Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	22 February 2023
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0039356

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 84 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 grand 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:	72

How we inspect

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 22 February 2023	18:00hrs to 21:30hrs	Oliver O'Halloran	Lead
Thursday 23 February 2023	08:30hrs to 16:45hrs	Oliver O'Halloran	Lead
Wednesday 22 February 2023	18:00hrs to 21:30hrs	Helen Lindsey	Support
Thursday 23 February 2023	08:30hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors spoke to around 20 residents in general conversations, and in more detail with around 10 residents. Residents fed back that they were happy living in the centre, and with the support provided by staff. Several mentioned they liked the space available in the centre that allowed them to be both involved in what was going on, but also to be independent when they chose to.

Inspectors also spoke to a few relatives who also reported they were happy with the service being provided to their relatives and friends.

On the first evening of the inspection, there was a relaxed atmosphere, and residents were spending their time in different places in the centre. Some were in their bedrooms listening to the radio, watching television, or meeting family. Others were in the reception area, dining room, sofa's along the wide corridors, or in the sitting room watching the advertised movie on a large TV screen.

On the second day of the inspection there was a range of activities taking place, and people were moving around the centre to have meals, join activities and generally move around the different areas of the centre as per their choice. In the afternoon there was a singer performing. Residents gathered in the large area by reception, with many singing along in the audience, and some getting up to sing at the front. There was also residents and staff up dancing. Residents advised inspectors it reminded them of going to dances in the area when they were younger.

Through the inspection it was noted that people were using the dining room to go and have meals, but also to sit and speak with other residents over a drink or a snack. Food and drinks were readily available for residents, and their visitors. Feedback about the food was good, and it was evident from resident meeting records that the views of the residents were sought about the menu, and responded to. There was a large menu on the wall in the dining room with both words and pictures to support resident in understanding the options available. Those spoken with said that if they didn't like the meal being served, they could ask for something different and it would be provided.

Staff were seen to be engaging positively with residents across both days of the inspection, and clearly knew residents well. Examples were seen of staff calming residents if they became anxious, or redirecting individuals to the activities taking place if they knew there were of interest to them. There were sufficient staff available in the centre to respond to call bells, and residents confirmed if they needed a member of staff they didn't usually have to wait too long. Residents seemed to know staff well, as there was a consistent staff team.

There was information displayed around the centre giving details about the activities programme in the centre, how to make a complaint, and also details about the national advocacy services.

There premises were well presented and offered a range of communal spaces for residents.

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

Capacity and capability

The designated centre was sufficiently resourced to meet the needs of residents, and to ensure the centre was operated in line with the statement of purpose. Improvements had been made following the last inspection and the provider was meeting the requirement of many of the regulations reviewed. One area of practice required review in relation to care planning. The provider had identified this and was taking steps to address the issue.

This was an unannounced inspection to monitor compliance with the regulations, to follow up on findings from the last inspection, and also to follow up on information received.

The registered provider is Beech Lodge Care Facility Limited. The registered provider attends the centre daily. There was a person in change, and they were supported by a nursing management team including an assistant director of nursing (ADON). Nurses were supported by health care assistants, activities coordinators, and household staff including cleaners and kitchen staff.

Supervision arrangements were in place for staff. The management team covered seven days a week between them. There were senior staff for each team, including a lead healthcare assistant to support and supervise the healthcare staff.

There were arrangements in place to ensure all staff received training appropriate to their role. The provider had developed a training matrix which supported them to identify when staff needed to update their training, at the intervals set out in the policies. Staff spoken with were positive about the training they received, and said they felt they could apply it to the ways they work in the centre.

Inspectors reviewed the complaints records and could see that were issues had been raised, they had been followed up, and feedback was given to the person making the complaint. Records set out the actions taken, whether any

improvements were required, and also the satisfaction level of the person making the complaint.

Regulation 14: Persons in charge

There was a person in charge in the centre with the relevant skills and qualifications, as set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were observed to be sufficient to meet the needs of the residents. A review of rosters confirmed there was a mix of staff available on shifts, including the management team, nursing staff, healthcare assistants, activities staff, and other household staff.

As the centre was increasing the number of residents who lived in the centre, the provider was keeping the staffing levels under review. The plan set out included the higher number of resident that would require an increase in staffing levels.

Recruitment was ongoing to ensure vacancies were filled in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records showed that staff had completed a range of training including safeguarding adults at risk, fire safety training, and manual handling training. Other courses were offered to staff including Human Rights, infection control procedures, and managing challenging behaviours.

Staff were able to speak confidently about the training they had received, and how they put it in to practice in the centre.

The management structure in the centre ensured there was supervision for staff. The person in charge and the assistant director of nursing were both supernumerary, and some of the clinical nurse managers time also. There was a

senior healthcare assistant to support the oversight of day to day care and support in the centre.

Policies, guidance and standards were all available to the staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. A newly appointed person in charge was working full time in the centre, they had previously been employed as a CNM2 and so were familiar with the organisation. There was a management team in place to support them in managing the day to day running of the centre.

The provider had a range of new policies and procedures in place and were in the process of updating staff. This included a new safeguarding policy and procedure which provided clear guidance to the staff team.

There were a range of monitoring and oversight tools used by the provider and person in charge to ensure the centre was operating in line with the regulations, and also meeting residents needs. Nursing staff carried out regular audits of key performance indicators such as numbers of falls, risk of pressure ulcers and medication management. Results were posted on a quality and safety board for the nursing team to see, including any improvements required to ensure best practice guidelines were being adhered to.

Inspectors noted that the audit arrangements had identified that improvements were required in relation to recording relevant information in care plans, and training for staff had commenced. Further work was required to ensure care plans were sufficiently detailed to guide staff.

There was an annual review for 2022, which included the feedback of residents, and an action plan for 2023.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, and it was seen to be displayed in the centre where residents could see it. Inspectors spoke with a number of residents who were clear of who to speak to if they wanted to make a complaint, and felt they would be taken seriously. Staff were clear of the process, and could access the policy if they needed to.

There was a clear record of any complaints made, that showed the policy had been followed. The satisfaction level of the person making the compliant was also recorded.

The provider was aware of the upcoming change to the regulations, and was planning to update their policy accordingly.

Judgment: Compliant

Quality and safety

Residents needs were being met by a staff team who knew them well. Good practice was seen in a number of areas, including residents rights. One area for review was residents care plans.

There was positive feedback about meals and mealtimes from residents. There was always a choice, and where residents wanted something other than was on the menu, the chef and kitchen team provided alternatives. Fresh bread and cakes were cooked on the premises, and many of the residents spoke of how much they enjoyed the fresh brown bread in particular. Portions were seen to vary depending on residents preferences, and those spoken with said they always had enough to eat, but if they wanted more it was always available.

Drinking water was seen to be available through the centre, including residents bedrooms. There was a regular service of drinks through the day including hot drinks, fruit drinks and water. Meals were seen to be well presented, and were cooked using a range of fresh and frozen foods. The kitchen staff were aware of the range of diets they were catering for, and how to serve modified diets appropriately.

Records showed that residents had access to a range of healthcare professionals. A range of risk assessment tools were used to monitor residents needs, and where there were changes, referrals we made to the relevant professional. For example speech and language therapists, physiotherapy and tissue viability.

There were care plans in place for residents. Some good examples were seen where there was a clear statement of the residents care and support needs, with guidance about how those needs were to be met. However, a number of examples were seen where they did not provide sufficient detail to guide staff practice, did not reflect the current needs of the resident or provided only generic information. The provider was in the process of rolling out training to staff who are responsible for developing care plans.

Inspectors reviewed the updated policy and procedure for safeguarding adults at risk. It was seen to be in line with national guidance, and staff were clear about the steps to take when abuse was suspected, reported or observed. The provider had notified the chief inspector when safeguarding concerns had arisen in the centre.

Records showed that residents had been supported, investigations had been carried out, and steps taken to safeguard residents were in place.

There were processes in place in the centre to ensure residents were able to make choices about their day to day lives. There was access to a range of media, and residents were supported to vote in elections when they were taking place. There was information available about advocacy services, and some residents had received support from the local advocacy service.

Staff were seen to be supporting residents to move around the centre, if they required assistance. The space allowed those who walk with purpose to move around in an environment that was supervised. Staff knew residents well, for example those who may become anxious in the evening, and were available to offer support to calm and redirect residents attention.

Overall medication practices were seen to be in line with national guidance. Medications were stored safely in the centre. Nursing staff completed medication rounds in line with the times on residents prescriptions, and were seen to sign the medication administration record when medications had been administered.

Regulation 18: Food and nutrition

Residents all had access to drinks and fresh drinking water. Meals were served through the day, and snacks were readily available at other times.

Three meals were observed by inspectors, and there were sufficient staff to ensure residents received support with eating and drinking where required. This was done discreetly, and staff engaged in pleasant chat while providing encouragement for those who were less interested in the meal time experience.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were a set of updated policies and procedures available to staff.

Medications were seen to be stored in line with national guidance, and prescribers advice.

Nursing staff were seen to follow expected procedures in relation to the safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While there were care plans in place for residents, those reviewed were generally generic and lacked person centred information about residents. Five of the six reviewed did not provide sufficient detail to guidance staff practice. Some examples were seen of generic text, and the same information across a number of residents' records.

An example was seen where a care plan had not been updated to reflect a residents support needs in relation to responsive behaviours. Another example was seen where a change recommended by a dietician had not resulted in the food and nutrition care plan being updated.

Judgment: Not compliant

Regulation 6: Health care

There was a general practitioner linked with the service, and records showed there was regular contact, and reviews of residents needs were undertaken.

Records showed that a range of nursing tools were used to identify residents needs, and any changes over time. These included for example assessments in relation to cognitive ability, risk of pressure areas developing, and manual handling assessment. Records were clear about the number of staff required to support residents in a range of tasks.

Records showed there were links with a range of allied health professional for example occupational health, speech and language therapy, and physiotherapy. There was also a physiotherapist employed in the centre, who worked with the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were seen to be supporting residents effectively. It was evident staff knew the residents well, and were able to support them when feeling anxious by engaging in conversation about familiar things, or involving them in some activities taking place.

There was a policy in place that covered the topic of restrictive practices in the centre. Where restrictive practices were in place, such as the use of bed rails, or

sensor mats to monitor people's movement, there were risk assessments in place. Those risk assessments were reviewed on a regular basis and alternatives were trialled to ensure the least restrictive practices were in place. A multidisciplinary group including the PIC and general practitioner were responsible for approving restrictive practices, and keeping them under review.

Judgment: Compliant

Regulation 8: Protection

A new policy had been introduced in the service which clearly set out the definitions of abuse, who could carry out abuse, and the process to follow if abuse was reported or suspected. The policy was available for all staff.

Staff spoken with, including the management team, were very clear of the process to follow when safeguarding incidents were reported, including making referrals to other agencies for advice, where appropriate.

Records showed that the policy had been followed when safeguarding incidents had been reported.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be moving around the centre and taking advantage of the range of seating areas within the centre. Inspectors spoke with a range of residents who felt they were able to be themselves, and carry on their own routines since moving in to the centre. For example, having a later breakfast, or watching sports in the evening.

There was a wide range of activities to ensure residents were able to engage in pass times that were interesting to them. For example there were movie nights, card games, arts and crafts and book club sessions. Residents were seen to really enjoy the live music, with many singing along, and some heading up to the microphone to sing karaoke.

Staff were seen to respect resident's privacy, knocking on doors before entering bedrooms, leaving families to speak privately.

There was information posted around the centre about the complaints process, and also the contact details for advocacy services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0039356

Date of inspection: 23/02/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Ennis Road care Facility has a clearly defined governance structure in place the sets out lines of authority and accountability. Since inspection a new CNM has been recruited and staff nurse promoted to Senior Staff Nurse to form part of the clinical management team to provide and enhance oversight and clinical supervision for the nursing team. A clinical supervisor from the management been assigned to each staff nurse to provide oversight of care planning and clinical support.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: As outlined in the report care planning had been identified prior to this inspection and actioned in staff nurse team meetings by the newly appointed PIC on 16/02/23 as an area for improvement and development. All residents are assigned a key support nurse to work with them on the assessment and development of their care plans. Individualized coaching and training has been provided to all staff nurses by the PIC in detailed care planning. All care plans have been audited, reviewed, and updated using Ceile care resources to upskill and develop the assigned staff nurses' competencies in this area. Staff nurse meetings in Mar, Apr, May, and June have incorporated additional upskilling and training in care planning to ensure that care plans are person-centered, individualized and current for all residents. All care plans will continue to be reviewed with the resident's consultation and participation on a quarterly basis or for any new	

changes. Regular review and auditing will be completed by the management team to ensure standards are maintained. Each resident has a care plan in place that takes into consideration all aspects of their physical, social, emotional, and personal care and support needs that incorporates recommendations, input and advice from a range of multi-disciplinary healthcare professionals.

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	12/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2023