



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

Issued by the Chief Inspector

Name of designated centre:	Ennis Road Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Meelick, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0033953

About the designated centre

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

Ennis Road Care Facility is a designated centre located on the outskirts of Limerick city on the old Ennis Road. It is registered to accommodate a maximum of 45 residents. It is a purpose-built single storey facility, where bedroom accommodation comprises 54 single and 15 twin rooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional toilet facilities are available throughout the centre. Communal areas comprise a spacious dining room, a large garden room (day room), activities room, smoking room, and oratory. Main reception is an expansive space with a grande piano, fire place, and lots of seating hubs; off the main reception is the hairdressers' salon and an area to be developed into a coffee dock. There are additional comfortable seating areas off the activities room. Residents have access to two enclosed gardens with walkways, seating and raised flower beds. Ennis Road Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 11 August 2021	09:30hrs to 17:30hrs	Una Fitzgerald	Lead
Wednesday 11 August 2021	09:30hrs to 17:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Residents spoken with expressed high levels of satisfaction with all aspects of the care received in this centre. The feedback from the residents was that this was a good place to live in a supported care environment, where you could maintain your independence but still have company and security. The inspectors spent time observing the interaction between staff and residents and observed an open relaxed environment. Staff promoted a person-centred approach to care and were found to be kind and caring.

Residents were observed to be moving about as they wished. There are three main corridors where resident bedrooms are accommodated. On entering the building there is a large open foyer that was seen in use by individual residents throughout the day. There are two communal sitting rooms and a separate dining room. The communal areas were busy with residents moving between rooms depending on what their plan was for spending the day and when activities were on the rooms were busy with seating grouped around tables that provided enough space for residents. Residents were seen stopping for a chat with other residents or just sitting and observing the coming and goings of other residents and staff. Staff walking by residents greeted them by name.

The main communal room was observed to be a hub of activity. Inspectors observed that throughout the day communal rooms were supervised by staff. From discussions had the management team placed a high value on the importance of social activities and engagement for residents that choose to partake. At one point inspectors observed residents partaking in art work while others were having their nails painted. In a separate room there were residents partaking in a sing song as they enjoyed mid morning drinks. In the afternoon, a small group of residents were icing buns that had been baked earlier and were then served to residents as a choice of snack in the afternoon.

As stated, residents were observed partaking and enjoying a number of individual and small group activities. Staff observed supervising residents used this opportunity to have social interaction with residents. The activities coordinator was seen to encourage participation and stimulate conversation. Residents told the inspectors that the activities were important to them and they enjoyed the company of each other. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Resident meetings were held. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. In particular residents reported that the chef had a list of their preferences, and if they did not want the meal being served, they could choose one of their preferred options. Residents were happy with the length of time it took to have their call bells answered. When asked about their bedrooms one resident invited the inspectors to

view same. The room was personalised with the residents belongings. The provider confirmed that residents can avail of mass online. Post communication with a local parish it was confirmed that mass will resume in the centre on a monthly basis.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection was an unannounced risk-based inspection completed in one day. The registered provider had submitted an application to vary condition 3 of their current registration to allow for an increase in residents numbers to go from 45 to 66 and this was being reviewed. The last inspection of the centre took place in February 2021. Inspectors found that significant progress had been made; the governance and management structures had been strengthened and stabilised. In addition, the provider has increased the monitoring and auditing of the service which lead to improved oversight of the service provided to the residents. Notwithstanding the progress made, inspectors found one area relating to fire safety had not been fully addressed.

Beech Lodge Care Facility Limited is the registered provider of Ennis Road Care Facility. The director of nursing was supported by an assistant director and both were working full time in management roles. In addition, a clinical nurse manager worked half time delivering direct care and half time in supporting management. The provider had also put in place a human resources manager to oversee the recruitment of staff. In order to offer staff opportunities for development, and to ensure effective supervision of day to day care the role of senior carer had been put in place.

To ensure the centre was operating in line with the regulations and standards, the provider had a number of oversight arrangements. The management team were working together to oversee residents care and undertook reviews of the care and support being provided. There were also audit practices in place to ensure all areas of the designated centre were operating effectively. The provider met regularly with each department, and meeting minutes showed that where risks or changes were identified a plan to address them was put in place. This included the arrangements in place for managing any infection outbreak and staffing issues. While the oversight arrangement in place were comprehensive, inspectors noted two issues that required action. Firstly regulation 28 fire precautions and secondly, regulation 7 managing restrictive practices. Risk found on the day of inspection had not been identified by the provider. In addition, at the time of the inspection the provider had not completed the annual review of 2020, and also had not completed an evaluation of the previous outbreak of COVID-19 in the centre, to identify strengths in their approach, and areas for improvement.

A program of audits was in place, that covered a wide range of topics, including falls, restrictive practice, wound care, care plans and medication. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed. For example records showed a reduction in falls following the introduction of additional supervision, and a multidisciplinary approach to improved mobility.

The HR manager was leading the recruitment process, and there were very few vacancies at the time of the inspection. There was also a process in place to ensure staff were inducted to their roles and this included on-line learning, supplemented by practical demonstrations, and mentoring by the staff team. Other processes were also in place, including probation reviews, annual appraisals, and exit interviews. Inspectors observed that there were sufficient staff to meet residents needs, and residents fed back that the staff team were kind and provided support when it was needed.

There was a system in place to record and monitor training that staff had completed. There was a training matrix that showed when staff were due to complete or update training, and staff confirmed that they received reminders when they had courses to attend.

Regulation 15: Staffing

On the day of inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of the residents. The inspectors reviewed the rotas, spoke with the residents and with the staff delivering the care.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control, hand hygiene and the management of responsive behaviours.

Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines. Staff reported that the training they had received had been of a good standard and they were able to implement it in practice.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed staff files and found that staff files contained all of the documents required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While it was evident that care was delivered to a high standard, inspectors found that further development of management systems in place to monitor the overall quality and safety of the service continued to require further strengthening. For example:

- An annual review of the service was not available on the days of the inspection.
- An evaluation of the management of the outbreak, which occurred in April, including lessons learned to ensure preparedness for any further outbreaks, had not been compiled at the time of the inspection as recommended in HPSC guidelines.
- Repeated non compliance found under Regulation 28 Fire precautions.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place. The policy included the name of the person nominated to deal with complaints and an appeals procedure. There was a system in place to facilitate the recording of complaints. Inspectors were informed that on the day of inspection there were no open complaints. It was unclear who monitored the administration of complaints to ensure that the policy was adhered too. This was discussed on the day and an appropriate person was appointed.

Judgment: Compliant

Quality and safety

Overall, residents were receiving a good standard of care that was based on their assessed need and in line with their documented preferred wishes. Notwithstanding the positive changes made since the last inspection, inspectors found a repeated non compliance under regulation 28 fire precautions. In addition, further development is required to ensure that all restrictive practices in use within the centre are appropriately risk assessed and the rationale for their use is recorded.

Residents' medical and health care needs were met. Staff spoken with were knowledgeable on the individual care needs of the residents under their care. Inspectors reviewed resident files. In the main, care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. Residents had access to medical and allied health care supports. Assessment and care plan updates were undertaken and outcomes were discussed with residents and their representatives. The inspector reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred.

The provider had systems in place to monitor environmental restrictive practices. In the main, the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints specific to the use of bedrails were used these were implemented following robust risk assessments and alternatives were trialled prior to use. However, other forms of restrictive practice were not logged and in some incidents did not have appropriate risk assessments completed that identified the clinical need for such restrictions.

Inspectors walked the premises. The centre was visibly clean. There was sufficient staffing to ensure that the premises were cleaned daily. In addition, deep cleaning was completed on a rotation basis for each bedroom. There was a colour coded cloth and mop system in place that utilises one cloth per room to ensure that each area is cleaned with a new cloth/mop on every occasion. The inspectors spoke with staff who were very clear on the policy, procedures and practices in place.

Following the last inspection the provider had completed work on fire doors and also commenced weekly fire drills within the centre. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Notwithstanding the progress made, inspectors found that further improvements are required to bring the centre into full compliance with the regulations. The detail is outlined under regulation 28 Fire precautions.

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register that was kept under review by the management team was

comprehensive and detailed. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

The inspectors spent time observing staff practices regarding the use of PPE and found good practice. Staff were familiar with the five moments of hand hygiene. Training records reviewed indicated that all staff had completed infection prevention and control training.

Overall the building was found to be clean. As a result of the COVID-19 pandemic the provider had implemented quality improvements measures specific to infection prevention and control. For example; uniform scrubs are provided on site for all staff involved in the direct delivery of care.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' and staff temperatures were monitored and recorded daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- appropriate use of face masks was observed by staff
- on the day of inspection there were sufficient supplies of PPE in stock
- there was hand hygiene gel dispensers strategically placed along corridors.
- equipment used by resident was visibly clean.
- individual slings for resident manual handling needs.

Judgment: Compliant

Regulation 28: Fire precautions

A range of simulated fire drills had taken place. However the provider was not able to confirm they had carried out a simulated drill of the largest compartment taking in to consideration staffing levels and residents needs. Therefore assurance was not available that their evacuation strategy could be managed in a timely manner. This was requested on the day of inspection. Once completed this will be submitted to the Office of the Chief Inspector.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Comprehensive assessments were completed and informed the care plans. In the main, care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. There was evidence of ongoing discussion and consultation with the families in relation to care plans.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP).

Visiting by health care professionals had resumed at the time of inspection. Services such as physiotherapy, speech and language therapy and dietetics were also available. Records reviewed evidenced that advice received was followed which in turn had positive outcomes for the residents.

The inspectors found that the system in place that record the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

At the time of inspection there was a small number of residents that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Further review of the documentation in place was required to ensure that when changes in a residents condition occurs this information is recorded and updated. This will ensure that staff have the most recent and most appropriate intervention management steps available to them in a timely way that will ensure the best outcome for residents when incidents occur.

The provider has a restrictive practice log that was available for review. A review of

all types of restrictive practices in place was required to ensure that risk assessments relating to all forms of restrictions such as locked doors are also assessed and appropriately managed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to information and news, a selection of newspapers, radio, television and Wi-Fi were available. There was evidence that resident meetings took place. Mass was available daily via video link and transmitted over large TV screens.

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Inspectors spent time observing residents and staff engagement. The atmosphere in the centre was calm, relaxed and welcoming. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were empowered to live a fulfilling life within the limitations imposed by national guidelines.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0033953

Date of inspection: 11/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual review and outbreak review reports were completed, reports were completed and forwarded to the Authority on 23 August 2021 together with evidence demonstrating fire drills of the largest compartment were being undertaken. The Reports were completed putting particular focus on stabilizing and strengthening the management systems amid increased regulatory activity</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider has introduced a new and comprehensive template to record fire drills practiced in the centre. Fire drills now encompass practicing evacuation of the largest fire compartment, evidence of which has been sent to the Authority on 23 August 2021.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p>	

Assessment and care planning audits will now encompass a review of changes in the residents' condition which may impact on their behaviour or strategies to manage same.

The restrictive practices log has been updated to include all doors that may prevent access/ egress around the building.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/08/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/08/2021
Regulation 7(2)	Where a resident behaves in a	Substantially Compliant	Yellow	01/09/2021

	<p>manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.</p>			
Regulation 7(3)	<p>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</p>	Substantially Compliant	Yellow	01/09/2021