



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:	28 April 2022
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0034403

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:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 28 April 2022	09:00hrs to 17:30hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector was met by the reception staff and the person in charge. The monitoring of temperatures, signs and symptoms of COVID-19, and hand hygiene was completed. Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge.

Overall the nursing home was clean and bright, and corridors were clutter free. Residents had easy access through the day room, to a well maintained enclosed garden and a few residents were seen out in the garden at various times throughout the day of inspection. Residents on the first floor had access to a lift to the ground floor if they wanted to go to the garden. The inspector observed that many residents had personal possessions and photographs in their rooms which created a homely feel. Residents informed the inspector that their rooms and en-suites were cleaned every day and they were happy with this schedule.

Arrangements had been made for the residents to have their second COVID-19 booster on the same day as this inspection. This was undertaken by a visiting vaccination team and overseen by the assistant director of nursing and was very well organised. The inspector observed many of the residents being reminded of the vaccination schedule during the morning time. Some residents awaiting the vaccine informed the inspector that they were happy to have their booster vaccinations as it made them feel a bit safer during the COVID-19 pandemic. They also said that having the vaccination team come to the nursing home made it very easy to access the service.

Residents informed the inspector that a laundry service was provided for them and they got their clothing back clean and fresh every few days. They felt that they had plenty of storage space in their rooms, and some rooms had additional units to ensure residents had room for all their clothing and personal possessions. Some residents opted to send some clothing home with their families for washing but were aware that they could have it done on site.

A fire drill was conducted during the morning of the inspection to test the newly installed fire panel. Staff were enthusiastic during the drill and communication was very clear. The assistant director of nursing provided feedback on the staff performance during the drill to the staff who participated. Staff informed the inspector that fire drills were undertaken regularly and this was evidenced by a number of weekly fire drill reports reviewed by the inspector.

During lunch time the inspector observed that the food was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them. The inspector observed staff offering drinks to the residents throughout the day. Snacks and drinks were also available to residents when they requested them.

During lunch time, the inspector observed that those residents who required assistance were provided with their meals earlier, allowing them the time and peace to finish their meals before the dining room became busy. The staff appeared in tune with the residents needs and assisted them in a non-rushed manner. Meals were provided in accordance with their specified requirements as per the residents individual care plans and a list of special dietary and nutritional requirements was available in the kitchen to allow the chef to prepare the meals.

When asked about complaints the residents spoken with were aware of who to speak to if they had a complaint or concern. They referred to staff by name and felt confident in raising a complaint should the need arise, however they said that they did not have anything to complain about. The complaints process was visible in the entrance hall and there was a leaflet available to residents and visitors in the foyer. In addition to this there was an array of leaflets available including information on advocacy services, information on aspects of care, the annual quality and safety report, resident satisfaction survey and a large print copy of the statement of purpose.

There was a schedule of activities available to the residents posted in the day rooms. The activities coordinator was seen to be engaged with one-to-one activities with some residents, and group activities with others. The activities coordinator had completed Sonas training had had a programme of activities focused for those residents with varying degrees of dementia. There were two activities coordinators scheduled to cover seven days a week. In addition a social care practitioner was available to assist residents with any requirements including communicating with their families through technologies such as smart phones and tablets. Two of the residents told the inspector that the activities staff were great and loved the activities which were planned.

Residents and visitors informed inspectors that they were happy with visiting arrangements in the nursing home. Visitors were welcome at the centre and they did not feel restricted. Visitors informed the inspector that they were happy with the care provided and felt that this was a good place for their loved one to live.

The inspector observed that some painted surfaces in the nursing home were in need of repair in order to support effective infection control cleaning practices. Additionally laundry skips were stored inappropriately and some items of resident equipment did not indicate if it had been cleaned. These and additional issues relating to the sluice room and cleaners room are covered in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects 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

This was a well managed centre to the benefit of the residents who lived in the nursing home. Good leadership, management and governance arrangements were in place leading to a high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

This was an unannounced risk inspection. The purpose of the inspection was to review the centres compliance with the regulations

The provider was Springwood Nursing Homes Limited which is part of the CareChoice group. The person in charge was supported by a regional manager, an assistant director of nursing, clinical nurse manager and support services manager on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose.

The senior management team was kept informed about the performance of the service with key quality indicators, audits and other aspects of the service reviewed on a weekly, monthly and quarterly basis. Improvement action plans were available based on audit findings. Regular meetings were held and minuted to cover all aspects of clinical and non clinical operations including support services, activities and maintenance meetings.

Good channels of communication were in place to ensure staff were aware of any changes within the service. Supervision of staff was evident on the day of inspection with the person in charge, assistant director of nursing and clinical nurse managers presence on the floor. Rounding was done three times a day to ensure compliance with the centres policies and procedures including uniform policy and infection control practices.

The purpose of this unannounced inspection was to monitor compliance with the regulations. The Chief Inspector had been informed that the centre had three COVID-19 outbreaks since the 8th February 2022 affecting a total of 18 residents and eight staff who tested positive for COVID-19. All had recovered at the time of inspection and the outbreak had been declared closed by the public health team. A comprehensive review of the outbreak had been completed and was available to the inspector.

An annual review of the quality and safety of care delivered to residents had taken place for 2021 in consultation with residents and their families. The annual review contained details of the residents satisfaction survey and a copy was available in the foyer. Resident meetings were held on a quarterly basis and minutes were available to the residents.

The compliance plan from the previous inspection carried out in November 2020 was followed up. The inspectors found that the majority of the compliance plan responses had been implemented with a few items currently under review as discussed later under Regulation 27: Infection Control.

On the day of inspection the centre was adequately resourced with the appropriate staffing levels and skills mix to meet the needs of the residents given the number of residents and layout of the facility. Staff were knowledgeable about the residents and their individual preferences and needs, and this was seen through their interactions with the residents. Call bells were answered promptly and staff were seen to be available when residents requested assistance. An additional five health care assistants were in the process of being employed and were awaiting clearance. There was one vacancy for a chef, however the CareChoice group had provided cover in the interim.

The inspector found that there were adequate resources allocated to the delivery of the service in terms of equipment, facilities and services.

Staff informed the inspector that they did have access to training and that they had completed training. Training records were maintained and a process was in place to ensure that any new staff, or those due for refresher training were identified. A training schedule was in place to ensure that staff would receive training when due. In addition to meetings, the provider utilised technologies to communicate with staff through an app on their phones and by email. Any changes in policies, procedures and guidelines were communicated through this messaging system, and including their training date reminders. Staff acknowledgement of notifications were also visible through this system.

A sample of contracts for the provision of service were reviewed by the inspector. They were clearly laid out and contained the required information as per the regulations and included the residents room number.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff on duty to meet the needs of the residents.

There was a minimum of one qualified nurse on duty. All nurses on duty had a valid Nursing and Midwifery Board of Ireland registration

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and were appropriately supervised.

Copies of the Health Act, regulations, standards and relevant guidelines were available in the administration offices. A copy of these was placed at the nurse's

station prior to the end of the inspection to enable easy access to staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services showed that they met the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents were receiving a good standard of care and service in the nursing home. Residents informed inspectors that they were happy living in the centre, they liked living there and felt safe.

The inspector reviewed a sample of residents records and saw that a variety of validated tools were used to appropriately assess the residents. These had been completed within 48 hours of admission and care plans prepared based on these assessments. Care plans were updated within four months or more frequently where required. A system was in place to alert staff when updates to assessments or care plans were required. The person in charge informed the inspector that dedicated time was being introduced for nursing staff to ensure assessments and care plans were updated in a timely manner. Where bed rails were in use, the residents' risk assessment was completed and the care plans reflected that often they were in place at the residents request.

A review of the residents skin integrity was available to the inspector. Residents had access to appropriate equipment to meet their needs such as pressure relieving mattresses and pressure relieving aids. There were no residents with pressure ulcers on the day of inspection. Evidence of recent staff training in relation to skin integrity

was available and audits were in place to monitor compliance.

Meal menus were displayed outside the dining rooms for residents to see. A picture menu board had been installed in the dining room and staff informed the inspector that this was in the process of being implemented to further assist residents with meal choices. Arrangements were in place for the nursing homes meal plans to be reviewed by a dietician every six months to ensure they are nutritious and appropriate for residents.

The housekeeping staff were knowledgeable and explained their process for cleaning in the nursing home. The support services manager provided evidence of the daily checklists for regular cleaning, deep cleaning, legionella checks and checklists for areas requiring additional cleaning such as handrails and toilets. Staff were observed to be bare-below-the-elbow and all staff in the clinical areas were wearing FFP2 masks as per the Public Health guidance. Sharps bins were correctly labelled and dated for traceability. There were personal protective equipment (PPE) cupboards placed on walls throughout the site allowing easy access for staff. The centres auditing programme had been expanded to include a detailed infection control audit, hand hygiene audits and an annual infection control external audit. However some overall improvements were required as detailed under Regulation 27: infection control.

Twice daily temperature checks for residents and staff were undertaken in line with the Health Protection Surveillance Centre (HPSC) guidelines to support in the early identification, isolation and management of any potential positive cases. Staff temperatures were automatically scanned on entering and leaving the facility.

Visitors were seen coming to and from the centre and did not have any restrictions. They visited residents in their rooms, in the foyer and in the garden area.

Regulation 18: Food and nutrition

Water and a glass was available in the residents rooms. There was a choice of food available to residents and residents could choose where they wanted to have their meals.

Meals were prepared in line with the residents individual dietary requirements.

There were adequate staff available to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

- There was inappropriate storage such as laundry skips and vacuum cleaners in the storage room which had the potential to lead to cross-contamination of clean items.
- There was a process for the identification of clean equipment in place, but it was not fully implemented.
- Some painted surfaces were worn and damaged not allowing for effective cleaning.
- Resident moving and handling slings were not identifiable as clean posing risk of cross contamination.
- Chemical dispensing unit for cleaning was placed in sluice room creating potential for contamination.
- Additional flushing hoppers were required in sluice rooms to dispose of bodily fluids, as per the previous inspection report in Nov 2020 (one had been fitted to date).

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person centred to reflect the individual residents requirements and to assist staff in providing their individual needs. Assessments and care plans were completed and reviewed in line with the regulations.

Residents, and where appropriate, their relatives, were involved in the care planning and supported the decisions made.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) on the day of inspection. Detailed and person centred care plans were in place for those residents who may require additional support and included details of regular multidisciplinary reviews.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Elm Hall Nursing Home OSV-0000034

Inspection ID: MON-0034403

Date of inspection: 28/04/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• As and from April 29th 2022 the vacuum cleaners were removed from the storage room and will now be stored in a designated housekeeping store. The laundry skips will now be stored in a designated area on both floors.• As and from May 23rd 2022 cleaning indicator tape dispensers have been installed throughout the home to ensure the process for the identification of clean equipment which is in place is fully implemented. The support services manager will continue daily monitoring.• The provider has developed an improvement expenditure plan to enhance IPC measures by carrying out the following works which will be completed on or before the below dates.<ul style="list-style-type: none">• Painted surfaces which were worn and damaged will be repaired and repainted by the 31st October 2022• Additional flushing hoppers will be installed in each sluice room to ensure the safe disposal of bodily fluids by the 30th september 2022.• As and from May 26th 2022 the chemical dispensing unit for cleaning has been relocated to the housekeeping room.• As and from May 2nd 2022 the resident moving and handling slings were cleaned, labelled and individually stored in the storage room. <p>Additional measures: The clinical management team will monitor and conduct regular spot checks. The current auditing schedule involves the monthly unit IPC audit, internal annual IPC audit, quality IPC audit and the external regulatory audit which reviews the</p>	

storage and cleaning of equipment.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022