<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Elm Green Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000133</td>
</tr>
<tr>
<td>Centre address:</td>
<td>New Dunsink Lane, Castleknock, Dublin 15.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 811 3900</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:reception@elmgreen.ie">reception@elmgreen.ie</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
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<td>Registered provider:</td>
<td>MNMS Developments T/A Elm Green Nursing Home</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
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<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey; Sarah Carter</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 16 October 2018 10:00
To: 16 October 2018 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. They identified they were substantially compliant for five outcomes and compliant for one.

Inspectors met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and
interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre does have a specific dementia specific unit and another unit who may also support residents with dementia. On the day of inspection about 60% of the total residents with a diagnosis of dementia or Alzheimer's disease.

The provider and person in charge had made a number of improvements in line with the findings of the previous inspection in May 2018. Inspectors found that significant improvements had been made in restrictive practices and the use of psychotropic medications. Governance and management arrangements had also improved.

The inspectors spoke with and observed a number of residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who were able to articulate their experiences expressed high levels of satisfaction with the care and services they received in the centre. However, some family members expressed some inconsistencies in staffing levels and inspectors also observed the impact of vacancies, such as the activities co-ordinators, on the opportunities for residents to be involved in meaningful activities available for residents. Residents and their families were generally positive about the approach of the staff and inspectors overall observed positive interactions. Some exceptions were seen where staff were not familiar with residents individual communication needs, or were busy with practical tasks and so less able to engage effectively with residents.

A review of the healthcare needs of residents found that residents needs were being assessed on admission and care plans were developed to inform the staff how those care needs were to be met. Overall there were positive outcomes for residents with low levels of incidents such as pressure areas and falls. However, some improvements were required to ensure documents were updated when residents needs changed.

Residents and their families were clear of how to make complaints and a review of those made showed they had been addressed within agreed timescales. The satisfaction level of the person who made the complaint was clearly recorded.

Residents reported their rooms were comfortable, and they were seen to provide space for personal belongings, including a locking drawer for valuables. There was a range of communal rooms in each unit, and space to meet relatives in private if they chose to. There was also a pleasant outside space.

It was noted that a number of policies required review to ensure they were clear for staff to understand and put in to practice. For example some staff were not clear about how to manage concerns brought to their attention. While there was a detailed training plan in place, the record showed that not all staff had completed mandatory training in safeguarding. Other training the provider stated in policies that staff would do had not been completed by all staff. For example person centred care, dementia training and medication management for nursing staff. This lead to some
staff not being clear on residents needs, and the organisations policies in relation to delivery of care.

Other areas for improvement were noted in relation to medication procedures safe storage, and staff supervision. These issues are outlined in the report and the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents had good access to a range of health and social care services, and their health care needs were being met. Improvements were needed to ensure consistent updating of residents care plans when their needs changed. Residents reported their satisfaction with meals served and the mealtime experience but a review of seating was required. There were clear procedures relating to medication practice in the centre, but some areas required improvement in relation to storage.

Inspectors reviewed a sample of resident's records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission to ensure that the centre could meet their needs. Following admission, a further assessment was completed by nursing staff. The assessment included information about the resident's current needs and their self-care abilities as well as their preferences for care and daily routines. There were arrangements in place to review care plans every four months.

Overall care plans were found to reflect the residents' current needs; however, this was not consistent. Inspectors found examples of care plans in relation to wound care, responsive behaviours and mobility had not been updated to reflect the resident's current status, and so would not guide staff in how to meet those needs. Daily progress records were seen to set out details of the care given. These records were well maintained and kept up to date throughout the day. Nurses checked the information regularly which helped to ensure that any changes in a resident's health or well-being were detected promptly and managed pro-actively.

The review of care records showed that where residents required access to healthcare professionals, such as physiotherapy, occupational therapy, dietitian, speech and language therapy, mental health services and chiropody, this was arranged. The in-house physiotherapist and occupational therapist worked with nursing and care staff to provide multi-disciplinary assessments for residents in relation to specialist equipment and falls prevention care plans. This was a particular strength of the designated centre.

Health promotion services such as the annual flu vaccinations were made available for
residents to ensure that potential health problems could be prevented. Residents were seen regularly by their general practitioner (GP) and there was an out of hours service.

Overall inspectors found that staff were able to tell the inspectors about individual residents' needs for care and support; however on some units the organisation of care and daily routines was focused on tasks and the routine of the unit and did not always take into account individual residents’ preferences for care and daily routines. The centre was working towards a person centred approach to care and services and provided training in Person Centred Care and Support for nurses and care staff. However records showed that at the time of the inspection less than 20% of staff had attended this training, this is covered in more detail under outcome 5, Staffing.

There were systems in place to ensure residents' nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents' weights were checked monthly or more often if significant weight loss was detected. Residents reported their satisfaction with mealtimes and the choice and quality of food available. Menus were available, and this included pictorial menus for those residents who were not able to understand the written format. Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals in the lounge areas. Staff were available to offer discreet encouragement and support for these residents. However an inspector noted that in one area residents were eating off low tables and chairs. When this was highlighted to nursing staff an appropriate changes were made, this required review to ensure residents were supported to be in suitable seating positions for taking meals.

There were comprehensive policies and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nursing staff were observed administering medicines to residents and following appropriate administration practices. Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by the resident’s general practitioner (GP). Nursing staff were clear about the process for recording medication errors.

Each unit had a medications storage area in the clinical room. The centre had recently changed pharmacy providers and the new drugs trolley was not secured to the wall in line with safe medication storage guidance. Managers were aware of the issue and had organised the replacement locks. In addition the drugs fridge was overstocked with flu vaccines and was not maintained within the recommended temperatures for the safe storage of medicines.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures to protect residents, including those with dementia, were in place. However, improvements were required to ensure policies would guide practice, and that staff had completed training relevant to their role.

Residents told the inspector that they felt safe and knew who they could speak too if they had any concerns or complaints. The inspectors observed that those residents who were unable to verbalise their thoughts did not exhibit behaviours associated with fear or distress.

There were policy and procedures in place for the prevention, detection and response to abuse. The policy had been reviewed in March 2018 and found that it was not user friendly and did not reflect current best practice guidance. It required updating to ensure the steps to be followed by staff were clear.

Records showed that most staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse or were due to complete the training in November. However, number of new staff had commenced in their role prior to completing this training. Staff who spoke with the inspectors were clear about their responsibility to keep residents safe and to report any concerns or allegations in relation to abuse.

There was a policy in place setting out how responsive behaviour was to be managed and it had been recently reviewed. While it did include some useful information it did not clearly guide staff in what action to take where residents had responsive of challenging behaviour. Inspectors observed situations that were well managed by staff, and supported individuals to be calm and settled.

There was a policy in place setting out the procedures for using any restrictive practice in the centre. Although a number of bed rails and bumpers were still in use there was clear evidence that the centre was working towards a restraint free environment and their own policy was being followed by staff. Where bed rails were in use nursing staff had completed a risk assessment and the resident and/or their representative were involved in the decision to use the equipment. Records showed that alternatives had been trialed with residents prior to installing bed rails and that the equipment was used for the minimum time possible. This was a significant improvement from the last inspection.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation
**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
While privacy and dignity was being respected in the centre and this included residents exercising choice and control over their life to maintain maximum independence, a review was required to ensure consistent access to meaningful occupation, and to ensure all staff were aware of residents communication needs.

Inspectors observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms. Staff were observed to knock before entering a resident's bedroom.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's life in the centre. On the day of the inspection a number of visitors were observed meeting with residents or taking residents out on trips and appointments. There was also a visitor's room where residents could meet with their visitors in private if they wished to do so.

Residents who spoke with the inspectors said that they were able to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed. Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this was respected by staff.

There was a daily schedule of activities on offer in each unit. The schedule covered weekends and some evenings. Through the schedule staff organised and facilitated a range of group and 1:1 activities for residents in line with their abilities and preferences. However on the day of the inspection there was no activity staff on Oaks unit and the planned activities did not take place. As a result residents did not have access to meaningful occupation and recreation to meet their interests and capacities.

The inspectors spent some time during the day observing staff and resident interactions on each unit. Some observations were positive, and staff were seen to be using appropriate touch, eye contact and calm reassuring tones of voice to engage with residents in a positive and person centred way. Staff knew the residents they were caring for and for those residents who could not verbalize most staff recognized when the resident was not enjoying an activity or was feeling uncomfortable. However this approach was not consistent and inspectors found that some staff/resident interactions were marked by neutral communications or a task orientated approach and were not person centred.

Resident care plans included a communications care plan which highlighted any specific communication needs that the resident may have. Overall staff were aware of the different communication needs and of the best way to communicate with and support
the person with dementia. However this was not a consistent approach as some staff did not appear to follow the care plans in place; for example one carer stood to right side of one resident who had a hearing impairment and whose communication care plan stated that staff needed to stand in front of the resident and speak slowly and clearly. The carer offered a brief explanation of what she was about to do and did not check to see if the resident had understood the communication. As a result the resident did not co-operate with the staff member and the resident became agitated.

Although the centre is not located close to shops and local amenities managers and staff work to ensure that it is part of the local community. Residents have access to the centre's own minibus and staff organize regular trips to the local shops, cafes and places of interest. Residents had access to radio, television, newspapers and information about local events. The centre had arrangements in place for residents to vote in the upcoming referendum.

Judgment:
Substantially Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a comprehensive complaints policy in place. The process included an appeals procedure. Residents and their families/representatives were informed about the complaints procedure on admission and in the resident's guide. The guidance required review to ensure consistent information was available throughout the centre, and that staff were clear of the steps to take.

The procedure was displayed in a prominent position in the entrance to the centre. However there were two versions of the policy in use in the centre and as a result it was not clear who was responsible for managing complaints. Also staff were not clear about the process for recording and managing informal complaints that were raised on the units.

A review of the complaints log showed that formal complaints were recorded and were being managed by the person in charge. Complaints were addressed promptly, and there were records available to document the outcome and satisfaction of the complainant. Residents had access to an independent advocate in the centre. Information about advocacy services and contact details was available for residents.

Residents and families who spoke with the inspectors said that they could speak to staff
and managers if they had any concerns or complaints. One relative who had raised a complaint reported that it was addressed promptly and that she was satisfied with the outcome.

**Judgment:**
Substantially Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Overall the number of staff was appropriate to meet the needs of the residents and taking into account the layout of the centre. However, improvements were required in relation to staff completing appropriate training, and the arrangements for staff supervision.

Staff rosters matched the staff that were on duty on the day of the inspection and showed that there was a nurse on duty at all times in the centre and that there were enough support staff available including household, catering, administration and maintenance staff. Inspectors found that there were sufficient nursing and care staff available on both floors in the Laurels however a planned absence of activity staff on Oaks unit had not been covered by managers. As a result the residents on this unit did not have access to the scheduled activities on the day of the inspection, this is actioned under outcome 3.

The centre did not use agency staff. Part-time staff were usually available to fill unexpected absences which helped to provide continuity of care for residents. The centre's performance management processes had been reviewed and staff reported that short notice absences had started to reduce as a result.

The centre had a comprehensive mandatory training programme in place which included fire safety, safeguarding of vulnerable adults, infection control and manual handling. Staff were also provided with opportunities to attend training updates in key areas such as nutrition, dementia care, responsive behaviours, end of life care and person centred care and support. Nursing staff had additional training provided in medications and wound management. However records showed that staff attendance at mandatory and other training needed to improve to ensure that all staff had the appropriate knowledge and skills to provide safe and effective care and support for residents. For example not all staff working on Oaks unit, which focused on providing care to residents with dementia, had completed training in dementia care and management of responsive
behaviours and on one unit nursing staff were not sufficiently knowledgeable about medications or wound care. Records showed that 25% nurses had not attended the required training in line with the centre’s policy for medication management, and on one of the units the nurses knowledge in relation to one resident’s medical condition and their individual medication requirements was not adequate.

Following the inspection in May 2018 the person in charge had introduced a system of formal staff supervision for nursing and care staff. Senior nurses and clinical nurse managers had attended supervisor training as part of their management training. Records were kept of supervision sessions with staff during which staff agreed performance improvement goals and identified their own training needs. However records showed that only a small number of staff had received supervision at the time of the inspection and further improvements were required to ensure that all staff received effective supervision and support in their day to day work.

There were effective procedures in place for the recruitment, selection and vetting of new staff. The provider reported that all staff and work experience students working in the centre had Gardai vetting in place. The centre did not have any volunteers in place at the time of the inspection. There was an induction programme in place for new staff however inspectors found that there were significant gaps in training for some staff and that the induction programme needed more oversight from senior staff to ensure that all new starters had completed their induction training within the required time scale.

Residents appeared comfortable with staff and expressed high levels of satisfaction with the care and services that were provided for them. This was verified by a number of relatives who spoke with the inspectors during the inspection.

Judgment:
Non Compliant - Moderate

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the premises was found to meet the needs of the residents and the design and layout promoted resident's dignity, independence and well being. Although the centre provided accommodation for 120 residents the centre was organized into small scale units where residents with dementia could live in a more homely environment. Some improvement was required to ensure all areas were suitably decorated, and all items were stored appropriately.
The designated centre is a purpose-built nursing home situated in North Dublin. Accommodation is provided over two floors with passenger lifts between floors. The centre is divided into two wings; Laurel Wing and Oaks Wing. Each wing is subdivided into three units each with approximately 20 single en-suite bedrooms with a total of 120 bedrooms. Additional wheelchair accessible toilets, shower and bathrooms are available on each wing. There were adequate shower and toilet facilities available for 120 residents. Shower and toilet facilities were fitted with grab rails and specialist equipment to ensure the safety and comfort of the residents. The design and layout of the designated centre were in line with the Statement of Purpose.

The premises was found to be clean and tidy and had suitable heating, lighting and ventilation. Overall the premises was nicely decorated and well maintained however some areas on Oaks Wing and on the first floor on Laurel Wing were in need of painting and general refurbishment.

Bedrooms were warm and comfortable and provided wardrobe and drawer space for residents to keep their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Residents were encouraged to personalise their bedroom space with pictures and photographs. As a result, bedrooms were individual, and residents were able to organise their personal space to reflect their personal life and interests.

The provider was working towards providing a safe and suitable environment for residents with a variety of needs whilst maintaining a homely and welcoming environment. Communal lounges and dining rooms were available on each unit. These areas were comfortably furnished and provided television, radio and music systems for the residents. The communal areas were used for group activities and musical entertainment on the day of the inspection.

Residents were mobilizing around the centre throughout the day either independently or with the support or supervision of staff. Floorings were non-slip and grab rails were available along hallways and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame.

Walls were decorated with paintings. Other points of interest included photographs of local landmarks and recent events in the centre and points of interest such as the pet birds. Residents were able to use these features to help them orientate themselves to the building.

To support residents with cognitive impairments, the layout of some areas could be improved in order to encourage more social interaction between residents and signage could be reviewed in some areas to aid way finding.

There was an enclosed courtyard garden at the centre of the building which could be accessed form the ground floor units. The garden was well maintained and nicely laid out with safe walkways and seating areas for residents. In addition the centre had large landscaped grounds which could be accessed by residents with the supervision of staff or visitors. Staff and visitors accompanied residents in the garden areas on the day of the inspection and residents told the inspectors that they enjoyed their daily walks in the
garden.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. Efforts were made to identify and reduce the risks of recurrence. However the centre's overall approach to identifying and managing risks in the local environment needed to improve. During the inspection inspectors identified a number of risks that had not been addressed by staff or managers on the day of the inspection. These included storage of flammable paint in a stairway, a receptacle containing a COSHH liquid and sharp gardening tools left in the smoking area and shower water on the floor in two bedrooms. Staff had been present in these areas and had not identified the risks or taken appropriate actions to deal with them. When the inspectors identified the risks to staff they did take immediate and appropriate actions to make the areas safe.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0000133</td>
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<tr>
<td>Date of inspection:</td>
<td>16/10/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans in relation to wound care, responsive behaviours and mobility had not been updated to reflect the resident’s current status.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
There is a full review of assessments and care plans ongoing at present. A senior member of Management continues to mentor nurses to enhance their assessment and care planning skills, and also to monitor the timely updating of care plans in response to changing conditions.

**Proposed Timescale:** 31/01/2019  
**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff were not available in adequate numbers to ensure residents were supported to be in appropriate seating positions to comfortably and safely eat meals.

2. **Action Required:**  
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:  
A review of seating arrangements at meal times has taken place to ensure that residents are provided with suitable seating positions at mealtimes. Ongoing review of seating will continue as residents needs change.

**Proposed Timescale:** 22/10/2018  
**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The new drugs trolley was not secured to the wall in line with safe medication storage guidance. In addition the drugs fridge was overstocked with flu vaccines and was not maintained within the recommended temperatures for the safe storage of medicines.

3. **Action Required:**  
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:  
At the time of inspection we were in the process of changing the pharmacy service. This involved using a new type of drug trolley which had not yet been secured to the wall. With regard to the overstock of flu vaccines, we were in the process of ensuring all residents and staff were administered the vaccine (as appropriate). Any overstock was subsequently distributed between the 6 drug fridges to ensure the safe temperature for the storage of medications.

**Proposed Timescale:** 18/10/2018
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Staff in the centre did not follow risk management procedures to identify and respond to significant risks in their local area until these were identified by the inspectors.

4. **Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**

Schedule 5 policies are available to all staff in the nursing home. All staff are required to sign that they have read and understood all the policies under schedule 5 of the Health Act 2007. Since the inspection the management team have reinforced the importance of the immediate management of risks.

**Proposed Timescale:** 31/01/2019

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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The following policies did not provide clear guidance for staff and managers and did not include best practice guidance:

- Safeguarding of vulnerable adults policy
- Managing Challenging Behaviour

5. **Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**

Following the inspection, the management team have provided updated easier to follow policies on “Safeguarding of vulnerable adults” and “Managing Challenging Behaviour” to HIQA.

**Proposed Timescale:** 27/11/2018

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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Records showed that not all staff had completed training in relation to the detection, prevention and response to abuse.

6. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
Following the inspection, the management team updated the training for all staff on safeguarding vulnerable adults, detection and prevention of abuse.

**Proposed Timescale:** 14/11/2018

### Outcome 03: Residents' Rights, Dignity and Consultation

#### Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
On the day of the inspection there was no activity staff on one unit. As a result residents did not have access to meaningful occupation and recreation to meet their interests and capacities. Arrangements in place to cover absence in this role were not sufficient.

7. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Following the inspection, the management team in conjunction with the activity team and the OT revised the activity programme to ensure that every unit has activities on a daily basis even in circumstances where the activity team member is absent. In addition 1 new activities co-ordinator has started her induction process and 2 further coordinators are awaiting garda vetting and verification of documents, to commence employment ASAP. It is anticipated that the enhanced activities team will be fully operational across the 7 days by end January 2019.

**Proposed Timescale:** 31/01/2019

#### Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Examples were seen where residents with communication difficulties were not being supported to communicate freely due to staff not being clear of their needs.

8. **Action Required:**
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
The staffs’ knowledge of residents is now reinforced on a daily basis at handover.

Proposed Timescale: 05/11/2018

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The policy required review to ensure it provided clear guidance to staff on managing feedback. Also the updated version of the policy was not available in all areas of the centre, leading to confusion of who the nominated person was in the centre.

9. Action Required:
Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

Please state the actions you have taken or are planning to take:
During the inspection an old version of the complaints procedure was inadvertently given to the inspector. The inspector was shown the correct updated policy on the day. This policy included the name and contact details of a nominated person for appeal, who is not directly involved in the day to day management of the centre. All out of date copies of the complaints procedure were removed from Elm Green on the day of the inspection.

Proposed Timescale: 16/10/2018

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records showed that staff attendance at mandatory and other training needed to improve to ensure that all staff had the appropriate knowledge and skills to provide safe and effective care and support for residents

10. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.
Please state the actions you have taken or are planning to take:
The PIC of the centre now sends a reminder to all staff re: attending mandatory training. This has significantly improved staff attendance at training. Documentary evidence posted to HIQA inspectorate on 19/11/2018. It is predicted that all mandatory training will be completed by the end of 2018.

**Proposed Timescale:** 31/12/2018

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records showed that only a small number of staff had received supervision at the time of the inspection and further improvements were required to ensure that all staff received effective supervision and support in their day to day work.

11. **Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Following the inspection, the management team is continuing to complete the supervision / staff review records for each member of staff.

**Proposed Timescale:** 31/01/2019

Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all items were adequately stored on the day of the inspection.

12. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Any items incorrectly stored on the day were moved immediately. The management team conduct a daily walk around to ensure all items are stored appropriately in the Nursing Home.

**Proposed Timescale:** 16/10/2018

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some areas required attention to ensure they were suitably decorated.

13. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
There is an ongoing decoration programme in place. At the time of the inspection the inspectors observed the progress of the work taking place on the Oak Unit. This is a comprehensive programme which we hope to have completed by end of 2019. The emphasis is on making the centre more “homely” in appearance

**Proposed Timescale:** 31/12/2019