

**Health Information and Quality Authority
Social Services Inspectorate**

**Regulatory Monitoring Visit Report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Earlsbrook House Nursing Home
Centre ID:	0033
Centre address:	41 Meath Road Bray, Co Wicklow
Telephone number:	01 2761601
Fax number:	01 2761613
Email address:	kaycheevers@firstcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Mervyn Smith
Person in charge:	Catherine (Kay) Cheevers
Date of inspection:	21 September 2010
Time inspection took place:	Start: 08:00 hrs Completion: 14:00 hrs
Lead inspector:	Sonia McCague
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Earlsbrook House Nursing Home is a three-storey property providing 64 residential places to residents primarily over the age of 65, some of these residents have dementia related conditions. Short-term convalescence and respite care is also provided for residents with low, medium and high dependency and there was one resident under the age of 65.

The building comprises of two three-storey houses that have been converted to operate as a nursing home, with a two-storey extension. There are two entrances - the main entrance is to the left of the building while the second entrance is on a side street. There are ramps to enable residents' accessibility and the entrances are fitted with coded locks. There is a small yet bright hallway/reception on entering the premises. A nurses' station and office facilities are located on the ground floor. Two large well maintained sitting rooms, a conservatory, a reception/activity room and a number of dining rooms are also on the ground floor. The dining areas are located next to the main kitchen.

Bed room accommodation is as follows:

- on the ground floor there is one three-bedded room and 22 single rooms (accommodating 25 residents)
- on the first floor there are 19 single rooms (accommodating 19 residents)
- on the second floor there are five twin rooms, three three-bedded rooms and one single room (accommodating 20 residents)

Six bedrooms (two on the ground and four on the first floor) have en suite facilities. There are a limited number of shower/ bath facilities provided.

While there is a chair lift or passenger lift between floors, each level is not accessible across the upper floors as the building is made up of three distinct structures with the ground floor connecting them. In the converted houses sections, shared rooms on the first and second floors are accessible by a chair lift, though only for residents able to use such a lift. In the extension the rooms on the first floor are accessible by a passenger lift. The first and second floors are not accessible between the houses and the extension and can only be accessed by returning to the ground floor.

At the side of the building there is a secure and safe landscaped area with a patio and seating.

A limited amount of street parking is available to the front and side of the premises.

Location

Earlsbrook Nursing Home is located on Meath road which is off the coastal road in Bray, County Wicklow, and a short distance from the sea front. There is a selection of shops, banks, chapel/church, hotels and coffee shops located close by.

Date centre was first established:	1995
Number of residents on the date of inspection	59 + 1 in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	28	18	13

Management structure

The provider is Firstcare Ltd and the nominated representative is Mervyn Smith. The Director of Operations is Eilish Carroll. She is the Manager of six centres owned by Firstcare Ltd and reports to the provider. The Person in Charge is Kay Cheevers, she reports to the Director of Operations. All staff including nurses and care assistants report to the Person in Charge. Catering services are provided by an external catering company whose manager reports to the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1 (deputy)	2	9	3	5	1	2 activity coordinator and operations manager

Summary of findings from this inspection

This was the first inspection carried out by the Health Information and Quality Authority (the Authority) and it was an unannounced regulatory monitoring inspection. The inspector focussed on key aspects of governance, resident care and environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

The inspection process included discussions with residents, the operations manager, the deputy person in charge, and staff. Documentation examined included fire safety records, health and safety documentation, operational policies and procedures, staff files, care plans and assessment records. The inspector also had opportunity to review the environment and observe care practices.

The person in charge was an experienced nurse and had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. She facilitated the inspection process by having documents readily available. Staff members confirmed that good relationships existed with the management team.

Inspectors were satisfied that residents were well cared for and their nursing and healthcare needs were addressed in the main. Residents told inspectors that they were familiar with the complaints process and felt safe.

Three serious issues were identified during this inspection. There was no lift access to some parts of the building and some residents were restricted in their movement throughout the building. Environmental restraint was in use and there were gates across some residents' bedroom doors, which were locked on occasion. The inspector was concerned that there was insufficient staff on duty to meet all the needs of residents, in view of dependency levels and the layout of the building.

A number of areas for improvement were identified by the inspector - these included the policies, procedures, systems and practices in place to manage environmental risks, the need to review the meals and dining arrangements, staff training and supervision.

Required improvements are detailed in the Action Plan at the end of this report.

Comments by residents and relatives

The inspector met with residents individually and in groups during the inspection. They expressed overall satisfaction with the staff and the care they received. Residents able to communicate to the inspector expressed satisfaction with the meals provided for them.

They were appreciative of the efforts made by staff on a day-to-day basis. One resident said the centre was "homely" and "comfortable" and commented on how she liked activities such as bingo.

Governance

Article 5: Statement of Purpose

A statement of purpose was available that substantially complied with the requirements of Schedule 1 of the Regulations.

The categories of care outlined in the statement of purpose reflected the resident profile and included the provision of care to residents with dementia and residents under 65 years with physical disability.

Article 15: Person in Charge

The person in charge was on leave at the time of the inspection. The clinical nurse manager Louise Moran was in charge and told the inspector that she deputised for the person in charge. She told the inspector that she had worked in the centre for a number of years on both day and night duty and that the person in charge had 20 years nursing experience in caring for older people.

The roster confirmed that both the person in charge and deputy worked on a full-time basis and were supported by an operations manager. During the inspection, the operations manager, Eilish Carroll, visited the centre and participated fully in the inspection process.

Article 16: Staffing

Article 17: Training and Staff Development

Article 18: Recruitment

Staff were knowledgeable about residents, had established a good relationship with them and the inspector saw them speaking to residents in a friendly and helpful manner. Staff told the inspector that teams of staff were allocated to care for a specific number of residents. Staff said this approach was to ensure continuity of care on a weekly basis. Staff spoken with were clear about their reporting responsibilities and were able to explain these to the inspector.

On two occasions, practices were observed whereby the privacy and dignity of residents was not safeguarded. For example, two staff members were attending to a resident in a three-bedded room without pulling the screens around the bed to ensure the resident's privacy. This resident was seen by the inspector unclothed and uncovered. On the second occasion, the door of a resident's bedroom was held open and the resident was seen sitting on a commode half clothed while a staff member was making the bed.

There was a recruitment policy in line with the Regulations in place. It included procedures and guidance on application forms, employment contracts, induction, probation and appraisal. Examination of two staff files and conversations with staff verified that the policy and procedures were implemented into practice.

The inspector reviewed the training logs which showed that training was provided to staff on the Standards, food and hand hygiene, managing behaviour that challenged, medication management and nutrition. However, the provision of mandatory training such as moving and handling had not been provided to all staff. In a recent accident and incident audit, this mandatory training was identified as an issue to be addressed. Following the inspection the person in charge notified the inspector that training in moving and handling was scheduled to take place over three days in October and November 2010.

Staffing levels did not appear satisfactory during this inspection. Staff were not readily available to ensure residents were assisted appropriately at meal times and meals. In addition, staffing levels at night time comprised of two nurses and two care attendants to maintain the care and welfare of 59 residents with significantly high dependency needs. These staffing levels were not considered adequate when the inspectors considered the following issues:

- the first and second floors were in three sections of the building and staff could not access all areas of the building from each level, staff had to return to the ground floor of each section to access another floor. The layout also limited the ability to provide increased supervision, particularly at night with only four staff on duty for up to 64 dependant residents.
- an audit of accidents and incidents was carried out by the person in charge on a monthly basis. The audit was reviewed and showed a significant number of accidents/falls in the evening and at night time when staffing levels were reduced from an average of 20 staff on day duty to four on night duty.
- many residents required a minimum of two staff to assist them and required assistance with repositioning, drinks, meals and getting in/out of bed and their elimination needs
- there were environmental restraining devices in use, including stair gates to replace adequate supervision of residents.

Article 23: Directory of Residents

A register of residents was maintained in accordance with the information required by legislation. The register was examined by the inspector in respect of some of the residents and was found to contain the required information.

Article 31: Risk Management Procedures

Accidents and incidents were recorded and audited on a monthly basis but there was no evidence of learning or improving practice as a result of undertaking audits. The last recorded audit was in August 2010. Audit forms included a section to be completed by the person in charge and included details of further action required in order to inform learning and improve practices. However, the need to provide moving and handling training to staff had been previously identified as a required action but the training had not been provided. The accident records for September also indicated that all residents who sustained a fall were living on the first and second floors but there was no action taken as a result of this information to provide enhanced supervision for them.

A safety statement and an emergency plan in the event of a fire was available in the centre, but, a risk management policy in accordance with the requirements outlined within this article was not implemented.

Article 39: Complaints

The policy and procedure for managing complaints was examined and found to contain the information required by legislation. It provided information on the making, handing and investigation of complaints and the procedure was prominently displayed on the main notice board. A summary of the policy/procedure was available in the Residents' Guide and the statement of purpose.

The record of complaints was examined by the inspector. This had been satisfactorily maintained and described the details of the complaints, the outcome and action taken as a result of investigation. Residents spoken with knew who to complain to if they had any concerns.

Article 36: Notification of Incidents

Submission of notifications showed that the person in charge and deputy were aware of their responsibility to notify the Chief Inspector of Social Services of incidents, in accordance with the legislation. Notifiable incidents and quarterly reports had been submitted to the Authority in compliance with legislation.

Resident Care

Article 9: Health Care

The person in charge explained that two general practitioners (GPs) visited once a week to review residents when necessary. Residents were encouraged to keep their own GP where possible. The nurses said residents had access to the Psychiatry of Old Age Team, for those with particular needs and in order to provide specialised care. The nursing staff also explained that residents had access to chiropody, dietetics, optician services, dental, physiotherapy and occupational therapy when required. These services were accessed by GP referral to the Health Service Executive (HSE), and at an additional cost to residents in some cases. There was documentary evidence to support referral and access to health professionals in a sample of records reviewed.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The person in charge had well documented policies and procedures relating to medication management. The inspector reviewed the medication management policy and practices. Nursing staff were knowledgeable about their roles and the policies and procedures in place. Medications, including controlled drugs, were stored in a safe manner which met legislative requirements.

A number of residents' prescriptions were noted to have one only GP signature to authorise all medications prescribed. For example, one resident had a prescription of 13 listed medicines - the GP had not signed each prescribed medication individually. Instead he had included one signature for all those listed. This practice increased the risk of medication errors and was not in line with professional guidelines.

Article 6: General Welfare and Protection

Reasonable measures by way of a prevention of elder abuse policy and procedure was in place to assist and guide staff in protecting residents from all forms of abuse and responding to allegations of abuse. Training on elder abuse had been provided for staff, which they confirmed during discussions with the inspector.

Additional policies and procedures including meeting the physical, emotional and family needs of the dying person was in place to support the general welfare of residents near their end of life.

A policy on the use of restraint was forwarded to the inspector. It identified the general types of physical and chemical restraint but did not include the specific type of restraints in use in this centre such as stair gates. Wooden stair gates were seen in use at the doorways to residents' bedroom. The dependency levels of residents in these rooms were assessed as predominantly high and medium and some residents had dementia or cognitive impairment. Staff confirmed to the inspector that these gates were locked while residents were in their rooms to prevent residents wandering out and possibly falling down

stairs or wandering about the centre unsupervised. These locked gates acted as a form of restraint which was inappropriate and undignified. The inspector found little evidence that assessments were undertaken or alternative measures such as increased supervision of residents had been considered. There was no record of the duration for this restraint and whether it was to remain in place.

Consideration had not been given to accommodating residents who were immobile or with limited mobility and impaired cognition on the ground floor instead of the first and second floors. Residents who used specialised chairs were accommodated on floors with no access to a passenger lift but only a chair lift. They were unable to go to other areas of the building such as the dining room or to engage in any meaningful stimulation or activities. Staff told the inspector that some dependent residents on the first and second floor remained in their shared rooms all day and night. Therefore, they did not get to experience life outside of their bedroom.

Article 20: Food and Nutrition

Article 10: Residents Rights, Dignity and Consultation

Catering was provided by an external catering company and audits carried out by the company were available for inspection. The chef was available to discuss the ordering, storage, preparation and cooking of food. Records reviewed by the inspector showed satisfactory systems were in place. Records of inspections carried out by an Environmental Health Officer were available. They showed that corrective action had been taken to achieve satisfactory operational hygiene standards within the kitchen. The chef told the inspector that he had worked in the centre for 10 years and was a registered food safety trainer. He provided food hygiene training to staff and records were provided to confirm this. A choice of food from a menu was offered to residents. The four-week menu plan indicated that the food provided gave lots of variety and had good nutritional balance. A dietician and nutritionist were available for those residents with special dietary needs. Residents were offered choices in relation to refreshments with meals and through out the day.

Staff were observed assisting residents with their lunch but this assistance was not offered discretely, sensitively or individually. It was noted that three residents' lunches (three courses) were brought to the first floor and left uncovered on a tray outside the residents' bedrooms. There was only one staff member assisting a number of residents to eat while the meals for other residents requiring assistance became cold.

A number of small and interlinked dining rooms were available located next to the main kitchen. They were clean and pleasantly decorated. Tables were attractively set and had a printed menu to assist residents to choose their meal. However, the inspector noted that staff, visitors and residents had to go through the dining rooms to access both sides of the centre as no separate corridor existed. This meant that there was constant traffic and disruption to residents while dining. In addition, the inspector saw residents smoking in the dining rooms while other residents dined. Staff and residents told the inspector that it was normal practice for residents to smoke in the dining room.

Environment

Article 19: Premises

The building was homely in many ways with colourful craft work and pictures displayed along corridors and in day rooms, it was clean and the décor was well maintained. Some residents' rooms were personalised with mementoes and keepsakes. However, because the building was old, some of the individual and communal space available to residents did not meet the criteria within the Standards.

A significant number of environmental issues were identified including the following:

- the number of assisted toilets and bathrooms throughout the centre was inadequate. For example, only one assisted bathroom with a shower and toilet facility was available for up to 17 residents on the ground floor of the converted houses section
- bathrooms were not located in close proximity to residents' bedrooms particularly on the ground floor and in parts of the second floor. This was confirmed with residents and staff
- there were four bedrooms shared by three residents and while the room measurements may have met the minimum requirements in size, the shape and layout did not facilitate the use of assistive equipment without impacting on others sharing the same room. For example, the space between two beds in one bedroom was only 18 inches
- residents on the first and second floor did not have adequate access to communal areas because there was no passenger lift
- the inspector was informed that the staff toilet was used by visitors, although this was not an assisted toilet
- the laundry room was too small to allow staff to separate clean and unclean clothes
- storage space throughout the centre was inadequate - equipment including oxygen cylinders, wheelchairs, walking frames and hoists were seen stored along corridors. Commodes and specially modified chairs were stored in most residents' rooms when not in use restricting the floor space
- the hairdressers equipment was stored along a corridor.

Article 32: Fire Precautions and Records

The inspector reviewed the fire register. Records of the maintenance of fire fighting equipment and fire alarm service records were available and up-to-date. The fire alarm had been serviced on 28 January 2010, emergency lighting and fire equipment was recorded as serviced in May 2010. Fire safety records showed that internal fire drills had been carried out in May, June and August 2010 however the last formal fire training was provided on 7 and 8 September 2009. Following the inspection the deputy person in charge and operations manager confirmed to the inspector that formal fire training was scheduled to take place on 26 October 2010 and 4 November 2010.

During the course of the inspection the inspector noticed that a magnetic door release on a fire door on the ground floor was malfunctioning while on another fire door the magnetic door release was missing. These fire doors were wedged open and were unable to operate as intended which posed a serious risk to residents' safety. The inspector asked the deputy person in charge to address this issue as a priority.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the operations manager and the deputy person in charge report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, operations manager, deputy and staff during the inspection.

Report compiled by:

Sonia McCague

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 October 2010

Provider's response to inspection report

Centre:	Earlsbrook Nursing Home
Centre ID:	0033
Date of inspection:	21 September 2010
Date of response:	18 January 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Adequate precautions against the risk of fire, including staff training and arrangements for containing fires were not in place.

Action required:

Take adequate precautions against the risk of fire, including adequate arrangements for detecting, containing and extinguishing fires, the evacuation, in the event of fire, of all persons in the designated centre and safe placement of residents, the maintenance of all fire equipment, reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action required:

The registered provider should take adequate precautions against the risk of fire, including arrangements for persons working at the designated centre to receive suitable training in fire prevention.

Ensure, by means of fire drills and practices at suitable intervals, that the persons working at the designated centre and, insofar as is reasonably practicable, residents, are aware of the procedure to be followed.

Reference:

Health Act, 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
--	------------

<p>Provider's response:</p> <p>The provider provides a comprehensive policy on emergency response to fire. The provider employs expert Fire Consultants to work in conjunction with a company to oversee all aspects of Earlsbrook House's compliance with the Fire Regulations and to ensure that that the home is fitted with the most up-to-date fire prevention, detection, containment, evacuation, extinguishment equipment and devices, policies and procedures. The company are employed on a comprehensive 365 day a year contract and they are routinely on site checking their equipment.</p> <p>In addition, the in-house maintenance operative has a regular programme of checking that all the magnetic door releases are working correctly throughout the building, and he has spare parts and batteries in his store so that he can sort any problems immediately.</p> <p>The provider acknowledges that on the day of the inspection there was a malfunctioning magnetic door release. The maintenance operative had it in hand and completed his repairs by 8.00 pm that evening. A second magnetic door release was not in place as it was being replaced by the company due to a fault. That task was completed the following day. The provider acknowledges that wedges were used whilst the above doors were awaiting repair and the provider can confirm that the wedges have been disposed off.</p> <p>The provider provides a comprehensive induction and training programme for all it staff. Fire drills and fire warden training are an important part of this programme.</p> <p>Fire Drills are carried out quarterly and the dates of fire drills for 2010 were as follows: 10 March 24 and 29 June 4 September</p>	<p>Complete</p> <p>Complete</p>
--	---------------------------------

Fire warden training takes place annually the training for 2009 was carried out on 7 and 8 September, 2010 was carried out on 6 October and 4 November.	
---	--

<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The number of staff on duty was not appropriate for the assessed needs of residents and the size and layout of the centre.</p>
--

<p>The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>An insufficient number of staff were available to discretely, sensitively and individually assist residents who were dining in their rooms.</p>
--

<p>Action required:</p> <p>The person in charge shall ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.</p>

<p>Action required</p> <p>Provide appropriate assistance to residents who, due to infirmity or other causes, require such assistance with eating and drinking.</p>

<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>
--

Please state the actions you have taken or are planning to take with timescales:	Timescale:
---	-------------------

<p>Person in Charge's response:</p> <p>The person in charge constantly monitors the number and skill-mix of the staff on duty so that it reflects the assessed needs of the residents in the context of the size and layout of Earlsbrook House.</p> <p>The catering and beverage experience is very important to all the residents in the home and everything is planned in conjunction with the residents. Staff are trained to offer assistance to the residents at mealtimes in a discreet, sensitive and individual manner and pride themselves on their professional relationships with each individual resident. Therefore, we were all naturally very disappointed with the inspectors observations. The provider will endeavour to work</p>	
--	--

<p>with all the staff, through training and support to improve this important part of our service to our residents.</p> <p>The person in charge and her management team are constantly monitoring their staffing needs. In August 2010 the person in charge highlighted that she was monitoring the evening and night time staffing levels and she would revert on return from her annual leave. The deputy home manager had previously been a senior member of the evening/night staff and was very familiar with both the residents and the staff. The decision was made on her return from annual leave in October 2010 that she did not wish to make any changes at that point.</p> <p>However, as part of a subsequent standard review of the resident numbers and profile in the home, in December 2010, the home manager recommended that another staff member be added to the evening/night time shift. The directors of operations and the provider agreed with this recommendation.</p>	<p>Completed</p>
---	------------------

<p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Staff did not respect residents' privacy and dignity while assisting residents with personal hygiene and elimination.</p>	
<p>Action required:</p> <p>The person in charge shall ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.</p>	
<p>Action required:</p> <p>The person in charge shall ensure that all staff members are supervised on an appropriate basis pertinent to their role to enable residents to undertake personal activities in private and with respect.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 10: Residents Rights, Dignity and Consultation Regulation 17: Training and Staff Development Standard 24: Training and Supervision 	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Person in Charge's response:</p> <p>The experienced and dedicated team of staff in Earlsbrook House are fully inducted and trained so that they have the knowledge and skills to be able to deliver meaningful and consistent person-centred care. We accept that we must ensure doors and screens are always monitored to ensure that all residents are afforded complete privacy and dignity at all times. We have all spoken about this as a team and will endeavour, through discussion and training to ensure that it is not repeated.</p> <p>The bed screens in all multiple rooms have been assessed and where necessary they are being redesigned in order to ensure that resident enjoy privacy and dignity at all times.</p> <p>All staff have received in service education to reiterate the importance of maintaining the dignity and respect for all residents</p>	<p>Complete</p> <p>Complete</p>
--	---------------------------------

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A comprehensive risk management policy was not implemented in the centre.</p> <p>Adequate precautions were not in place to control risks identified in audits and environmental risks.</p> <p>Residents maintained on the first and second floors did not have a lift provided.</p> <p>Mandatory training in moving and handling training had not been provided to all staff.</p>	
<p>Action required:</p> <p>Put in place a comprehensive risk management policy.</p>	
<p>Action required:</p> <p>Adequate precautions to control risks identified in audits and environmental risks should be identified, assessed and monitored to ensure all reasonable measures are in place to prevent accidents to residents.</p>	
<p>Action required:</p> <p>Where residents are maintained on two, or more, floors provide a lift.</p>	
<p>Action required:</p> <p>Mandatory moving and handling training should be provided to all staff.</p>	

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: <p>The provider has in place a comprehensive risk management policy, which has been developed over a number of years with the assistance of in-house and external expert advisors.</p> <p>The provider is committed to developing processes and structures that are directed towards identifying and minimising actual or potential risk. This includes both clinical and non clinical risks. Staff are aware of their responsibility in relation to identifying risks and taking appropriate action to minimize same. Staff are taught to identify risks to all categories such as residents, staff, public and environment.</p> <p>There is a risk management committee in place which meets monthly. All incidents/accidents are reported reviewed and actioned by home manager. Monthly audit carried out by home manager and reviewed by general manager. Root analysis carried out where appropriate to identify if system, procedure changes or training is needed.</p> <p>A comprehensive risk management policy which includes clinical and non clinical nurse risk management has recently been drawn up and was available on the day of inspection. This policy will be implemented across all of the company's homes by providing in service education to staff and monitoring for its effectiveness by the risk Management committee.</p> <p>Earlsbrook house is a combination of two period buildings, and two modern extensions. We fitted two large passenger lifts in 1995 and 1999 respectively. In addition, in keeping with countless public and private nursing homes throughout Ireland and the UK, we also utilise chairlifts to access any areas not served by a lift. Over the past 17 years we have been continually renovating and enhancing all areas of the nursing home so that the residents can experience that "home from home" atmosphere that they grew up with, combined with all the modern conveniences required in 2011. As part of our stated continuous improvement ethos, we are currently examining new mobility access technology from the UK so that we can continue to provide the essential "access all areas" experience for all our residents, in all parts of the nursing home, particularly for our less mobile residents.</p>	March 2011

Manual Handling Training - all staff had completed manual handling training within the past three years. Re-training in manual handling was held on 18 and 21 October and 1 November 2010. All staff have now been retrained.	Complete
---	----------

5. The provider has failed to comply with a regulatory requirement in the following respect:	
Medications prescribed were not signed individually by the GP instead one signature was used for a number of medications.	
Action required:	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.	
Reference:	
Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The provider and Earlsbrook House have a comprehensive medication management policy in place that includes the ordering, prescribing, storing and administration of medication.</p> <p>Earlsbrook House works in conjunction with the excellent GPs that visit the home and we always endeavour to ensure that the GPs, notwithstanding their very busy work schedule, have all the important and relevant paperwork in order and up-to-date.</p> <p>The GP concerned has now signed individual medications on his prescriptions. All other prescriptions were individually signed on the day of inspection.</p>	Complete

6. The provider has failed to comply with a regulatory requirement in the following respect:
A policy on the use of restraint did not include the specific type of restraints in use in this centre such as the stair gates. Many residents on the first and second floor levels had dementia or cognitive impairment. Wooden stair gates across residents' bedroom doors were in use to prevent residents wandering out and possibly falling down stairs or wandering about the centre unsupervised. These locked gates acted as a form of restraint

<p>that was inappropriate and undignified. Risk assessments were not undertaken and alternative measures such as increased supervision of residents were not considered. There was no record of the duration for restraint to remain in place.</p>	
<p>Action required:</p> <p>Put in place a policy for the use of restraint to include all types of restraint in use in the centre and to include assessment.</p>	
<p>Action required:</p> <p>Take all reasonable measures to protect residents, and ensure suitable and sufficient care to maintain resident's welfare and wellbeing is taken, having regard to the nature and extent of the resident's dependency and needs.</p>	
<p>Action required:</p> <p>Carry out risk assessments for the use of restraint, maintain a record of any occasion on which restraint is used, the nature of the restraint and its duration.</p>	
<p>Action required:</p> <p>Provide freedom to exercise choice.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Regulation 10: Residents' Rights, Dignity and Consultation Standard 21: Responding to Behaviour that is Challenging 	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The provider and Earlsbrook House have developed a comprehensive risk management policy in conjunction with external experts. This was available on the day of the inspection.</p> <p>The provider is committed to developing processes and structures that are directed towards identifying and minimising actual or potential risk. This includes both clinical and non-clinical risks.</p> <p>Our recently improved and expanded risk management policy is currently being implemented across all our nursing homes, including Earlsbrook House. The provider will provide in service education to staff and we will monitor the outcomes closely to ensure it is successful.</p>	

<p>One of Earlsbrooks features is the fact that we have two old style staircases. A few years ago, after discussion with residents and families and staff t we were concerned that aspects of the stairs created a potential risk to some residents. We got our carpenter to design tasteful small wicket gates and they were positioned in a few locations.</p> <p>This action was never designed to restrain residents and was not taken as a substitution for supervision. It was simply there for prevention and safety reasons.</p> <p>On reflection, we can see how this action can been seen as inappropriate and after recent consultation with the residents and families and staff , have decided to remove them.</p> <p>All residents involved have been reassessed and in consultation with the resident where appropriate, GP and families the gates have been removed. The person in charge and the entire staff in Earlsbrook House have now re-calibrated their approach to safety, supervision and monitoring to take into consideration their removal. In addition, voice activated monitors and motion alarms are currently being trialled as part of the overall new approach. The entire matter will be kept under review and monitored.</p>	<p>Completed</p>
---	------------------

<p>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</p>	
<p>Meals for independent residents were left uncovered and allowed to cool.</p>	
<p>Action required:</p> <p>The person in charge shall ensure that each resident is provided with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Person in Charge's response:</p> <p>The catering and beverage offering in Earlsbrook House forms an integral part of the holistic approach to person-centred care that is delivered to each individual resident every day in the home. There is a comprehensive individual food plan drawn up by the Chef in consultation with the resident and or family members and the nursing staff. This food plan is part of the care plan and is reviewed regularly. The catering staff are constantly communicating and listening with the resident and the care team to ensure that we consistently meet the wants and needs of the resident, particularly if their clinical condition changes.</p> <p>All residents are offered a choice for each meal. Regular catering surveys are carried out to ensure quality of service. The catering staff in Earlsbrook House prides themselves on the variety, quality and presentation of the cuisine that they offer the residents. Naturally, it is vital to achieve consistency regarding the appropriate temperature that the cuisine is served at. To assist our catering colleagues we have invested in the latest electronic delivery service appliances on the market.</p>	<p>Complete</p>
---	-----------------

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The physical design and layout of the premises does not meet the needs of residents and does not meet the Standards. Examples of deficits include the following:</p> <ul style="list-style-type: none"> ▪ the number of assisted toilets and bathrooms throughout the centre was inadequate ▪ bathrooms were not located in close proximity to residents' bedrooms particularly on the ground floor and in parts of the second floor. This was confirmed with residents and staff ▪ there were four bedrooms shared by three residents and while the room measurements may have met the minimum requirements in size, the shape and layout did not facilitate the use of assistive equipment without impacting on others sharing the same room. For example, the space between two beds in one bedroom was only 18 inches ▪ residents on the first and second floor did not have adequate access to communal areas because there was no passenger lift ▪ the inspector was informed that the staff toilet was used by visitors, this was not an assisted toilet ▪ the laundry room was too small to allow staff to separate clean and unclean clothes

- storage space throughout the centre was inadequate; equipment including oxygen cylinders, wheelchairs, walking frames and hoists were seen stored along corridors. Commodes and specially modified chairs were stored in most residents' rooms when not in use restricting the floor space
- the hairdressers equipment was stored along a corridor.

Action required:

Develop a plan with timescales to ensure the physical design and layout of the premises meets the needs of residents in accordance with the Regulations and the Standards.

Action required:

Put in place an adequate number of assisted toilets and bathrooms throughout the centre and ensure that a sufficient number of toilets are designed to provide access for residents in wheelchairs accommodated on each floor.

Action required:

Put in place an adequate number of assisted bathrooms in close proximity to residents' bedrooms and ensure that a sufficient number are designed to provide access for residents in wheelchairs accommodated on each floor.

Action required:

Ensure the layout and design of shared rooms meet the needs of residents within them and occupancy levels reduced to a maximum of two sharing a room as outlined in the Standards.

Action required:

Put in place a passenger lift to enable residents on the first and second floor access to communal areas.

Action required:

Make available an assisted toilet for visitors use in the centre.

Action required:

Upgrade the laundry facility to allow staff to separate clean and unclean clothes.

Action required:

Provide adequate storage space throughout the centre for equipment including oxygen cylinders, specialised chairs/wheelchairs, walking frames and hoists.

Action required:	
Provide a storage facility for the hairdressers' equipment.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Earlsbrook House Nursing Home is constantly been enhanced for the benefit of the residents and staff. All public and private nursing homes in Ireland that operate partly/wholly within a period building have to ensure that they incorporate all the "Care Environment" sections contained within the Standards over the next 5 years. Naturally for operators, this will involve a lot of thought, professional advice, and preparation.</p> <ol style="list-style-type: none"> 1. Develop a plan with timescales to ensure the physical design and layout of the premises meets the needs of residents in accordance with the Regulations and the Standards. <p>Earlsbrook House has been successful in obtaining planning permission for an extension to the nursing home. Due to the short nature of this inspection it was not possible for the provider to meet the inspector and show the planning file, which contains details of the schedule of works that are due to commence in early 2011. This schedule includes more new facilities for the residents and families and staff. They include the upgrading of existing facilities and the construction of completely new facilities to include:</p> <ol style="list-style-type: none"> 1. a dedicated social activates room for the residents 2. a hair salon 3. a smoking room 4. A multi-sensory/Snoezleen room 5. visitor toilets 6. an oratory 7. reception area 8. assisted toilets and bathrooms for residents 9. re-designed courtyard to include sensory garden and new walkways 10. laundry facilities 	12- 18 months

<p>2. Put in place an adequate number of assisted toilets and bathrooms throughout the centre and ensure that a sufficient number of toilets are designed to provide access for residents in wheelchairs accommodated on each floor.</p> <p>3. Put in place an adequate number of assisted bathrooms in close proximity to residents' bedrooms and ensure that a sufficient number are designed to provide access for residents in wheelchairs accommodated on each floor.</p>	6 months
<p>Earlsbrook House contains 16 assisted and non-assisted toilets and 7 assisted bath/shower rooms. As part of the imminent further enhancements to Earlsbrook House we are adding further assisted toilet and bath/shower rooms.</p> <p>4. Ensure the layout and design of shared rooms meet the needs of residents within them and occupancy levels reduced to a maximum of two sharing a room as outlined in the Standards.</p>	2 - 3 years
<p>Earlsbrook House has tastefully decorated all single and shared room and ensure that each resident in shared accommodation has the necessary space and privacy. As part of our stated policy of continuous improvement, we plan further enhancements to our shared accommodation.</p> <p>5. Put in place a passenger lift to enable residents on the first and second floor access to communal areas.</p>	6 months
<p>There are currently two passenger lifts and two chairlifts in Earlsbrook House for use by residents and staff when required. As part of our stated continuous improvement ethos we are currently examining new mobility access technology from the UK so that all our residents, particularly our less mobile can continue to access all parts of the nursing home when they want and/or need to.</p> <p>6. Make available an assisted toilet for visitors use in the centre</p>	12 - 18 months
<p>The current visitors' toilet is not assisted and the refurbishment of same to make it assisted will be carried out as part of the imminent continuous improvement works.</p> <p>7. Upgrade the laundry facility to allow staff to separate clean and unclean clothes</p>	
<p>The laundry room contains state of the art washing and dry machines and has been designed and is operated to the highest of standards. There are stated process flows and facilities in place to ensure that there is never a mix of clean and unclean clothes. Our laundry dept. colleagues have been trained and deliver a very high standard that is</p>	12- 18 months

<p>widely recognised by the residents and their families over the years. However, we do accept that the laundry room could be larger and does not have a separate door/room to enter and another one to leave. A new and enhanced laundry room is included in the imminent enhancement works.</p> <p>8. Provide adequate storage space throughout the centre for equipment including oxygen cylinders, specialised chairs/wheelchairs, walking frames and hoists.</p> <p>Earlsbrook Nursing Home has specific storage rooms and areas located throughout the nursing home for various items that are required by the residents and staff as they go about their daily lives. We have trained our staff to ensure that all items are immediately returned to their place of storage after use. However, we accept that we need to re-visit this matter and ensure that we work with all our colleagues in Earlsbrook to provide more training and more storage space in the exact locations that will assist them. Every healthcare facility can never have enough storage space and we plan to provide our colleagues with more in the upcoming enhancement works.</p>	<p>6 months</p>
<p>9. Provide a storage facility for the hairdressers equipment</p> <p>The storage space for the hairdressers' equipment is beside a corridor area near the courtyard. We have altered the storage area so that it is not possible for the equipment to protrude out into the corridor. In addition, we have received planning permission for a new hairdressing salon that is sized to ensure that all the equipment can be stored there.</p>	<p>12 - 18 months</p>

Any comments the provider may wish to make:

Provider's response:

The providers would like to thank the inspection team for the professionalism and courteous manner that they showed to everyone at Earlsbrook House during the inspection.

The unannounced inspection was described by the inspector as a new style 2/3 hour "monitoring inspection" and was being utilised by the Authority in conjunction with the more standard 1/2/3 day inspections to ensure that they were able to visit as many nursing homes in Ireland prior to Christmas 2010.

Due to the short nature of the Inspection, my colleagues recommended that there was no point in I leaving the meeting that I was attending outside Dublin as most likely the short monitoring inspection would be over by the time I travelled to Bray.

I was disappointed with the latter because, as the registered provider and the person who has overseen all aspects of its development over the past 17 years, I felt that I would have be able to address most of the environmental issues that the inspector noted on her short visit. Indeed, I had a comprehensive file prepared containing copies of the planning permission and the drawings and the builder's tender prices and details.

Notwithstanding my above comments regarding the environmental matters I was pleased with the overall thrust of the findings of this short visit. The inspector noted how content and happy the residents were and how the staff had a good relationship and knowledge of all the residents, and their wants and needs. As the registered provider I witness meaningful and consistent person-centred care being delivered every day by a wonderful group of happy and professionally fulfilled staff. There is great interaction and communication and harmony between the residents, their families and the staff.

Earlsbrook house is the combination of two period buildings and two modern extensions. We have carefully fitted out the entire home with remembrance and old world items and also chosen our floor covering, curtains and furniture to ensure that the balance and blend strikes a chord with the residents and gives them that familiar and comfortable "home from home" feeling.

Yes, as with all period buildings there are some environmental issues and the real challenger for us over the coming months and years is to address those few matters whilst not upsetting the unique environment that has been carefully nurtured over the past 17 years and that the residents so enjoy. It is that combination of the unique atmosphere and the excellent care that has made Earlsbrook House so successful over the years. As the registered provider, it is my duty to ensure that we continue to improve and enhance all our facilities and services, as we have done every year for the past 17 years.

Earslbrook House has been successful in obtaining planning permission for an extension to the nursing home and we are currently preparing for carry out these further enhancements to the facilities and services in Earslbrook House.

Earslbrook House employs an experienced activities and social coordinator. This person is given resources in the form of both personnel and finances to ensure that through the medium of the care plan, an individualised stimulation and activity programme is developed and carried out to the residents' wishes every day. These programmes are developed and delivered to both mobile and immobile residents throughout the Home.

We believe the report highlights our understanding of the Health Act, 2007 and the Standards and how we are delivering quality person-centred care at Earslbrook. However, the report also highlights some areas for improvement in our services and facilities. The new registration and inspection process has been very informative and it has enabled us to take time out to analyse our care practice and services and to ensure that we are fully compliant with the new Act and Standards. It has also prompted us to look at ways in which we can improve our service to enhance the quality of Life for all our residents. We realise that we must always be on a path of continuous improvement.

Finally, we would like to thank all our colleagues working in Earslbrook House Nursing Home and all those who contributed to the inspection. We would like to thank all the residents and their families and friends who pro-actively participated in this process.

Provider's name: Mervyn Smith

Date: January 2011