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:	Elmhurst Nursing Home
Name of provider:	Sparantus Limited
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0042085

About the designated centre

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

Elmhurst Nursing Home is located in Glasnevin, Dublin 9. The centre can accommodate 44 residents, both male and female over the age of 18. The centre provides long-term care to older persons, some of whom have a cognitive impairment. Elmhurst Nursing Home is a single-storey building comprising of two units. There are a range of communal areas available to residents, including an activities room, two dining rooms and an oratory. Elmhurst Nursing Home provides long-term care to older persons, and is committed to providing the highest standard of care and support to all residents. Elmhurst Nursing Home cares for residents in an environment appropriate to their needs, where the priority is to preserve their dignity and promote their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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 21 August 2024	08:20hrs to 17:45hrs	Niamh Moore	Lead
Wednesday 21 August 2024	08:20hrs to 17:45hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

This inspection took place in Elmhurst Nursing Home, in Glasnevin, Dublin 9. Inspectors spoke with residents living in the centre, visitors and spent time observing resident and staff interactions. Residents reported that overall, the service was good and that they were happy living in the centre. While residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, there was some mixed feedback on the food provided. Inspectors noted that in the morning, the atmosphere in the centre was not always calm or peaceful, as loud piercing sounds from sensor alarm bells and requests from residents seeking assistance echoed throughout the corridors.

The building is a single-storey divided into two units referred to as Elmhurst and Desmond. Overall, the centre was homely and well-decorated. Residents had access to numerous communal spaces such as a lounge, a quiet room, a visitors room, dining rooms, a shared dining/lounge in the Desmond unit and an oratory. Recent maintenance works such as painting to some corridors had occurred, however other areas remained outstanding as door frames and walls had evidence of chipped paint. Inspectors were told that there were plans for painting to continue and that these works were occurring at night-time to limit any disruption to residents. Inspectors also heard about refurbishment plans that included flooring replacement in some areas.

On the morning of the inspection, the inspectors observed that some residents were up and dressed participating in the routines of daily living and others were in their beds awaiting assistance from staff. Some residents had received their breakfast in their bedrooms and inspectors observed a number of residents were sleeping as the food was left untouched going cold, while others appeared to have attempted eating and had finished but the majority of food still remained on the tray. One resident said they had not eaten their breakfast as it was not served to their preference. Inspectors brought this to the attention of management who committed to providing the correct meal for the resident.

Resident bedrooms were single rooms and were seen to be neat and organised. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Residents also had access to two enclosed courtyard gardens which were landscaped and had adequate seating. One of these spaces had a water feature in-situ, and this space had the potential to provide a tranquil setting for residents with the sound of flowing water. However, inspectors were told that residents could not freely enter these areas alone and had to be supervised by staff due to trip hazards of the un-even pavement. This had previously been identified in the inspection of the centre in January 2024. Inspectors were informed that the pavement in the

garden was due for repair with an expected date for completion end of 2025. Many residents informed inspectors that they would like to go outside more however, one resident said they were "afraid that they might fall on the uneven ground" and another saying they "would not be able to push their walking frame over the bumps".

A smoking hut was situated in one of the courtyards. There was a bin for cigarette butts, however there was no smoking apron, fire blanket or call bell available for residents' or visitor safety. The closest fire extinguishers were located just inside the entry point to the building.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising, wholesome and nutritious. Inspectors saw that a choice of textured modified diets was available and were well-presented. However, feedback from residents was mixed regarding the food. Some residents said the food was very good and had no complaints, however, others said "there could be more choice and variety". Comments included, there was "too many stews", "I would like a fry the odd time", "I would love a sausage and rasher for breakfast sometimes", and "I would love more food that I was used to, like cabbage and bacon or coddles". Inspectors brought this to the attention of management on the day of inspection, and noted choice and the meal-time service were raised by residents in the residents' meetings of February and July 2024.

On the day of inspection, inspectors were witness to festivities that were organised for 'Nursing Home week', including a service of the world in the chapel and an ice-cream van, which arrived after the lunch was served. Many residents were seen to enjoy their ice-cream cones. 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.

Information on independent advocacy support and activity schedules were displayed throughout the centre. Inspectors saw there was a varied activity programme available to residents Monday to Friday. At the weekend, there were no activity staff on duty and the scheduled activity on a Saturday was 'family time' and on a Sunday the activity was 'Mass on RTE'. Inspectors were informed that the carers could provide activities at the weekend but there were no supernumerary hours allocated. The inspectors noted that there were some residents who chose to stay in their bedrooms all day, with minimal opportunities for engagement and activation. Most interactions with these residents were task-related, such as personal care.

Laundry facilities were off-site. Residents informed inspectors that they were very happy with the laundry service. They said they sent their laundry for washing and received it back "very fast".

The inspectors 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. None of the visitors spoken with expressed any concerns and all were complimentary about the service.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that while there were established governance and management structures in place, improved oversight by the provider was necessary to ensure the effective and safe delivery of care in accordance with the centre's statement of purpose.

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 inspectors reviewed actions from the last inspection, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider of Elmhurst Nursing Home is Sparantus Limited. There are eight company directors, with one of these directors actively present in the management of the designated centre and was present during this inspection. Governance and oversight was also provided from a Chief Executive Officer and a team of senior managers. The person in charge was responsible for the daily operations in the centre and was new in post since May 2024. The person in charge facilitated this inspection and was knowledgeable on residents' needs.

The person in charge was supported in their role by two clinical nurse managers, and a team of support services including staff from roles such as quality, human resources, finance, social workers, physiotherapists, occupational therapists and maintenance. Other staff included nurses, healthcare assistants, activity staff, household and catering staff.

Records provided to inspectors demonstrated that overall staff were up-to-date with their mandatory training on topics such as fire safety, moving and handling, safeguarding and infection control. Staff spoken with were knowledgeable on relevant topics such as safeguarding and residents' assessed needs. While some staff files showed that staff were appropriately supervised with recent probation reviews completed, inspectors followed up on a recent investigation and found gaps in supervision and that the action plan and learning outcome was not being implemented in practice. These findings will be further discussed under Regulation 16: Training and Staff Development and Regulation 23: Governance and Management.

The directory of residents available for review had not been maintained with January 2024 noted to be the last date of recorded admission January 2024. In addition, for

where records were maintained and did not meet all criteria as set out and required by the regulations.

While there was evidence of some management systems in place which provided oversight through management meetings and auditing, inspectors found these systems were not sufficient to progress or identify all required improvements. This is further discussed under Regulation 23: Governance and Management.

The centre had an up-to-date complaints policy in place, which outlined a two-pronged approach regarding the management of informal and formal complaints to include the person to deal with the complaint and timeframes for the complaints process. This procedure also included a review process and referral to the Ombudsman should the complainant be dissatisfied with the outcome of the complaints process.

Regulation 15: Staffing

Inspectors were not assured that there was a sufficient number and skill-mix of staff available on the day of the inspection. For example, during the morning-time, healthcare assistants delivered breakfast trays to residents' bedroooms, while many residents remained asleep. As discussed in the introductory paragraph, inspectors found that many residents did not have timely assistance with their breakfast and overall were not assured that staffing was arranged around the supervision and dietary needs of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff were appropriately supervised. For example, agreed supervisory arrangements on foot of an investigation six months prior to the inspection were not followed through. In addition, this person's probation review was due for review in October 2022. On the day of the inspection, no evidence was produced to show this review had taken place.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was not well-maintained, in line with regulatory requirements. Not all residents were accounted for in the directory of residents. For

example, residents admitted to the designated centre after 09 January 2024 were not included.

In addition, the directory of residents did not meet the criteria as set out within Schedule 3 of the regulations. For example:

- The name, address and telephone number of the resident's general practitioner (GP) was not recorded in a sample of three records reviewed.
- The address of the next of kin or person authorised to act on the resident's behalf was missing in a sample of three records reviewed.
- The name of the designated centre or hospital a resident was discharged from was missing for one recent hospital admission.
- The name and address of any authority, organisation or other body which arranged the resident's admission was not recorded in a sample of two records reviewed.
- The time and cause of death was not recorded for three records reviewed.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider did not ensure that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- Inspectors saw that the registered provider had a plan to reduce cleaning resources within the centre which was commencing the week of the inspection with a total of 17 hours reduction per week. In addition, inspectors found that areas of the premises and equipment were unclean which meant that housekeeping resources were not sufficient and additional resources were needed.
- There was insufficient arrangements for activities at weekends. There was one activity coordinator employed who worked Monday to Friday and healthcare assistants in addition to their role and duties, were tasked with activities at the weekends. This was not sufficient to meet residents' needs for recreation, who informed the inspectors that the weekend days were long and boring.

Action was required by the registered provider to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- The registered provider had failed to fully implement the action plans from the previous inspection of January 2024, as per commitments given to the Chief Inspector. For example, repeat findings were found under Regulation 17: Premises and Regulation 28: Fire Precautions, which adversely impacted the residents living in the centre. This is further discussed within this report.

- Although the registered provider had made a decision to reduce cleaning hours, inspectors found that there was a lack of oversight of the centre's cleanliness, equipment and storage practices, as evidenced under Regulation 27: Infection Control. For example, there were no temperature checks and records maintained for the specimen fridge temperature. Inspectors observed that this fridge was not clean and there was a lack of assurance that the blood sample present in the fridge was maintained at the appropriate temperature.
- Management systems to oversee the premises and facilities were not sufficient. For example, a risk assessment completed by the provider rated the outdoor area as low risk. This did not reflect the findings of the inspection, as the impact of uneven pavement was that for the majority of spring and summer months residents could not independently access the safe outdoor spaces. Some items of small maintenance requests remained open on the maintenance log for long periods of time. For example, a resident requested a clock put up on their wall two months prior to the inspection and this had not yet been actioned.
- Inspectors were not assured of the information governance of records. For example:
    - training records supplied by human resources on the day of the inspection were inaccurate compared to records held on-site. Oversight systems such as the training and development committee had not identified or acted on this inconsistency.
    - the governance team had not been aware that the directory of residents was not maintained in the recent months.
    - one notification had not been submitted within three working days of the occurrence as set out under Schedule 4 of the regulations.
    - furthermore, inspectors were not assured that records were well-maintained and easily accessible, as there were significant delays in providing the records to the inspectors, despite repeated requests on the day. Inspectors acknowledge that these records were received before the end of inspection.
- The person in charge had completed an investigation into an allegation of abuse. While there was a safeguarding committee in place, there was a lack of assurance that this committee was effective, as it did not review this investigation. Therefore the registered provider did not identify that this investigation was inaccurately completed and thus did not inform effective learning following the incident to ensure residents were protected from abuse.
- Management systems that ensured residents' feedback was appropriately considered in improving the quality and safety of the service were not effective at bringing about changes. For example, residents had repeatedly reported dissatisfaction with the food at residents' meetings and from the inspection of January 2024, yet there was no evidence of appropriate response and follow up by the registered provider.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints log was made available to the inspectors for review and inspectors saw that there was one formal complaint and eleven informal complaints received this year. Two complaints were open on the day of the inspection and all others closed in line with the provider's policy. Records showed that investigations and communication with the complainants were in process to manage these complaints.

Judgment: Compliant

Quality and safety

Overall, inspectors found that in general, staff were working hard and were striving to ensure residents were supported to have a good quality of life. However, significant action was required to ensure ongoing quality and safety of the service as outlined under the relevant regulations.

Inspectors reviewed a sample of resident care plans and daily nursing notes which were recorded on an electronic documentation system and spoke with staff regarding residents' care preferences. Safeguarding care plans were completed for all residents who were vulnerable due to their diagnosis or condition or for residents who were involved in the safeguarding incidents. However, further improvement was required to ensure that each resident had a care plan in place that reflected the care needs identified.

Inspectors found that residents had good access to health care. They had their own general practitioner (GP) of choice, medical cover was available daily, and they had access to multi-disciplinary health care professionals as required. However, some gaps were identified and will be discussed further in the report.

The use of restraint was monitored within a restraint register. Residents had care plans in place to reflect the restraint in use, however some care plans of those displaying responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

There were arrangements in place to safeguard residents from abuse.

Residents had access to television, newspapers and telephone. The registered provider had information displayed on noticeboards relating to advocacy services available to residents. Inspectors observed good participation in group activities on the day of the inspection. However, inspectors also observed practices that were not person-centred and which did not ensure that residents' rights, dignity and choice

were promoted at all times in the centre. This will be further discussed under Regulation 9: Residents' Rights.

The centre had established links with the palliative care team and GP to ensure all comfort measures are in place. Where resuscitation status was known, this was documented in the residents care plan. Staff confirmed that residents' resuscitation status is discussed at handovers daily, however this was not recorded on daily handover documentation seen.

The centre's design and layout were generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. However, inspectors observed that some parts of the premises required repair and were not always accessible to the residents. This and other points will be discussed under Regulation 17: Premises.

Residents had access to safe supply of fresh drinking water at all times. They were provided with adequate quantities of wholesome and nutritious food. However, further action was required to be fully compliant with this regulation, specifically in respect of assistance and serving of food, and choices available to the residents.

Although inspectors observed many instances of good practices in respect of infection prevention and control, including good hand hygiene techniques, other areas required improvements.

The registered provider informed inspectors that they had engaged a competent person to commence an assessment of fire doors and that works were due for completion the month following the inspection. While fire drills were carried out, inspectors were not assured that local management of fire precautions was sufficient. This is further discussed under Regulation 28: Fire Precautions.

Regulation 13: End of life

Inspectors were assured that residents approaching end-of-life care in their last days received appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- A number of call bells were not working. The issue had been identified by staff and a maintenance request had been placed a week prior to the inspection, however these maintenance requests had not yet been done. This meant that residents who required assistance could not summon for help when needed.
- There were signs of general wear and tear and some areas of the centre required painting. For example, there were scuffed doors, wooden skirting, walls and handrails. Inspectors acknowledge that there was a painting schedule in operation and works had already started, however the progress was very slow, with similar findings identified in the January inspection.
- The registered provider did not ensure to provide external grounds which are suitable for, and safe for use by residents and that such grounds were appropriately maintained. Some paving was uneven, preventing residents from using the space safely. This was a repeat finding of January 2024 and had not been timely addressed in line with provider's commitments.

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required to come into compliance with the regulation. For example;

- Based on a nutritional assessment, in accordance with an individual care plan, the dietary needs of all residents were not met. For example, a resident with a high risk of malnutrition, based on the malnutrition universal screening tool (MUST) score of 4, was observed receiving breakfast in their bedroom. This was despite their care plan stating that the resident should be encouraged to eat their meals in the dining room to prompt and promote intake. Inspectors observed the resident was asleep in their bed while an almost full tray of food was in front of them. The food intake chart for breakfast on the day of inspection was documented as 'minimal'.
- The serving of breakfast required review. There was a lack of assurance that there were sufficient staff available to assist residents at breakfast. Food was observed left cold on the table and requests for assistance were not promptly responded to. The inspectors observed residents requiring staff assistance on multiple occasions throughout the morning walk-around and had to go and request assistance from staff on behalf of two residents.
- Residents requested that they be offered more choice at mealtime, and the food provided be aligned with their preferences.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required to ensure that the centre complied with procedures consistent with the *National Standards for Infection prevention and control in community services* (2018). For example;

- The cleaning processes for the overall environment in the centre were not in line with best practice and required review. For example, inspectors observed visibly unclean areas including the male staff changing area. Dirt and dust were observed on the window and floor. The carpet in the oratory was deeply stained. Lids of sharps bins were visibly unclean with blood stains.
- The cleaning processes for residents' equipment required review. Inspectors were informed that the 'I am clean' sticker system was in operation however, resident equipment, including wheelchairs and hoists that had been cleaned had no stickers attached. There was a lack of assurance that the equipment had been cleaned between usage posing a cross-contamination risk.
- Some items of equipment required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, the interior surface of the specimen fridge was visibly dirty and damaged. Cleaning schedules to include the routine cleaning of the specimen fridge were not available.
- In communicating with the inspectors, some staff were not aware of the single-use sign that is used for one single resident and one procedure only, which reduces the risk of cross-infection. In addition, inspectors observed three occasions where single use dressings were open and partly used and were stored with un-opened products. This could result in them being re-used and posed a risk of cross-contamination.
- There was a lack of assurance in respect of the safe management of sharps; sharps bins were not assembled properly and did not include the signature and date of opening or closing to allow for effective contact tracing. The temporary closure on sharps bin was not engaged, posing a health and safety risk.
- Inappropriate storage practices was observed in some areas of the centre. For example, bed rails were observed stored on the floor along with belongings of a deceased resident which were not stored securely while awaiting to be collected by resident representatives.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- The registered provider did not take adequate precautions against the risk of fire in the smoking area. It did not have emergency call facilities, smoking apron, fire blanket or extinguisher to help protect resident in the event of fire.

- The storage of oxygen bottles was not appropriate. While two large oxygen cylinders were stored securely in a store room on Desmond, six smaller oxygen cylinders were stored unsecured on the floor. These were removed to the external oxygen cage prior to the end of inspection.

The registered provider did not ensure the means of escape were appropriately maintained and unobstructed, including emergency lighting. For example:

- Emergency lighting signage at one escape route was not illuminated and posed a risk to the safe evacuation from the building in the event of a fire.
- Although staff on duty held a key to the exit doors, there was no key-guard box with a key available for easy access to exits in the event of an emergency evacuation. This may impact on the evacuation time for residents and visitors.
- Fire exits and escape pathways were noted to be obstructed. Two chairs were observed holding the fire doors open leading into the chapel and chairs and tables were blocking a fire door in a communal area. Inspectors requested that this would be immediately addressed and observed that it was rectified before the end of the inspection.
- The provider's previous commitments to complete a full trial emergency evacuation of the centre by end of April 2024 as detailed in the compliance plan from the January 2024 inspection had not occurred. This created a lack of assurance that the persons working at the designated centre and, in so far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storage, disposal and administration of medicines were safe and evidence-based. Medications were administered to residents in line with the centre's policy. The majority of regularly prescribed medications came individually packed from the pharmacy. Controlled drugs were stored safely in a locked cupboard in the nurses station and checked at least twice daily as per local policy. The nurse held the keys for these cupboards. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From the sample of care plans reviewed, further action was required to maximise the quality of residents care. For example,

- Inspectors saw that some residents did not have care plans developed, within 48 hours of admission as required by the regulation. Where a resident did not wish to discuss their end-of-life care, there was no care plan in progress to state this preference. The resuscitation status of these residents were not known. This may cause a delay in decision-making in the event of an emergency.
- While staff spoken with on the day of inspection had the knowledge to manage responsive behaviours when displayed by some residents, the care plans reviewed did not always reflect the de-escalation techniques that worked for the resident in question. This created a risk that care plans were not sufficiently comprehensive to guide care for new staff.

Judgment: Substantially compliant

Regulation 6: Health care

While overall access to health care was satisfactory, some improvements were required to ensure all residents received a high standard of evidence based nursing care. For example:

- Daily record keeping required improvement. Food charts were not completed accurately in a manner to inform a nutritional assessment. For example, food intake charts recorded as 'minimal' or 'half' did not provide a complex overview of the residents food intake for the day.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had not ensured that staff had up to date knowledge and skills, to respond to and manage behaviour that is challenging. Records showed that 29 percent of staff had not received training in challenging behaviour.

While there was evidence that some restraints had risk assessments and a multidisciplinary approach in place, it was not performed on all occasions. Inspectors observed one bed rail in place without a risk assessment. This posed a safety risk as

to whether the risk of entrapment was discussed or if other restraint options where trialled or more appropriate.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. The provider was pension agent for eight residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were not assured that residents rights were upheld at all times, as evidenced by:

- Residents did not have unrestricted access to outdoor enclosed spaces due to unsafe paving which posed a trip hazard. Residents informed inspectors that they had to be accompanied and supervised when using the outside courtyard which did not promote their independence and ability to exercise choice on what they wanted to do.
- Emergency call facilities were not accessible in every room used by residents. Inspectors observed that the call bells were not working in some en-suite bathrooms. This impacted negatively on residents' right to have the opportunity to seek help if required. Furthermore, inspectors observed that where calls for assistance and sensor alarms were working in the morning, there were significant delays in responding to residents' request.
- There were limited activities on the day of inspection for residents who were unable to partake in group activities. Residents were observed in their bedrooms for long periods of time with little else to do. These residents were not supported to join in group activities in smaller groups or individual activities relevant to their interests and abilities. In addition, there was no allocated activity staff at the weekend to facilitate opportunities for residents to engage in activities other than watching Tv and family visits.

• The inspectors observed that some residents were receiving their medications during lunch, which did not support their right to privacy and to enjoy their meals without being disturbed.
Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Elmhurst Nursing Home OSV-0000134

Inspection ID: MON-0042085

Date of inspection: 21/08/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing levels and mix of skill are kept under ongoing review by the PIC and the Clinical Nurse Managers in relation to resident dependencies and current staffing levels meet resident needs and requirements. The organization of care delivery has been reviewed by the team and improvements implemented. The focus of mealtimes is to ensure residents are supported and assisted where required and residents who require assistance with feeding receive support in a timely manner. Medication administration takes places outside of mealtimes.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A supervisory review that had not been completed at the time of inspection in relation to a staff member following an investigation has now been completed.	
Regulation 19: Directory of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:
An electronic register is available on the patient system EpicCare which includes all the requirements of the regulations. A hard copy of the Directory of Residents has been reinstated.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Work is underway in relation to the reorganization of cleaning hours. The Head of Operational Support and the Household Manager are monitoring this on an ongoing basis. Audits in relation to Household Cleaning and Infection Prevention & Control are undertaken in conjunction with routine unit supervisory rounds. The outcome and findings of these will be reviewed by the PIC, the Household Cleaning Manager, the Infection Prevention & Control Nurse and the Head of Operational Support. The outcomes of these audits will be shared and monitored by the Nursing Home Management Team including initiating any corrective actions deemed necessary.

The weekly programme of activities for residents has been reviewed by the team to extend the weekend activities which will be delivered by the staff on duty. A 7- day timetable is now in place.

A detailed action plan on Fire safety had been previously submitted with updates provided in the preceding months including documentary evidence of fire stopping works and a review of fire doors by our Fire Consultant. Repair works on fire doors have been completed and replacement of fire doors is currently underway. Further actions have been identified as specified under regulation 28.

The specimen fridge referred to at the time of inspection has been replaced and a process is in place for nursing staff to complete daily temperature and cleanliness checks.

A maintenance programme in relation to the garden areas that includes the leveling of paving stones to remove potential trip hazards is currently underway.

All small maintenance requests refered to at the time of inspection have been logged are completed. Arrangments are being made for the PIC to receive a weekly report of these maintenace request reported and including a report as to their current status in terms of completion or if outstanding.

The PIC has collated a local record log for staff training to compliment the training records that are held in the HR Department. This log is readily retrievable and includes a mechanism of alerts for any training that is due for renewal.

The PIC and Registered Provider along with members of the management team and Safeguarding Committee have reviewed the incident of safeguarding. A number of recommendations have been made in relation to organizational learning.

A resident satisfaction survey was carried out in April 2024 and 86% of residents stated they were happy with the choices of food. A further food survey was conducted in August in relation to food preferences with residents and a number of changes have since been made. The resident menu is displayed and updated daily in both dining rooms. Residents are offered a menu and asked for their food preferences each day. Alternative menu choices are always available which are also displayed in the dining rooms and offered to residents. The overall resident menu is reviewed, and the menu choices adapted on a 4-week basis based on the resident feedback and suggestions. The catering manager will also attend the resident community meeting to obtain feedback to inform this menu planning.

A planned programe of repairs is in place where bedrooms and bathrooms are refurbished based on the needs identified, urgent issues or as a room becomes available when vacated. This incudes painting & decorating bedrooms/corridors and communial areas. It also includes the replacement of floor covering where required.

These goverance issues will form part of the standing agenda items that for ongoing review by the senior management team at the Nursing Home Management Meeting

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The two call bells that were not working on the day of the inspection have been repaired.

All maintenance requests are logged on the maintenance portal and the PIC is now provided with a weekly report of the repairs undertaken and can keep track of the repairs and any outstanding items.

A painting schedule is in place for doors, wooden skirting, walls and handrails. This includes a plan where bedrooms and bathrooms are refurbished based on the needs identified, urgent issues or as a room becomes available when vacated. This includes painting & decorating bedrooms/corridors and communal areas. It also includes the replacement of floor covering where required.

A maintenance programme in relation to the garden areas that includes the leveling of paving stones to remove potential trip hazards is currently underway.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The organization of care delivery has been reviewed by the nursing team. The focus of mealtimes is to ensure residents are supported and assisted where indicated and residents who require assistance with feeding receive support in a timely manner. A food diary record is now recorded for all residents with a MUST score of 3 or higher. Medication administration takes places outside of mealtimes.

The resident menu is displayed and updated daily in both dining rooms. Residents are offered a menu and asked for their food preferences each day. Alternative menu choices are always available which are also displayed in the dining rooms and offered to residents.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The staff changing room has been cleaned. The stains on the carpet in the Oratory have been removed. All nursing staff have been made aware of their responsibility in relation to the appropriate use of sharps and needles and the correct use, storage and disposal of sharps bins.

The practices and process in relation to the cleaning of equipment has been reviewed by the PIC and nursing staff. A staff member who is named responsible person is assigned on a daily basis to ensure that equipment cleaning is undertaken and recorded properly.

The specimen fridge that was damaged on the day of inspection has been replaced and a daily cleaning recording schedule is now in place.

The practice of ordering multiple dressing has ceased, and single use dressings are now being used

Bed rails and personal possessions that were reportedly stored inappropriately on the day of inspection have been removed.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A call bell is being sourced for installation in the smoking shelter. A smoking apron and fire blanket have been ordered.

The issue of oxygen storage was rectified on the day and is monitored on an ongoing basis by the PIC.

Emergency lighting that was not illuminated at the time of inspection has been repaired.

Keyguard break glass boxes for emergency door exits are on order and will be installed with keys as soon as available

Emergency exits are kept clear and all are staff have been made aware of this. Emergency exits continue to be checked on a daily basis by nursing staff.

A fire evacuation drill took place in April with an external Fire Consultant and all staff attended. On his recommendations, horizontal evacuation through compartments was adopted. A further full trial emergency evacuation is planned for 30th September with the external Fire Consultant.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans have been reviewed by the PIC and nursing team and updated to reflect the current needs of residents. All residents have up-to-date care plans as required by the regulations.

In respect of care plans for managing behaviours' that challenge, where identified, care plans include de-escalation techniques that work for the individual resident.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

A food diary is recorded with accurate quantities of dietary intake of residents who have a MUST score of 3 or higher. The recording of daily food intake on the patient information system EpicCare is also under review to identify of any further enhancements to the system can be made.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Care plans and associated risk assessments have been reviewed by the PIC and nursing team and updated to reflect the current needs of residents. All residents subject to restraint as identified on the restrictive practices register have an associated risk assessment documented for the restraint.

83% of staff have received training in dementia capable care which includes managing challenging behaviours and sessions continue to be scheduled and staff booked in for training by the PIC.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A maintenance programme in relation to the garden areas that includes the leveling of paving stones to remove potential trip hazards is currently underway.

The call bell system has been checked and the two bells that were not working on the day of the inspection have been repaired.

The weekly programme of activities for residents has been reviewed by the team with a plan in place to extend the weekend activities which will be delivered by the staff on duty. The PIC is reviewing the activity programme for those who spend long periods of time in their bedrooms to see what alternatives to group activities can be offered.

Medication administration takes places outside of mealtimes. All nursing staff are aware of same.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	25/09/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2024
Regulation 18(1)(b)	The person in charge shall	Substantially Compliant	Yellow	25/09/2024

	ensure that each resident is offered choice at mealtimes.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	25/09/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	25/09/2024
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Not Compliant	Orange	25/09/2024
Regulation 19(3)	The directory shall include the information specified in	Not Compliant	Orange	25/09/2024

	paragraph (3) of Schedule 3.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	25/09/2024
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.	Not Compliant	Orange	25/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	25/09/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	31/10/2024

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	25/09/2024
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	17/10/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/10/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2024

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.	Substantially Compliant	Yellow	25/09/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	25/09/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/10/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	25/09/2024

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/10/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/10/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2024