



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:	15 March 2023
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0039619

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:	60
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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
Wednesday 15 March 2023	08:30hrs to 16:50hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Elm Hall Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

Throughout the day of inspection, the inspector observed that staff were correctly applying infection prevention and control principles such as COVID-19 precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Following a short opening meeting with the person in charge and director of nursing, the inspector was accompanied on a tour of the premises. Overall, the centre was seen to be bright, clean and homely throughout, with the entrance hall and communal areas beautifully decorated for the upcoming Saint Patrick's Day festivities. The building was laid out over two floors and serviced by two lifts. In the main foyer there was a range of information available to residents and visitors including leaflets and activities programme. The information leaflets were on a wide range of topics including consent, restrictive practice and urinary catheters. A member of staff would facilitate reading and explanation of leaflets to residents and representatives if required. New signage was visible in the centre helping to orientate residents and helping visitors finding their way throughout the home. There were a number of spaces for residents to relax in, such as pleasantly decorated and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating.

An enclosed courtyard was available which was easily accessible by the residents. There were safe wide paths for residents to safely mobilise along and view the primroses in planters providing cheerful spring colour. A smoking hut was situated at the end of the garden. A fire blanket and extinguisher was located within.

The inspector spoke directly with residents to elicit their opinion on the service being provided in the centre. Overall feedback from residents was that staff were kind and attentive. A resident informed the inspector that they were happy living in the home and the staff made every effort to ensure their needs were met. The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. The inspector also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Inspectors noted that the dining experience was a calm and sociable time for residents which was complimented by the décor and layout of dining room. Residents who spoke with inspectors expressed great satisfaction with the food.

Residents told the inspector that there was always a good choice and snacks and drinks were available to them at any time. Pictorial food menus were on display and menus providing excellent detail regarding variety of food, snack and drink choices offered on a daily basis. During lunch-time, the inspector observed that those residents who required assistance were provided with their meals earlier, allowing them the time and comfort to finish their meals before the dining room became busy. The inspector observed a meal time service to be well managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

Residents informed the inspector how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. Activity coordinators were on site to organize and encourage residents' participation in events. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the art classes and had their art work on display in the centre. On the day of inspection, the inspector observed a visit from a singer entertainer. The show proved very popular with residents as the singer appeared very enthusiastic and encouraged resident participation.

Residents and visitors informed the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live. One visitor told the inspector that they were very satisfied with communication received from the centre and they were kept informed and up to date. The inspector was informed of the digital platform used in the centre that assists the family to communicate with their loved one. Family members can post messages and photos using their mobile phone or laptop. The family can see the stories and photos on the family wall and can post messages. All messages are assembled into a customized paper Gazette and delivered to the resident.

The inspector observed that following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre and generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). An improvement plan to enhance infection, prevention and control was put in place to address issues including, worn surfaces were repaired and repainted, additional janitorial units were installed in each sluice room to ensure the safe disposal of body fluids and chemical dispensing unit for cleaning was relocated to housekeeping room. In addition, clean indicator tape dispensers were installed which ensured the process of identification of clean equipment.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. The inspector found that residents living in Elm Hall Nursing Home received a good standard of care that met their assessed needs.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was Springwood Nursing Homes Limited which is part of the CareChoice group. The person in charge was supported by a regional operational manager, an assistant director of nursing, a team of nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff. There was a clear line of accountability and responsibility throughout the nursing home in line with the statement of purpose.

Daily management team meetings were held with the person in charge, assistant director of nursing and clinical nurse managers in attendance. Topics discussed included staffing, admissions, clinical issues, complaints/concerns, incidents, infection prevention and control among other topics. Additionally, there were three monthly quality meetings, operations management meetings and three monthly clinical governance meetings. The residents committee met on a scheduled basis. The head chef attended to discuss menu preferences. Minutes of all meetings were recorded and were available to view at inspection. A handover sheet was available for clinical staff to enhance communication in respect of residents' changing needs.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, privacy and dignity, call bell response times and medication management. Audits were objective and identified improvements.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from residents and relatives' satisfaction surveys and quality improvement plans were put in place to address issues.

The centre maintained a directory of residents in an electronic format. The inspector noted that the directory was easily viewed and included the relevant details as set out in Schedule 3 of the regulations.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property and had the current certificate on display at reception.

Policies and procedures were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable in their contents. They were easy-to-read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents were supported to have a good quality of life which was respectful of their wishes and preferences. The inspector found that the premises provided a safe and comfortable environment for residents. It was kept in a good state of repair, clean, warm and suitably decorated.

At Elm Hall Nursing Home, there were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were observed to have their individual style and appearance respected and were noted to be well presented and a tidy appearance. Residents were seen to have adequate locked space to store and maintain clothes and personal possessions. Residents' bedrooms were noted to be decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service and confirmed that laundry did not go missing.

Information on display throughout the centre included statement of information governance, a complaints procedure and information about advocacy services. The provider maintained a written guide of 'Information for residents'. It was available to all residents and included a summary of services and facilities in the centre.

It was observed by the inspector that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, by phone and visits in person as required. Out of hours medical cover was also provided. A consultant gerontologist attended the centre every week to review residents and discuss treatment plans with residents and their representatives, as appropriate.

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. All staff spoken to were familiar with and knew where to locate the safeguarding policy. They were clear

about their role in protecting residents from abuse. Training records indicated that a small number of staff had not completed safeguarding training. This was mostly due to several new staff starting and there was a plan in place to complete training by end of March. The clinical nurse managers worked opposite each other to provide clinical supervision and support seven days a week including staff education and tool box talks on safeguarding. The nursing home was the pension agent for one resident and they had a separate client account.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards are in place to protect them and prevent financial abuse. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and receipts issued. Zip-lock envelopes were implemented to allow for the auditing of valuables being held in the safe on behalf of the residents. Access to the safe was limited to designated persons and was accessible at all times including weekends.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs.

Judgment: Compliant

Regulation 8: Protection

Training records indicate that a small number of new staff had not completed safeguarding training, but there was evidence that this training was scheduled in the week following the inspection.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Elm Hall Nursing Home OSV-0000034

Inspection ID: MON-0039619

Date of inspection: 15/03/2023

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: As and from April 14th, 2023, all staff have completed safeguarding training and the centre is at 100% compliance. The PIC, with the support of HR, will continue to closely monitor to ensure full compliance.	

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 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	14/04/2023