



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

Issued by the Chief Inspector

Name of designated centre:	Eliza Lodge Nursing Home
Name of provider:	Eliza Care Limited
Address of centre:	Boherdunrow, Banagher, Offaly
Type of inspection:	Unannounced
Date of inspection:	06 June 2024
Centre ID:	OSV-0000663
Fieldwork ID:	MON-0043435

About the designated centre

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

Eliza Lodge Nursing Home is a purpose built 50 bed nursing home in a rural setting within driving distance of the town of Banagher in Co Offaly. The designated centre is a single storey premises and accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 34 single and eight twin bedrooms, all with full en suite facilities. A variety of communal areas are available to residents including a dining room, sitting rooms and an enclosed garden area. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Eliza 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:	38
--	----

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
Thursday 6 June 2024	10:00hrs to 19:30hrs	Leanne Crowe	Lead
Thursday 6 June 2024	10:00hrs to 19:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

The inspectors found that residents had a good quality of life and were supported by staff to remain independent. Residents said they were glad of the support they received from staff. Residents expressed high levels of satisfaction with the time it took to have their call bells answered, and the quality of the food. From observations made by the inspectors, it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day. Positive comments made by residents to inspectors included "this place is divine" and "I am looked after so well".

The inspectors were met by the person in charge on arrival at the centre. Following an introductory meeting, the inspectors walked through the centre and spent time talking to residents and staff, and observing the care environment. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care.

For the most part, residents' feedback was that they felt safe in the centre. However, a number of residents described the impact and challenge of living with other residents who had complex physical and psychological needs. Some residents found this challenging, especially when these issues impacted on their personal spaces and possessions. Some residents reported that this was distressing and disturbed their sleep. Residents believed improved support and supervision of residents with complex care needs was required.

Residents told the inspectors that they were happy with their bedrooms. Rooms were personalised with photographs and mementos, which provided glimpses into residents' lives and family connections.

The main communal sitting room was occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. There was manicured, well-maintained enclosed gardens that residents could access at all times.

The inspectors spent time observing the dining experience. Residents were provided with assistance at mealtimes and were not rushed. Staff were observed supporting residents to eat and ensuring that they had taken adequate nutrition. Staff engagements were patient and kind.

The social activities calendar in the centre was important to the residents. The feedback from residents regarding activities held in the centre was mixed. A small number of residents told the inspectors that there was an over reliance on the television as a source of entertainment. When asked if they would attend group activities, the residents spoken with felt they would if there was a more varied

programme of activities available.

Residents described the variety of activities they could choose to attend. These included bingo, exercise sessions and music activities. There was a member of staff appointed to activities seven days a week. On the afternoon of the inspection, the inspectors observed an exercise session. The person facilitating the session actively encouraged all residents to join in. The residents were observed to enjoy the activity with plenty of laughter.

The inspectors observed that residents were well dressed, and residents confirmed that staff assisted them in a kind and patient way.

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 on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that this was a well-managed centre, where residents were supported and facilitated to have a good quality of life. This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the last inspection findings from March 2023 and found that the provider had completed all of the actions outlined within their compliance plan response. Notwithstanding the positive findings, the inspectors found that the care provided to residents that presented with responsive behaviours was not always managed in line with their respective care plans. In addition, the systems in place to monitor the supervision arrangements for some residents with complex care needs was not always adequate to ensure a good quality of life and the safety of all residents.

The inspection took place over one day. There were 38 residents accommodated in the centre on the day of the inspection and 12 vacancies.

Eliza Care Limited Company is the provider of this centre. The governance and management of the designated centre was well organised and the centre was well resourced. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge demonstrated a good understanding of their role and responsibilities, and were a visible presence in the centre. They were supported in this role by members of senior management including a general manager and quality and assurance lead, both of whom attended the centre on the day of the inspection. The person in charge had oversight of a full complement of staff including a clinical nurse manager, nursing and care staff, activities, housekeeping, catering, administrative and maintenance

staff.

The provider's oversight of the management of responsive behaviours was not always sufficient, as it did not ensure that residents were appropriately supported and supervised when exhibiting responsive behaviours. This is outlined in detail under Regulation 7, Managing behaviour that is challenging.

There was evidence of regular governance meetings which were attended by members of the senior management team, as well as the person in charge and clinical nurse manager. Records of these meetings indicated key operational and clinical items were discussed and action plans from recent audits were reviewed to assess progress with completion. All resulting actions from the items discussed were assigned to a named person within an accompanying time frame. Other meetings that occurred regularly included senior team meetings, health and safety meetings and individual staff group meetings. Records of these meetings were maintained and were available for review.

The quality and safety of care delivered to residents was monitored through a range of clinical and operational audits. The audits included reviews of care planning documentation, residents' mealtime experience, incidents involving residents and wound management. The inspectors found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. Quality improvement plans were developed in line with the audit findings and these were monitored to ensure that actions were completed in a timely manner.

The general manager had recently completed a walkthrough of the centre with the person in charge, whereby residents were met with and the general environment was reviewed. Any actions identified were compiled into an action plan and many of these had been addressed at the time of the inspection.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed.

Staff files reviewed contained all of the information required under Schedule 2 of the regulations, including vetting disclosures from An Garda Síochana. There was evidence that all staff completed an induction programme upon commencing employment in the centre. Staff had access to a range of training modules that were provided in-person or online, in areas such as fire safety, the safeguarding of residents and dementia care. While staff who spoke with inspectors demonstrated good knowledge of the actions to take in response to a fire, their knowledge of the management of the responsive behaviours of individual residents within the centre was not always aligned to the resident's care plans.

On the day of inspection, the staffing levels were appropriate for the size and layout of the building, and to meet the assessed needs of the current residents.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was prominently displayed for information for residents and their relatives in the main

reception area. However, complaints were not always managed in line with the centre's policy. Inspectors found a small number of incidents of concern that had been brought to the attention of the care team that were not logged as a complaint. Inspectors found that an expression of dissatisfaction with any aspect of the service was not always escalated to the management team, or that this would constitute a complaint and should be managed, in line with the complaints policy.

Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training to support them to meet the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place in relation to the management of residents with complex care needs did not ensure that the service was safe and effectively monitored at all times.

There was a clearly defined management structure in place. The management team were aware of their individual roles and responsibilities. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors were not assured that when residents voiced dissatisfaction with parts of

the service, that this information was managed in line with the centre's complaints policy and escalated to senior management to ensure that appropriate action was taken. For example, during the inspection, the inspectors were told of complaints that residents had made to the staff that were not recorded and managed in line with the requirements of Regulation 34.

Judgment: Substantially compliant

Quality and safety

The inspectors found that residents living in the designated centre received a high standard of direct care and were treated respectfully by staff. Care delivered to the residents was of a good standard and this was reflected in the clinical documentation reviewed.

While there were systems in place to support residents that exhibited responsive behaviours, inspectors found that these did not were not always effective. Inspectors found that the oversight of the training in relation to the management of responsive behaviours was not adequate. Staff who spoke with inspectors could not clearly describe what action to take in the management of residents who were presenting with responsive behaviours, or outlined actions that did not correspond with those outlined in the residents' care plans.

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 provider had regularly reviewed the use of restrictive practises to ensure their use was appropriate.

Residents' clinical care records were maintained on an electronic record systems and staff were observed to be proficient in navigating the system. A sample of residents' files were reviewed. Residents' care plans and daily nursing notes were recorded. Overall, care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity or malnutrition. Care plans were person-centered and guided care. However, inspectors found that some initial care plans were not developed within 48 hours of admission into the centre, as required by the regulations.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had access to health and social care professionals for additional professional expertise. There was clear evidence that recommendations made by allied health care professionals was implemented, which had a positive impact on a resident's overall health.

The design and layout of the premises was appropriate for the needs of the current residents. Residents were provided with sufficient storage in their bedrooms for personal possessions and were encouraged to personalise their bedrooms with items

that were meaningful to them. The provider had addressed the actions from the last inspection in relation to the management of laundry.

A programme of maintenance work had been carried out in the centre since the previous inspection, which had addressed the corresponding action plan for Regulation 17, Premises, in full. This included the refurbishment of the laundry facilities, the installation of clinical handwash sinks and repair works to floor coverings in communal toilets. However, on this inspection, the inspectors found that there was inadequate storage in the laundry facilities and the clinical room. The flooring in toilets, as well as some furniture and skirting boards were in a poor state of repair. In addition, storage facilities separate to the main building of the centre were unsuitable as they were not visibly clean.

There were processes in place to ensure that residents were consulted with in relation to the organisation of the service. There were resident meetings which sought resident's opinions on the quality of the food, the activity programme and other key areas of the service. Surveys were conducted with residents in July and December 2023, with feedback given regarding items such as the physical environment, the activity programme, residents' privacy and their rights. The completed surveys were analysed and informed the development of an action plan to address any areas of improvement that were identified.

Residents' independence was promoted. Residents had access to advocacy services and information regarding their rights. Throughout the inspection, inspectors observed residents exercising choice in relation to their daily routines. Residents were supported to engage in activities that aligned with their interests and capabilities. A review of residents' meeting minutes indicated that residents had requested more outings and better communication in relation to the choice of activities. The management team informed the inspectors that they had recently organised one outing in May and planned to have more in the coming months.

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

The premises did not meet the requirements of Schedule 6 of the regulations:

- Some furniture and aspects of the interior of the designated centre were not kept in a good state of repair

- Residents' supportive equipment was stored in an external storage area that was not visibly clean
- There was inadequate storage in the centre's clinical room and laundry facilities.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that care plans were not always prepared with 48 hours of admission to the centre as is required by the regulations. For example, a number of care plans reviewed had not been developed until four days following residents' admission to the centre, while another care plan was not developed until nine days following their admission. This did not ensure that residents were provided with care that was appropriate to their assessed needs upon admission to the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. In addition, there was good evidence that recommendations were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge did not ensure that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours. The inspectors found incidents whereby residents that had presented with responsive behaviours were not appropriately supervised. A review of the records of incidents of responsive behaviours found that care was not given in line with the resident's own care plan. In addition, not all staff were familiar with the detail contained in care plans on de-escalation techniques to be adopted during incidents of agitation and distress.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors saw that residents' privacy and dignity was respected. Residents told the 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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eliza Lodge Nursing Home OSV-0000663

Inspection ID: MON-0043435

Date of inspection: 06/06/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. All staff updated at handovers and 'table top talks' with regards to the importance of supervision and monitoring, in line with residents identified care needs and care plans (30.06.24) 2. A 'Supervision of Residents' Policy is being developed, to support and guide staff to better understand their roles and responsibilities, the policy includes levels of supervision, and what are the requirements for each level, and how to support residents' rights, positive risk taking, dignity etc. (31.08.24) 3. Managing Violence & Aggression and Management of Behaviour that is Challenging Policies to be reviewed & amended as required, to ensure that they adequately support and guide staff in terms of strategies to effectively manage and respond responsive and challenging behaviours and de-escalation techniques etc. (31.08.24) 4. All ABC Charts, incident reports, priority entry reports are reviewed weekly, to identify any particular patterns and trends, to review how incidences are responded to and to review/ debrief with staff to identify alternative strategies/ responses if applicable. 5. The staff induction program will be updated to ensure that supervision of residents is discussed/ explained during staffs' induction period (31.08.24) 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. All staff have been updated with regards to reporting and recording all expressions of dissatisfaction, complaints & concerns from residents to the PIC and or CNM. 	

2. All staff have access to the Complaints Management Policy and the PIC/ CNM have discussed how this policy is implemented, roles and responsibilities with staff during handovers and Safeguarding 'tabletop' talks.

3. All staff to complete the HSE Land Effective Complaints Handling Training.

4. Complaints & concern is an ongoing Residents Committee Meeting agenda item, where residents are encouraged to raise concerns/ complaints and have an opportunity to discuss any dissatisfaction with any aspect of the service that they may have.

5. The PIC and CNM (and at times accompanied by the Group General Manager or Quality Assurance Lead), are completing regular building walks, and meet with residents, and are actively encouraging them to raise any expressions of dissatisfaction, complaints & concerns that they may have.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:

1. Clinical & laundry room storage reviewed, additional shelving to be added (31.08.24)
2. Flooring in bathroom to be replaced (30.09.24)
3. External storage with supportive equipment, area to be tidied, surplus stock to be removed (31.08.24). External storage area to be included in Health & Safety Walkthrough Checklist.
4. Painting task list, including skirting boards, complete, all painting tasks to be completed by 31.10.24
5. Full furniture review to be complete by 31.08.24, with refurb, repair, replacement plan to be complete by 31.01.25

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:

1. All nursing staff have been updated as to the importance of initiating residents care plans within 48 hours of admission.
2. The PIC and CNM are monitoring this practice on a daily basis and providing written communication with nursing staff regarding residents admitted and requirement for care plans to be initiated.
3. Compliance with preparing care plans within 48 hours of residents' admission is recorded in the weekly report, submitted by the PIC to the Senior Management Team.

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ol style="list-style-type: none"> 1. Training has been arranged to enhance the skills and knowledge of Nursing and caring staff when managing residents exhibiting responsive or challenging behavior (31.08.2024). 2. The staff induction program will be updated to ensure that supervision of residents, responding to responsive/ challenging behaviours, how to access care plans is discussed/ explained during staffs' indication period (31.08.24) 3. All nursing and health care staff do have access to all residents' care plans, and the resident's responsive behaviour/ challenging behaviour care plans have been discussed at handover and 'table top' talks to ensure that staff are familiar with the outlined strategies to deescalate and support behaviours. 	

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(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.	Substantially Compliant	Yellow	31/01/2025
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	31/08/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on	Substantially Compliant	Yellow	31/08/2024

	foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
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	13/06/2024
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.	Not Compliant	Orange	31/08/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in	Substantially Compliant	Yellow	31/08/2024

	a manner that is not restrictive.			
--	-----------------------------------	--	--	--