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:	Ealga Lodge Nursing Home
Name of provider:	Underhill Investments Limited
Address of centre:	Main Street, Shinrone, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	20 August 2024
Centre ID:	OSV-0005665
Fieldwork ID:	MON-0043436

About the designated centre

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

Ealga Lodge Nursing home is located in Shinrone town centre. The centre is located in off the main road and is situated in a residential area. The centre is a purpose built 48 bed facility. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 46 single and one twin bedroom with en suite facilities over two floors. The first floor is accessible by means of a lift and a stairs located in the reception area of the centre. Communal sitting rooms are provided on both floors and a dining room is available on the ground floor. Two enclosed courtyard areas with outdoor seating are available to residents. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Ealga Lodge Nursing Home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Tuesday 20 August 2024	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Tuesday 20 August 2024	10:00hrs to 18:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

Overall, the feedback from residents was that this centre was a nice place to live. Inspectors found that the residents living in Ealga Lodge Nursing Home were comfortable in the company of staff and interactions were kind and respectful.

This was an unannounced inspection which was carried out over one day. Inspectors were greeted by the clinical nurse manager upon arrival to the centre. Following an introductory meeting, inspectors walked through the centre, giving the opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions. The person in charge was on planned leave on the day of inspection. They returned to the centre when staff informed them that the inspection was in progress, and they facilitated the remainder of the inspection.

Located in the village of Shinrone, Co. Offaly, Ealga Lodge Nursing Home is registered to provide long-term and respite care to a maximum of 48 residents. There were 41 residents living in the centre on the day of the inspection. The centre was a purpose built two-storey facility, with stairs and passenger lift access between floors. Resident bedroom and communal accommodation was provided over both floors, in 46 single, and one twin bedroom.

As inspectors walked through the centre, they noted that many residents were relaxing in communal areas where activities were taking place, and other residents were being assisted with their personal care needs. The atmosphere in the centre was bustling, and inspectors observed that staff mingled among the residents, providing assistance and encouragement, as necessary. Residents who spoke with inspectors were complimentary of staff, and of the quality of the service provided.

There were a variety of communal areas for residents to use including a spacious dining room and several communal sitting rooms. Inspectors noted that residents' had unrestricted access to a secure courtyard, which contained a large water feature and furnishings for resident use. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to support residents' safety and independence when mobilising. However, inspectors noted that access to handrails was impeded by the storage of refuse bins and trolleys along some corridors.

Inspectors observed that resident bedrooms were personalised with items of significance such as photographs, ornaments and soft furnishings. Residents had access to television and call bells in their bedroom. While the centre generally provided a homely environment for residents, inspectors observed that surfaces and finishes including paintwork, wood finishes and flooring in a number of resident bedrooms were worn and as such did not facilitate effective cleaning.

Inspectors noted that the provider had taken some action to address fire containment issues identified on previous inspections, and multiple resident bedroom doors had been replaced throughout the centre. However, inspectors observed that door frames were not fully sealed, which could impact the containment of fire in the event of an emergency. The provider had committed to fire stopping works to the door frames, however this had not commenced at the time of this inspection.

Inspectors observed that the centre was generally clean throughout, and the provider had enhanced some facilities for infection control since the previous inspection. Inspectors noted that new clinical hand wash sinks had been installed within close proximity to resident bedrooms, which promoted effective hand hygiene.

Information regarding advocacy services was displayed throughout the centre and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

The following sections of the report detail the findings with regard to the capacity and management of the centre, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection reviewed the action taken by the registered provider to address some issues of non-compliance with the regulations found on the last inspection in May 2023. The findings of this inspection were that, while some action had been taken, the compliance plan submitted following the inspection in May 2023 was not implemented fully. This included the oversight of record management systems. This inspection found that the care environment, in relation to the premises and fire precautions, was not fully in line with regulatory requirements.

Underhill Investments Limited is the registered provider of Ealga Lodge Nursing Home. There were three company directors, one of whom represented the provider entity in communication with the office of the Chief Inspector. There was a management structure in place that was clearly defined, including a person in charge, and a clinical nurse manager who worked in a supervisory role. Additional support was provided by a group general manager and a quality assurance lead, who participated in the management of centre. The person in charge was further

supported by a team of nurses, health care assistants, activity, catering, administration, domestic and maintenance staff. The clinical nurse manager deputised in the absence of the person in charge.

There were 41 residents living in the centre on the day of inspection and seven vacancies. The inspectors' observed that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents.

Staff who spoke with inspectors demonstrated an understanding of their roles and responsibilities. There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Inspectors found that the majority staff had competed training in fire precautions, patient moving and handling, and safeguarding vulnerable adults. Staff demonstrated an appropriate knowledge of residents needs.

There were communication systems in place, and regular meetings took place with staff and management in relation to the operation of the service. Records of meetings were maintained and detailed the agenda items discussed, such as resident care, safeguarding and resources. The management team collated clinical data such as antibiotic usage, medication usage, resident wounds, and nutritional care. Records demonstrated that an analysis of key clinical performance indicators was completed. Inspectors viewed a sample of audits relating to incidence of resident falls, call bell response times, wound care and nutritional management. Audits were detailed and were effective in identifying areas requiring service improvement. For example, a falls audit identified gaps in the implementation of physiotherapy recommendations and a quality improvement plan was developed to address this concern. A comprehensive review of safeguarding notifications was completed and used to inform practice.

Inspectors viewed a sample of staff files and found that they did not contain all of the information required by Schedule 2 of the regulations. Furthermore, inspectors found that some records were not safe and accessible. These are repeated findings.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications required to be submitted to the Chief Inspector were done so, in accordance with regulatory requirements.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated, and the outcome communicated to the complainant.

An annual report on the quality of the service had been completed for 2023, which had been done in consultation with residents, and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of the inspection, inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records demonstrated that there was a comprehensive staff training programme in place. Training records showed that staff were facilitated to complete training in safeguarding, and patient moving and handling.

Judgment: Compliant

Regulation 21: Records

The record management system in place did not ensure that records were maintained in line with the regulations. For example, a small number of staff files did not contain the requirements set out in Schedule 2 of the regulations. For example,

- two staff records did not include evidence of relevant qualifications.
- three staff records did not include a full employment history.

Some resident records, listed under Schedule 3 of the regulations, were not stored in the designated centre, as they were held in an unregistered area outside of the building.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the management systems in place did not ensure adequate oversight in areas such as records management, to ensure that the service was safe and consistent. This was evidenced by repeated issues relating to incomplete records, and inappropriate storage of records found on this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Inspectors found that the standard of care provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff. Inspectors observed that residents' rights and choices were upheld, and their independence was promoted. Staff interaction with residents were respectful and courteous. This inspection found that while the quality of care delivery to residents was at a high standard, the care environment,in relation to fire precautions and premises did not meet the requirements of the regulations.

There were measures in place to protect residents against the risk of fire. These included regular checks to ensure that fire safety equipment was accessible and functioning. Staff had received fire safety training and regular fire drills had been completed to ensure that resident could be evacuated in a safe and timely manner. However, the arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. Inspectors observed several fire doors that had a significant gap between the under surface of the door and the floor. This gap could compromise the doors ability to contain smoke in the event of a fire. In addition, the installation of multiple bedroom door frames was incomplete, and had not been adequately sealed to ensure containment of fire and smoke in the event of an emergency.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. However, some areas of the centre were in a poor state of repair, such as wall surfaces, skirting boards and floor surfaces. In addition, there was a lack of suitable storage and inspectors noted that some large items of equipment was stored in along corridors.

Infection prevention and control measures were in place and monitored by the person in charge. Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures to minimise risk to residents, visitors and their co-workers, such as hand hygiene and use of personal protective equipment.

Housekeeping staff demonstrated good knowledge of infection control procedures and housekeeping and laundry facilities were observed to be clean.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. Inspectors reviewed a sample of five residents' care records. Each resident had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Following admission, a range of validated clinical assessment tools were used to identify potential risks to residents such as risk of malnutrition, poor mobility, impaired skin integrity and dependency level. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care. Residents were reviewed by their GP, as required or requested. Referral systems were in place to ensure residents had access to allied health and social care professionals for additional professional expertise.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

The provider had measures in place to safeguard residents from abuse. There was a safeguarding policy in place and staff were facilitated to attend safeguarding training. The provider acted as a pension agent for four residents and, all pensions were paid into a separate resident bank account. Records showed that a ledger was maintained detailing each resident's payments and surplus amounts was available to review. Records viewed by inspectors demonstrated that there was a system in place to transfer the funds in the residents account, to pay for resident care provision.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was a small number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which described potential triggers and de-escalation techniques to support their care.

Residents' choice was respected and facilitated in the centre. Residents were free to exercise choice about how they spent their day. Residents could retire to bed and

get up when they chose. Activities were observed to be provided by dedicated activities staff. Residents had the opportunity to meet together and discuss management issues in the centre including, residents' rights, complaints, activities, nutrition and infection control. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

Visiting was taking place and residents were facilitated to meet with their families and friends in a safe manner.

Regulation 17: Premises

There were areas of the building that did not meet the requirements under Schedule 6 of the regulations. For example;

- There was there was a lack of suitable storage space in the designated centre and inspectors observed the storage of linen trolleys and refuse bins along corridors. Lockable storage was not available in all resident bedrooms.
- Floor surfaces were damaged in several resident bedrooms.
- Paint was damaged or missing on a number of wall and skirting board surfaces in several resident bedrooms. This meant that these surfaces could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example;

- Combustible materials were stored in an unused attic space on the first floor. This presented a potential fire risk. This is a repeated finding.

- Personal emergency evacuation plans (PEEPs) were not available in all resident bedrooms.

Arrangements for the containment of fire were not adequate, for example:

- Inspectors observed that there were large spaces between the door and the floor under a number of cross corridor fire doors and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency.
- Fire stopping works were not completed to bedroom door frames.
- One cross corridor fire door did not close to create a seal. This could impact on the effectiveness of the fire doors to contain fire, smoke or fumes.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of

restrictive practices. The use of restrictive practises were regularly reviewed to ensure appropriate usage.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the designated centre. Inspectors observed that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day.
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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ealga Lodge Nursing Home OSV-0005665

Inspection ID: MON-0043436

Date of inspection: 20/08/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1. Proof of qualification has been included in the nurses' files as identified during inspection. Completion date: 22/08/2024 2. All staff files are currently being audited, to ensure compliance with Schedule 2. Completion date: 29/11/2024. 3. All resident records are now held in a registered lockable area in the designated centre. Completion date: 29/11/2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Proof of qualification has been included in the nurses' files as identified during inspection. Completion date: 22/08/2024. All staff files are currently being audited, to ensure compliance with Schedule 2. Completion date: 29/11/2024. All resident records are now held in a registered lockable area in the designated centre. Completion date: 29/11/2024.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. A risk assessment will be completed to ensure the placement of refuse bins is in line with IPC and best practice and safety measures. Refuse bins are currently only placed next to handwash sinks. Completion date: 13/10/2024
2. Storage of the linen trolleys is under review to identify more appropriate storage area. Completion date: 31/10/2024.
3. All residents will have access to lockable storage within their rooms, and they also have availability of a secure safe within the office of the financial controller. Completion date: 29/11/2024.
4. There is a clear schedule of works, which had been identified prior to the inspection, which includes painting and floor repairs. This is planned to be completed once fire door works are completed. This will commence 01/03/2025. Should there be any delay due to completion of fire door works, which is outside the control of the provider, the Chief Inspector will be notified.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Combustible materials stored in the attic will be removed. 31/10/2024.
2. Personal Emergency Evacuation Plans are updated and displayed in all resident rooms. Completion date: 21/08/2024.
3. Fire precautions will be completed within the stated timeframe; however, this is dependent on third party contractors' availability and should there be any delay beyond the compliance plan date, which will be outside the control of the provider, the Chief Inspector will be notified. All Fire door works will be completed. Works completed to date: 47 full fire door kits replaced. 02/10/2024. Fire stop works completed in Zone D (corridor 1), Zone C (corridor 2) and Zone B (corridor 3). 02/10/2024. 45% of the fire stopping works is now complete. Contractors are on site weekly completing the outstanding works. To be completed: Zone A (corridor 4) and first floor (room 39-47) fire stop works. All double doors to be replaced have been ordered and awaiting delivery from manufacturer. Completion date: 28/02/2025.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/11/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/11/2024

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.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/02/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2025