

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

Issued by the Chief Inspector

Name of designated centre:	Elm Hall Nursing Home
Name of provider:	Springwood Nursing Homes Limited
Address of centre:	Elm Hall Nursing Home, Loughlinstown Road, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	25 June 2025
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0042932

About the designated centre

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

Elm Hall Nursing Home is a purpose built nursing home close to the village of Celbridge and is approximately 15 minutes from west Dublin. The centre can accommodate 62 residents, both male and female and primarily over the age of 55. The centre provides a wide range of 24-hour nursing care services to residents, including long term nursing care, palliative care and convalescent and respite care.

There are 58 single and two twin bedrooms in the centre, all of which have en-suite facilities. Communal space is also available to residents and includes day rooms, dining rooms and quiet rooms. The centre is designed and operated to ensure every comfort is afforded to residents. The centre endeavours to provide a high quality of nursing care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
--	----

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 June 2025	07:50hrs to 15:30hrs	Maureen Kennedy	Lead
Wednesday 25 June 2025	07:50hrs to 15:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors spoke with nine residents and four visitors to gain insight into their experience of living in Elm Hall Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that the service was 'fantastic here' and that 'staff were marvellous'. Visitors told inspectors that this was 'a great spot', 'there was no issues' and they were 'very lucky' to have their family member here.

There were 62 residents living in the home on the day of the inspection. The premises consists of two floors with lifts and stairs to facilitate movement between the areas. Residents' accommodation comprises of 28 single en-suite rooms on the ground floor and 30 single and two double en-suite rooms on the first floor. The bedroom corridors were bright with different coloured doors, wall murals and occasional square ceiling lights mimicking a cloudy blue sky. Residents' rooms were personalised with family photographs and personal items to help them feel more at home.

On the ground floor there was a kitchen, laundry, hairdressers, chapel, treatment room and a staff canteen with further offices, treatment room and staff changing rooms on the first floor. Communal areas were available throughout the home with a dining room, day room, quiet room and visitors room on the first floor. On the ground floor, the communal areas included a large dining room and a large day room which opened out into an enclosed courtyard garden. The day room had ample seating for residents, a piano, a purpose built ping-pong table to facilitate wheelchair users and a colourful ice-cream cart. The latter two were built onsite by the maintenance staff member. On a sideboard there was a plentiful supply of sunhats and sun cream for residents' use on sunny days.

The courtyard garden was well-maintained with clear pathways for residents to walk around. The inspectors were told that one resident was a keen gardener and was responsible for the array of colourful plants. There was plenty of seating within the courtyard and a small children's slide for use by visiting grandchildren. A large marquee was available as an alternative space for visiting family. This space was used all year round reportedly housing 'Santa's grotto' at Christmas time.

Throughout the morning of the inspection there was a busy but calm atmosphere in the home. The inspectors spent time observing the environment and interactions between residents and staff. All interactions observed were person-centred and courteous. Staff were responsive and attentive while responding to residents' requests and needs.

The inspectors observed the lunch time meal experience in the home's dining rooms. Some residents choose to dine in the day room and in their bedrooms. The lunch food served on the day of inspection was seen to be wholesome and nutritious

with a choice of food available. A variety of drinks were being offered to residents with their lunch and condiments were within easy reach of residents, and thus enabling them to maintain their independence. Mealtime was observed to be relaxed and calm with music playing in the background. Staff spoken with had good knowledge of residents' dietary needs to include likes, dislikes and relevant modified diets. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer. Snacks including yogurt, fruit and scones were available outside of regular mealtimes. Morning and afternoon tea was provided to the residents or on request, if a family member wished to arrange to have it with their loved one.

The inspectors observed that residents were supported to enjoy a good quality life in the home. One resident was observed participating in 'doll therapy' with laughter and banter between the staff and resident evidencing the good relationship between both parties. Activity staff were on-site to organise and encourage resident participation in events including art, bingo, gentle exercises and knitting. Occasional local trips out are organised. Inspectors were informed how at a recent staff wedding, five residents attended the church ceremony. On another occasion, 12 residents attended church to listen to the choir, of which one was a member. Residents had access to advocacy services.

The premises was clean and in general well maintained. There was evidence of ongoing maintenance with maintenance personnel responding to maintenance requests during this inspection. The inspectors observed that the provider was proactive in maintaining and improving the facilities and physical infrastructure in the home, through ongoing maintenance and renovations. For example, the inspectors were told of developmental plans in progress regarding relocation of the laundry which should allow for improved storage facility. Inspectors noted malodours particularly in some of the communal toilet facilities and saw evidence that the provider had plans to address drainage and pipe issues within the home. There was fire door replacement works ongoing on the day of inspection, which were to finish within the next couple of weeks.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the home and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that residents in the home benefited from a well-run nursing home with good leadership and good governance and management arrangements in place. It was evident that the home's management and staff focused on providing quality service to residents and promoting their well-being. Springwood Nursing Homes Limited, which is part of the CareChoice group, is the

registered provider for Elm Hall Nursing Home. There were clear roles and responsibilities outlined with oversight provided by the person in charge who was supported by an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare support staff.

There was a schedule of regular meetings in place including clinical governance, health and safety, residents, nurses, safety huddles daily at unit handovers, activities and catering, household, laundry and maintenance. In addition, on-site senior management team meetings were held on a quarterly basis. Minutes of meetings were available to the inspectors. There was an annual review of the service and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. The management team had developed an audit schedule that identified where improvements were required. For example, a survey completed on the quality of the fire doors had been completed which identified a number of issues. There was evidence to show that the registered provider had proactively engaged appropriate contractual services to timely respond to identified issues.

There appeared to be sufficient staff on duty on the day of this unannounced inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Additional documentation reviewed, including training records, volunteer files and statement of purpose all met the regulatory requirements.

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was within date, available on request at the nursing home and contained the prescribed information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There was currently one volunteer working in the home. Their roles and responsibilities were set out in writing, they received supervision and participated in staff training as appropriate. Garda vetting was in place.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the designated centre and that their healthcare needs were met. Residents and visitors voiced their satisfaction with the care provided in the home. However, further improvements were required in relation to individual assessment and care planning and fire precautions which will be discussed under their respective regulations.

The registered provider had a safeguarding policy which provided staff with support and guidance in recognising and responding to allegations of abuse. All staff had completed safeguarding training and residents had access to advocacy services should they need to avail of them. Inspectors saw evidence that where required, appropriate referrals to external agencies such as the safeguarding and protection team were completed. The registered provider was consolidating safeguarding training with case studies.

Residents' rights and choice were promoted and respected within the home. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual

activities. Residents had access to a range of media, including newspapers and TV. There was access to advocacy with contact details displayed in the home.

The provider had systems to oversee the home's infection prevention and control (IPC) practices. The assistant director of nursing was the IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. The environment was clean and tidy on inspection day. There was surveillance of healthcare acquired infections. A targeted infection control auditing programme was undertaken. Hand sanitiser dispensers were conveniently located in bedrooms and on corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices.

Care planning documentation was available for each resident in the centre and a sample of resident care plans were reviewed. The inspectors were told that the provider had recently changed to a new care plan system. Of the sample reviewed, there was evidence of individualised and assessed health, personal and social care needs of residents. However, inspectors also identified gaps in the care documentation and further improvements were required to ensure all care plans were reflective of the resident's current care needs. Further detail is provided under Regulation 5: Individual assessment and care planning.

Fire safety arrangements in the home were evident with good signage displayed on each area. The registered provider was taking adequate precautions to ensure that residents were protected from the risk of fire with works ongoing on the day of inspection. All staff had received training in fire prevention and emergency procedures including evacuation procedures. Inspectors saw records of evacuation drills including scenarios of both horizontal evacuation and using night time staffing levels. Additional information was submitted following the inspection showing that vertical evacuation had also been trialled and learning identified. Inspectors were concerned that the laundry facility, which is a high risk area, was not effectively compartmented, and observed that the provider had already identified this as an area of concern and had plans to relocate this service. Further detail is provided under Regulation 28: Fire precautions.

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control training was up-to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the works in progress and proactive approach that the registered provider had to respond to any identified fire safety concerns in the centre the following area required improvements:

The containment arrangements required further review to ensure appropriate measures were in place to protect the residents from the risk of fire. For example:

- The laundry facility was opening on to a bedroom corridor and on a protected escape route. Inspectors acknowledge that the provider had a plan to address this issue.
- Some of the fire doors did not meet the required standards to ensure appropriate protection in the event of fire. Works were in progress at the time of inspection to replace or refurbish a number of doors and ironmongery in line with the recommendations arising from a fire door survey.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was needed to ensure gaps with assessment and care plan records were addressed. For example:

- Safeguarding plans were seen to be generic and did not provide sufficient guidance in respect of the specific interventions required to safeguard the residents.
- Care plans were extensive in detail but there were numerous instances where the detail was not relevant to the plan of care based on the assessed needs. For example, one care plan on mobility did not clearly instruct staff on the level of assistance that a resident required to support them with their mobility needs.
- There was a lack of assurance that local policy in respect of monitoring residents' weights as informed by a risk assessment, was consistently implemented in practice. for example, not all residents with a MUST (Malnutrition Universal Score Tool) score of two or more had weights monitored on a weekly basis.

- Although risk assessments were completed, they were not always reflected in the care plan to ensure staff had up-to date knowledge in line with residents' changing needs. For example, one resident had a falls risk completed which identified them as a high risk of fall but this was not reflected in their care plan.
- Care plans were not always initiated within 48 hours of admission to inform the care to be provided. For example, two residents who had been admitted recently did not have care plans in place that provided a holistic view of their identified needs, including elimination needs and other relevant care needs that had been left blank.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. All staff had completed online safeguarding training and those spoken with detailed their understanding of putting this training into practice. The registered provider was a pension agent for three residents and appropriate arrangements were in place to safeguard their finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the home and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elm Hall Nursing Home OSV-0000034

Inspection ID: MON-0042932

Date of inspection: 25/06/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Fire Doors: Currently replacement and remedial works identified as part of planned maintenance program are on-going with planned completion of works scheduled for week ending 25th July 2025.• Laundry: As part of the extension development works the laundry area is to be re-housed in a safer location. As the extension development planning application is now granted the expectation is to commence the relocation of the existing laundry area in Quarter 2 2026. In the meantime, a risk assessment has been undertaken with appropriate fire safety control measures put in place.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: <ul style="list-style-type: none">• Safeguarding care plans are currently under review to ensure they are fully person-centred and reflective of each resident's individual needs and risks. These care plans will clearly outline any identified vulnerabilities, including potential triggers or circumstances that may increase a resident's risk. Key components will include proactive measures to prevent harm, abuse, or neglect; immediate risk mitigation strategies; and approaches to support residents in recovering from any past incidents. The care plans will also incorporate provisions for emotional and practical support, and ensure that residents have access to appropriate advocacy and support services as required.• Additional assessment and care planning training has been scheduled for staff nurses in August 2025 to strengthen clinical documentation practices and enhance the quality of	

care planning.

- We have developed a structured plan to ensure that all resident care plans are reviewed and updated with a strong emphasis on individualised, person-centred care. Each care plan will reflect the resident's current needs and level of assistance needed, incorporating the core elements of assessment, diagnosis, planning, intervention, and evaluation. Evidence-based practices will guide this process, ensuring that all care provided is current, effective, and aligned with best practice standards.
- Nursing staff have been re-educated on the organisation's Nutrition and Hydration Policy to reinforce best practices in maintaining residents' nutritional well-being. Further training on the MUST (Malnutrition Universal Screening Tool) has been scheduled to support staff in accurately identifying residents at risk of malnutrition. This training will emphasise the importance of linking screening outcomes to individualised care plans, with clear treatment goals.
- Based on the level of risk identified, action plans will be implemented—ranging from routine monitoring and clinical care for low-risk residents to dietitian referrals and full policy implementation for those identified as high-risk.
- Weekly MUST KPIs are reviewed by the CNMs and ADON, while a monthly review is carried out by the Person in Charge (PIC). In addition, a monthly MUST audit is conducted to provide an added layer of oversight and to ensure consistent monitoring and compliance with nutritional screening standards.
- Following the identified non-compliance where risk assessments were not consistently reflected in care plans, an immediate review of all high-risk residents' care plans has been initiated to ensure alignment with their current risk status. Nursing staff will receive refresher training in August 2025 focused on integrating risk assessments (such as falls, MUST, safeguarding risks etc.) into care planning. Monthly cross-audits will be conducted by the management team to verify that risk assessments are accurately reflected in the corresponding care plans, and any discrepancies will be promptly addressed.
- To strengthen compliance, the existing care planning policy will be re-circulated to all relevant staff, emphasising the importance of updating care plans in line with residents' changing needs. Spot checks will be completed by the management Team, and ongoing supervision will be provided to support consistent, high-quality documentation. These measures aim to ensure staff have up-to-date information to deliver safe, person-centred care.
- Staff will be reminded that care plans must be initiated upon a resident's admission and completed within the specified timeframe, with the comprehensive assessment serving as the foundation of the care plan. Careplans will be reviewed and updated at least on a 4-month basis or as the resident's condition and needs changes. Care plans are developed in collaboration with the resident and the nursing team.
- To ensure compliance, the CNM will verify completion of the admission checklist and confirm that care plans are initiated within 48 hours of admission. For additional oversight, the ADON will conduct weekly checks, and any gaps identified will be followed up directly with the responsible staff nurse.

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 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/08/2025
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	31/08/2025

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2025