor freshened and rejuvenated the space and residents told the inspector that they were very happy with that. The inspector heard of other projects that were planned in the coming months including, laundry equipment upgrade which was due to be completed in April 2024 and a phased bedroom decoration including painting and new flooring to be completed by quarter three 2024.

Resident bedrooms were found to be neat and tidy. The inspector observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. Residents who spoke with the inspector were happy with the size and layout of their rooms. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day.

Residents had access to television, radio, newspapers, and books. An activities schedule was on display and the inspector observed that residents could choose to partake in board games, bingo, move-to-music and chair yoga. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this as a social occasion. Advocacy services were available to all residents that requested them.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The majority of residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table. The inspector observed adequate numbers of staff available who were offering encouragement and assistance to residents.

Laundry facilities were available on site. Residents informed the inspector that they were very happy with the laundry service. They said they sent their laundry for washing and received it back 'very fast' clean and fresh. Clothing was labelled with the resident's name to prevent loss.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. There was good leadership and good governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspector reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services. Compliance plans from the previous inspection were followed up on. The inspector found that the compliance plan responses had been implemented, namely all staff had completed safeguarding training.

The registered provider was Springwood Nursing Homes Limited which is part of the CareChoice group. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by the assistant director of nursing (ADON).

The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, there was an ongoing plan in place for equipment repair and replacement, flooring was replaced when necessary and painting and decorating was included in the schedule.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The person in charge had the necessary experience and qualifications as required in the regulations. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Documents were available for review, such as contracts of care and complaint procedure, were fully compliant with the legislative requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full time in the centre. They demonstrated a good knowledge of their responsibility in promoting a rights-based approach to care and was very active in the governance and overall day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they met the legislative requirements. They clearly set out the terms and conditions of the resident's residency in the centre, the bedroom to be occupied, the occupancy number of the room and any additional fees.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the

complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process. Records of complaints were available for review and the inspector reviewed a number of complaints received in 2024. They included the outcome of the complaint investigation and clearly identified if the complainant was satisfied with the outcome of the complaint.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

The inspector saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

Overall, the premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information including infectious status, medications and communication difficulties where relevant.

A risk management policy and risk register was available and reviewed regularly. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and responding to risks in the centre.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 11: Visits

Visits were unrestricted, and aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant