Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Elmhurst Nursing Home
Name of provider:	Sparantus Limited
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 May 2025
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0047019

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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 13 May 2025	08:45hrs to 17:50hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Elmhurst Nursing Home. All residents spoken with were complimentary of the staff and the care and attention they received. Residents informed the inspector the staff were friendly, kind and helpful, with one resident informing the inspector, "I'd be lost, only for them". While praising staff, two residents informed the inspector of improvements they would like to see in the centre regarding maintaining privacy, access to mobility aids and personal care. These matters were referred to the person in charge who engaged with the residents concerned on the inspection day.

Visitors who spoke with the inspector provided equally positive feedback, referring to the high level of care received by their loved ones and the communication with them as family members. One visitor raised the issue that the temperature in some communal areas can be too warm in finer weather, and they would like this to be kept under review.

The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with many residents and spoke in more detail to 13 residents and two visitors to gain an insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

Elmhurst Nursing Home is a single-storey building divided into two units, Elmhurst and Desmond. Desmond Unit has 12 single bedrooms, and the Elmhurst Unit has 32 single bedrooms. The centre is located in Glasnevin, Dublin 9. While located in an urban area, the centre itself is situated at the end of a quiet cul de sac, surrounded by fields and woodland. The main entrance into the lobby of the designated centre was locked, and entry was facilitated with a doorbell system answered by staff.

Internally, the centre was decorated to an appropriate standard. Painting and fire safety improvement works were underway inside the premises on the inspection day, with notices confirming the walls had been recently painted and the installation of fire doors taking place. The inspector observed that the mortuary was being used to facilitate these works and store maintenance materials, thereby reducing the noise and impact of the works on residents. The person in charge confirmed alternative mortuary facilities were available in one of the provider's other centres if required during construction. The decor in some areas, such as doors and door

frames, showed signs of wear and tear; however, the provider assured that these areas were due to be painted after the walls.

The centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the rest areas and communal areas. These communal areas included two sitting rooms, two dining rooms, two visitors' rooms, an activities room, a prayer room and a quiet room. On the inspection day, most residents were seen spending their time either in their bedrooms, the two sitting rooms, or the rest area on the corridor outside the Desmond sitting and dining areas, watching the comings and goings.

While the residents' bedroom and en-suite bathroom accommodation were generally clean, some residents' equipment was seen to be damaged and unclean. Ancillary areas such as store rooms also required additional cleaning. These matters are discussed under Regulation 27: Infection control.

The bedroom accommodation comprised 44 single bedrooms with en-suite facilities, including a shower, toilet, and wash-hand basin. In addition, residents had access to an assisted bathroom with a bath facility. Bedroom accommodation was seen to have a television, call bell, wardrobe, locked storage and seating. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments, textiles and furniture from home. The size and layout of the bedroom accommodation were appropriate for resident needs. Many resident bedrooms were seen to have very pleasant views overlooking the neighbouring fields.

In terms of outdoor space, the centre had three courtyard gardens, the largest within Elmhurst, a modest-sized garden within Desmond and a small courtyard area outside the Desmond sitting and dining rooms. The largest courtyard in Elmhurst had outdoor seating and was pleasantly landscaped, with flowers and a water feature for residents to enjoy. The Desmond internal courtyard was seen to require garden maintenance to make it a safe and pleasant area for resident use. The smallest courtyard, Courtyard Garden 2, outside the Desmond sitting and dining rooms, required work due to uneven paving. This courtyard garden was also a designated fire escape route from visitor room 2. External to the centre were very well-maintained landscaped gardens, which looked out over green fields and woodlands.

Although there were no residents who chose to smoke on the inspection day, the provider had a designated smoking area in the Elmhurst courtyard. This area contained protective equipment, such as a call bell, ashtray and fire blanket.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. There was a relaxed and unhurried atmosphere in the centre, and staff were seen responding to resident requests in a kind and considerate manner. Several residents were seen relaxing in their bedrooms, listening to the radio, and reading papers and books according to their preferences. There was an activities coordinator on duty. The inspector was informed that four residents were going offsite with the activities coordinator that morning to engage in an art project. However, this meant that the remaining 37 residents in the centre on

the inspection day did not have access to organised group activities that morning, and the inspector observed residents sitting for lengthy periods in the sitting rooms up until 2:00pm with the television on but without other meaningful activation. In the afternoon, there was live music enjoyed by 22 residents. The live music was very popular, with singing heard throughout the centre and residents and staff enjoying a dance. Residents who spoke with the inspector about activities and entertainment in the centre expressed their enjoyment of opportunities to engage in group activities such as live music, bingo, knitting, and art.

Residents could receive visitors within communal areas, the two visiting areas, or in the privacy of their bedrooms. Multiple families and friends were observed visiting with their loved ones during the inspection day.

Lunchtime at 1:00pm was observed to be a sociable and relaxed experience, with many residents choosing to eat in the two dining rooms. The menu options for the day were displayed offering three main courses and two dessert options. Should a resident not want what was on the menu, alternative options were also displayed. Meals were prepared offsite, and the provider had arrangements in place to transfer food and keep it hot. The food served to residents appeared nutritious and appetising. Staff provided discreet and respectful assistance where required. Ample drinks were available for residents at mealtimes and throughout the day. Overall, residents spoke positively to the inspector about the food quality, quantity and variety.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While governance and management systems were in place to oversee the quality of care delivered to residents, and significant improvements were evident since the inspection in August 2024, some further actions were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, as referenced within this report.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the registered provider's compliance plan following the inspection on 21 August 2024. The registered provider had progressed with the compliance plan from the August 2024 inspection, and improvements were identified concerning staffing, the directory of residents, governance and management, premises, infection control, fire precautions, and residents' rights. Following this inspection, further improvements

were required concerning several regulations, including governance and management, as outlined in the report.

The registered provider of Elmhurst Nursing Home is Sparantus Limited. This company comprised eight directors, one of whom represented the provider for regulatory matters and who attended onsite for feedback at the end of the inspection. Governance and oversight were also provided by a Chief Executive Officer, who was supported in their role by a senior management team comprising a medical director, chief finance officer and director of clinical operations, as well as multiple heads of the department overseeing the following functions: quality and patient safety, human resources, operational support, catering, maintenance, informational technology and purchasing. Within the centre, a clearly defined management structure operated the service day-to-day. The person in charge was supported by two clinical nurse managers, a team of nurses, healthcare assistants, catering, housekeeping, laundry, maintenance, activity coordinators, physiotherapy, occupational therapy, chaplaincy and administration staff. The clinical nurse managers deputise for the person in charge.

The registered provider put systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre. Regular meetings were held and minuted to cover multiple aspects of clinical and non-clinical operations. Governance meetings reviewed matters including severe weather, safeguarding vulnerable from abuse, fire safety, infection control, legislative and regulatory compliance, and staffing. The person in charge prepared a comprehensive report for the nursing home management team on key issues within the centre, including incidents, audits, fire safety, restrictive practices, premises, infection control and human resource matters.

The provider had management systems to monitor the quality and safety of service provision. These systems included an audit schedule examining key areas, including medication management, skin integrity, nutritional status, care planning and infection control. These audits identified deficits and risks in the service and had action plans to address deficits. The provider had a risk register for monitoring and managing known risks in the centre. The provider had a system for recording, monitoring, and managing incidents and related risks. The provider also oversaw incidents, and the inspector saw recent trending and analysis of incidents, including falls. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be further improved to ensure regulatory compliance. This will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Following the January 2024 and August 2024 inspections, which found Regulation 28: Fire precautions not compliant on both occasions, the provider contracted a

consultant to review fire safety within the premises. This consultant initially reviewed the fire doors in July 2024, followed by a fire safety risk assessment of the premises in September 2024. These assessments identified risk areas, including sources of ignition, fuel and oxygen; evacuation and means of escape; fire detection; emergency lighting; containment; compartmentation; and fire stopping. The provider obtained further professional advice from this consultant to develop a risk-based approach to addressing the fire safety deficiencies identified in a scheduled manner. This advice was reviewed by the inspector and was seen to prioritise works relating to the fire doors and compartmentation. At the time of the inspection, the provider was progressing an action plan to undertake these specific works. As actions identified by the fire safety consultant extend beyond fire doors and compartmentation, the provider will be required to submit a time-bound action plan to the Chief Inspector of Social Services for all outstanding fire safety risks identified. When all work is complete, the provider will submit an appropriate sign-off from a competent person to confirm that all risks have been addressed.

The inspector reviewed a sample of files for three people involved on a voluntary basis with the centre and found the files had Garda Síochána (police) vetting disclosures. The provider submitted documentation after the inspection, which outlined the roles and responsibilities of volunteers at the centre. However, improvements were required to ensure that people involved on a voluntary basis received supervision and support, as referenced under Regulation 30: Volunteers.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. Two registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and was available for the inspector to review. The directory contained all of the information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records relating to three staff members were reviewed by the inspector. The registered provider had ensured that the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details, were available for these staff members.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms required improvement to effectively identify deficits and risks in service provision and to continuously drive sustained quality improvement when risk was identified, for example:

- The oversight systems were not fully effective in identifying risks and driving quality improvement in areas such as volunteers, information for residents, premises, infection control, fire safety, and residents' rights, as found on inspection day.
- The management systems to provide assurance with respect to the secure storage of medicinal products required review as nutritional supplements were observed unattended on a catering trolley located in a corridor on the morning of inspection. This was brought to the attention of the person in charge, who immediately addressed the issue.
- The oversight of laboratory samples awaiting collection required review. There was a specimen fridge in the centre. Records reviewed found this fridge temperature had exceeded 8 degrees Celsius in the days leading up to the inspection and was seen to be above 8 degrees Celsius by the inspector on the inspection day. The inspector was not assured that blood specimens in the fridge were being stored at the correct temperature.
- The oversight of incident reporting required improvement as two statutory notifications to the Chief Inspector were not submitted within the required time frames.

The inspector observed a discrepancy between the floor plans and what they observed on the inspection day, for example:

- The linen store contained an internal room that was not outlined on the floor plans.
- Two doors from the Desmond dining area to the hoist and wheelchair store displayed on the registered floor plans had been removed, when this store room had changed function from a servery.

The registered floor plans needed to be updated to accurately reflect the footprint of the centre.

Judgment: Substantially compliant

Regulation 30: Volunteers

The inspector reviewed documentation in relation to three volunteers operating in the centre. While the volunteers had Garda Síochána (police) vetting disclosures and their roles and responsibilities had been set out in writing, there were some gaps in the records concerning their supervision and support arrangements. The provider's volunteer policy set out that volunteers would be provided with support / supervision meetings. However, there were no records available to confirm the three volunteers had attended such meetings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of two unexplained absences, as required by the regulations. These notifications were submitted following the inspection.

Judgment: Not compliant

Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Some improvements were required concerning premises, information for residents, infection control, fire precautions and residents' rights.

Overall, the premises' design and layout met residents' needs. The centre was found to be appropriately decorated to provide a homely atmosphere. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Painting was underway on inspection day, with the walls seen to have been recently painted. The decor in some areas, such as door and door frames, showed signs of wear and tear; however, the provider assured that these areas were due for painting next. While acknowledging the works underway to improve the premises,

some further actions were required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The registered provider had prepared a resident's guide regarding the designated centre, which contained most of the required information in line with regulatory requirements, such as a summary of the services and facilities available at the designated centre and the arrangements for visits. However, there were some gaps in the required information, such as how to access inspection reports on the centre and external complaints processes, such as the Ombudsman. This is further discussed under Regulation 20: Information for residents.

The provider had systems in place to oversee infection prevention and control practices (IPC) within the centre. The provider had a clinical nurse manager (CNM) with expertise in infection control on a 0.2 WTE basis to guide and support the centre's staff in safe IPC practices and oversee performance. The environment was generally clean and tidy on the inspection day. There was surveillance of healthcare-acquired infections and antibiotic consumption in the centre. A regular, targeted infection control auditing programme was undertaken, which identified multiple areas requiring improvements and had an action plan. The centre experienced an influenza A outbreak in January and February 2025, and the infection control CNM was seen auditing IPC procedures during this outbreak to enhance resident safety. While acknowledging these good practices, some areas required attention to ensure residents were protected from infection and comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance concerning IPC, as set out under Regulation 27: Infection control.

The provider had undertaken building works over the past 18 months to improve fire safety in the centre. These works included fire stopping along compartment lines, which was completed in January 2024. As referenced in the capacity and capability section, the provider contracted a fire safety consultant to review the fire doors in July 2024, followed by a fire safety risk assessment of the premises in September 2024. The records reviewed found the provider had developed an action plan progressing with the identified fire safety concerns. The review of all fire doors in the centre had identified three phases of work. Phase 1 required the provider to upgrade cross-corridor fire doors on compartment lines to the required standards. This work was completed in October 2024, and a sample of cross-corridor fire doors was seen to be in good working order on the inspection day. At the time of the inspection, the provider was working through phase 2, which entailed upgrading and repairing fire-rated doors to fire hazard rooms, such as the servery, linen cupboards and electrical rooms. The provider was planning to have these works completed by 30/06/2025. The third phase of these fire door upgrade works involved the provider undertaking remedial work on all remaining fire doors in the building, which the provider planned to complete by 31/12/2025. The provider also planned to address the need for cavity barriers above the walls in fire hazard rooms by 31/12/2025 and apply fire protection to the light wells by 31/03/2026. As the actions identified by the fire safety consultant extend beyond these works, the provider must submit a time-bound action plan to the Chief Inspector for all outstanding fire safety risks

identified. When all work is complete, the provider will submit an appropriate sign-off from a competent person to confirm that all risks have been addressed.

In addition to these works, the provider also had fire safety processes in place. Preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training. Oxygen was seen to be securely stored externally adjacent to the mortuary. Within the centre, there was a designated oxygen store in the Desmond unit where two oxygen concentrators were stored. Keyguard break-glass units were installed at all locked emergency exits, except the front door, due to the needs of one resident. Records reviewed found fire drills were conducted regularly, and where learning was identified, for example, where staff did not manually close doors during the drill, an action plan was developed. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. The centre had a designated smoking area for residents in the Elmhurst courtyard garden. The areas were seen to contain protective equipment for residents, such as a call bell, ashtray and fire blanket. While acknowledging the fire safety works completed and underway to make the premises safer for residents, this inspection found some further improvements were required regarding fire precautions. These matters are discussed further under Regulation 28: Fire precautions.

Residents had their rights promoted within the centre. Staff were respectful and courteous towards residents. Residents had access to chaplaincy services and religious services in-house every week. The centre had a prayer room for quiet reflection. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' forum meetings. Residents had access to radio, television, newspapers and internet services. Residents also had access to independent advocacy services. Notwithstanding this good practice, some improvements were required to activity provision to ensure all residents had opportunities to participate in activities in accordance with their interests and capacities, which will be discussed under Regulation 9: Residents' rights.

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had sufficient space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. Residents' clothing was laundered offsite by an external provider. Residents spoken with were complimentary about the laundry service received in the centre. The provider did not act as a pension agent nor hold quantities of residents' money in safekeeping onsite.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The Desmond internal courtyard required garden maintenance to make it a safe and pleasant area for resident use.
- The smallest courtyard, courtyard garden 2, outside the Desmond sitting and dining rooms, required work due to uneven paving. This courtyard garden was also a designated fire escape route from visitor room 2.
- Some of the equipment that the residents used were not always kept in a good state of repair. For instance, the upholstery covering a resident's armchair was seen to be torn with exposed board and sponge visible, while the footrest of another resident's wheelchair did not secure in place.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide for the designated centre. However, the guide required review as it did not contain all the required information, such as how to access inspection reports on the centre and the external complaints processes, such as the Ombudsman.

Judgment: Substantially compliant

Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, there were some areas for improvement relating to the management of the environment and resident equipment identified to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance in relation to IPC.

The decontamination of resident care equipment required review, for example:

- A sample of resident equipment, such as crash mats, pressure cushions and a wheelchair, were visibly unclean, with food debris and dried in liquid stains. Furthermore, the crash mats were observed to be torn, which would prevent effective cleaning.
- A number of staff informed the inspectors that the contents of commodes were manually decanted into the sluice hopper before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.

Storage practices posing a risk of cross-contamination required review, for example:

- The hoist and wheelchair store housed wheelchairs, hoists, rollators and the clean linen trolley. The equipment in this room was recorded as being clean but was observed to be visibly stained and unclean. The floor of this storeroom was also dusty and visibly unclean with loose debris due to the building works underway.
- Some storerooms throughout the centre had objects and boxes stored directly on the floor, such as the housekeeping store, impacting the ability to effectively clean the area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As referenced in the quality and safety section, the provider is required to submit a time-bound action plan for all outstanding fire safety risks identified and, when all works are complete, to submit an appropriate sign-off from a competent person to confirm all actions have been addressed.

In addition to these identified risks, the provider was required to take action to ensure adequate precautions against the risk of fire concerning matters identified on the inspection day, as outlined below.

The arrangements for maintaining means of escape required improvement, for example:

- The arrangements for storing the laundry utility trolleys externally required review. The inspector observed 11 large laundry utility trolleys stored haphazardly on the grass outside the building. Four of the utility trolleys were observed obstructing the fire escape route pathway, which could impact this pathway being used as a means of escape in an emergency.
- The inspector found one fire exit obstructed with floor cleaning equipment in the staff changing area. This obstruction was promptly rectified by the person in charge.

The measures in place to contain fire needed improvement:

- There were several holes in the ceiling and the wall of the electrical and tv box press room, which posed a risk to containment should a fire occur.

The provider's arrangements for ensuring all staff were aware of evacuation procedures and the building layout required review as not all staff knew the centre's fire compartment boundaries:

- The inspector found the four staff members who spoke with them were unclear about the compartment boundaries within the centre.
- The floor plans displayed in the centre indicated that there were two zones, Elmhurst: Zone 1 and Desmond: Zone 2. The compartment boundaries were not displayed.

The provider submitted a floor plan after the inspection, which outlined the compartment boundaries and stated this plan was displayed in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While there was live music greatly enjoyed by 22 residents in the afternoon of the inspection day, residents were also seen sitting for lengthy periods in the sitting rooms up until 2:00pm with the television on but without other meaningful activation.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Elmhurst Nursing Home OSV-0000134

Inspection ID: MON-0047019

Date of inspection: 13/05/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The oversight and supervision measures in the Designated Centre have been reviewed and updated and incorporated as part of the active and ongoing management practices within the Centre.

On the day of inspection, it was noted that a nutritional supplement was not stored correctly. This matter was addressed on the day of inspection, and subsequently all staff have been made aware of the requirements around the correct storage of nutritional supplements.

In relation to specimen fridges, all nursing staff have been made aware of their responsibilities as to the correct storage of specimens, including reminding them of their responsibilities to ensure the fridge door is closed correctly and to immediately report any occurrences should the recorded temperature rise. These fridges continue to be checked daily by nursing staff and evaluations of consistent and correct readings are being monitored. To date, since the inspection, there has been no variance outside of the normal fridge temperature reading of 2c- 8c.

The two NFO5 forms referred to the day of the inspection have been submitted on 15.5.25.

The floor plans are currently being reviewed against the maintenance/building works which have been conducted since the last set were submitted to the Inspector. The updated version which is being prepared will be submitted to the Inspector and will be displayed in the centre.

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:
Supervision and support meetings for volunteers have taken place since the inspection and will be continued. A minute of the meeting is recorded with further meetings scheduled by the Person in Charge.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The oversight of incident reporting within the required timeframe noted on the day of the inspection has been corrected. Should a resident step outside the threshold of the designated centre without the direct supervision or the knowledge of a staff member, an NF05 will be submitted to HIQA.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A programme of ongoing maintenance and repair is ongoing and underway.

• Landscaping gardening works are scheduled in the Desmond Courtyard Garden which will be completed by December 2025.

• Exploratory works must be undertaken to ascertain the reason for the uneven paving on the Desmond Patio to identify the type and extent of remedial work required November 2025.

A review of all the current furniture and patient equipment has been undertaken to check their state of repair and functioning. Any furnishing or equipment requiring repair is reported to the maintenance department and any furnishings or equipment replacement requiring will be replaced. All maintenance and repair work that have been logged and closed out are reported on a weekly update and are tracked by the Person in Charge and the Facilities & Sustainability Manager.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The resident's guide has been updated since the date of inspection with the required information regarding the method to access HIQA Inspection Reports and the external complaints processes.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Areas requiring improvement in relation to infection control that were referred to on the day of inspection have been addressed.

A weekly cleaning audit has been developed and introduced for crash mats, pressure cushions, comfort chairs and wheelchairs. The HCA team leader is the person with delegated responsibility to ensure this cleaning occurs while the Clinical Nurse Manager retains overall responsibility for monitoring and conducting the audit. This audit also involves the identification and reporting of any equipment that requires replacement.

All staff have been reminded of their responsibilities in relation to:

• The correct use of the bedpan washer and disposal of contents of commodes

• The correct requirements in relation to cleaning, labelling and storage of resident equipment when not used e.g., hoists, wheelchairs, rollators, clean linen trolley. The building work referred to on the day of the inspection in proximity to this area has been completed and a new floor covering has also been installed.

• The storeroom floors have been cleared to enable the cleaning of the floors.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The areas requiring improvement on the day of inspection have either been or are in the process of being addressed.

Fire Improvement Works
The report refers to fire improvement works. Phase 1 of the fire repair works were completed in 2024 and Phase 2, which entailed the upgrading and repairing fire-rated doors to fire hazard rooms, such as the servery, linen cupboards and electrical rooms were completed by 30/06/2025 as agreed. The next phase involves the installation of cavity barriers above the walls in fire hazard rooms, the application of fire protection to the light wells. The following works are scheduled as follows;

• Fire stopping repair works in the Electrical TV Box press room are scheduled for completion by the end of August 2025.

• Cavity Barriers - The installation of cavity barriers is scheduled for completion by December 2025.

• Lightwells/shafts - The works to fireproof the lightwell walls in the corridors is scheduled for completion by March 2026.

• Escape Route works - Improvements to the grounds on the fire evacuation routes have been tendered for with quotations pending. On appointment of a contractor, it is estimated that the work will take approximately four (4) months to complete (November 2025) subject to no complications being identified during the work.

• Storage of external laundry utility trolleys. This work has been tendered for with quotations pending. On appointment of a contractor, it is estimated that the work will take approximately four(4) months to complete (November 2025) subject to no complications being identified during the work.

The Fire Consultant will supply a letter confirming the work that has been completed and what work remains outstanding. It is expected that the centre will receive this update by the end of August 2025 for the above programme of works. Additional updates will be supplied as the work progresses and is completed.

Items noted on the day of the Inspection:

• The Person in Charge/ Clinical Nurse Manager/ Nurse in Charge undertakes a daily check to ensure that fire exits are clear. This is actively monitored and reported upon. Fire safety findings, requirements and clarifications form part of the Daily safety pause meeting which staff attend.

• A fire safety training session was conducted on 1st July 2025.

• The centre has introduced an orientation checklist for any agency staff. This checklist is undertaken by the nurse in charge of the shift with the agency staff members and part of the orientation includes location of extinguishers, fire control measures, emergency exits and fire evacuation measures.

• Laundry utility trolleys have been moved to an area adjacent to the centre. The fire exit is clear and monitored as part of the daily checks.

The floorplans are under review against the maintenance/building works which have been conducted since the last set of floorplans were submitted to the Inspector. A new set of fire compartment drawings will be submitted and displayed in the centre.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The activities programme has been reviewed by the team which included the Activities Coordinator, Nursing Staff, Healthcare Assistants and the Person in Charge to ensure that all residents have access to activities that take account of their individual preferences, interests, and functional capacity throughout the day and across the week.

A monthly timetable has been prepared and displayed in communal areas. This is reviewed with residents to promote awareness and encourage participation. The Activity Co-ordinator leads the programme during the week. Healthcare Assistants engage with those that don't necessarily want to participate in group activities and offer activities such as conversations, music, puzzles, newspaper, magazines and arts and crafts.

The Healthcare Assistants are supported by some volunteers at the weekend to provide resident activation.

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	31/12/2025
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	28/07/2025
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	28/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/07/2025

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	28/07/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	28/07/2025
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	31/03/2026

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	28/07/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/07/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/03/2026

	detecting, containing and extinguishing fires.			
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	28/07/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	28/07/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/07/2025