

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Esker Lodge Nursing Home
Centre ID:	OSV-0000135
Centre address:	Esker Place, Cathedral Road, Cavan.
Telephone number:	049 437 5090
Email address:	vicky@eskerlodgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Esker Lodge Limited
Provider Nominee:	Vicky McDwyer
Lead inspector:	PJ Wynne
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 June 2016 09:10	21 June 2016 18:00
22 June 2016 09:15	22 June 2016 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

There were 70 residents in the centre during the inspection. All residents were

residing in the centre for continuing care. Residents were in advanced old age with many complex medical conditions. Sixteen residents were over 90 years of age and 15 over 85 years old. Thirteen residents were over 80 years of age. Forty residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's as their primary diagnosis.

The inspector met with the residents, provider, person in charge and staff. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The registered provider is actively involved in the centre. She was knowledgeable of residents and their social care needs. There was sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. There was a defined management structure in place.

The building was warm and comfortably decorated. and visually clean. Fittings and equipment were clean and well maintained.

Residents spoken with stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift. Residents were facilitated and supported to practice their religious beliefs. A wide range of activities was facilitated by an activity coordinator.

Residents spoken with were highly complimentary of the food and told the inspector they could have a choice at each mealtime. Catering staff were very familiar with each residents' food likes and dislikes.

A total of 18 Outcomes were inspected. Fourteen Outcomes were judged as compliant with the regulations and the remaining four as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and last revised in May 2016.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place.

The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The registered provider is actively involved in the centre. She knowledgeable of residents, their families and their social care needs.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned to include clinical data over a wide range of areas namely any accident or falls sustained by residents, the usage of psychotropic medication, and the number of residents with a raised bedrails.

An annual report on the quality and safety of care was compiled reviewing and providing information on all aspects of the service provision for the previous year. Residents views on the service provided were obtained. Questionnaires were completed by residents or their next of kin and their finding and opinions reflected in the report.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

The contracts specified the total amount payable and details the items covered by this fee. Expenses not covered by the overall fee and incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care and the associated charges separately identified.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

Copies were available in each resident's bedroom. Additional information to include a copy of the most recent newsletter and the activity schedule for the month was provided to each resident.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She was supported in her role by a clinical nurse manager who had good knowledge of each resident's specific care needs.

The person in charge attended mandatory training required by the regulations and study days.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. and easily retrievable.

Medical records and other records, relating to residents and staff, were maintained in a secure manner and easily retrievable.

The directory of residents contained the facility to record all information required by schedule three of the regulations. The directory of residents was maintained up to date.

The complaints procedure was displayed prominently for visitors to view and provided guidance on how to raise an issue of concern.

Written operational policies, which were centre-specific, were in place.

Records required by Schedule 4 of the regulations were maintained to include a directory of visitors, staff records, fire safety documents, details of complaints, food records and charge incurred by residents.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager is notified to HIQA to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. Transparent systems were in place and financial statements or invoices were issued periodically or on request.

Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported in the past twelve months

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours. Staff could describe particular residents' daily routines well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Additional training is planned in this area by the person in charge following the development of new course by the local psychiatry team.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre routinely.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or alert bracelet known in the centre as co-tags) in place. There was 25 residents with raised bedrails. A risk assessment completed prior to the use of any restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Restraint risk assessments were revised

routinely and supported with a plan of care. The rationale for each type of physical restraint was outlined in the risk assessment documentation reviewed.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. An up to date health and safety statement was available.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building. Staff had completed refresher training in fire safety evacuation procedures.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Evacuation sheets were fitted to the bed of each resident. Each resident had a personal emergency evacuation plan in place.

Staff had completed annual refresher training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the fire drills were not undertaken at periodic intervals. The fire drills were completed in November 2015 and not again until May 2016.

Routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place and intact.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination.

A sufficient amount of personal protective equipment was readily available to staff. A small number of residents smoked. A risk assessment was completed and a plan of care developed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care.

Falls and incidents were documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans and available to care staff at the point of care delivery in resident's bedrooms.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, sluice rooms and stairwells was secured in the interest of safety to residents and visitors. Restrictors were fitted to windows.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all medication orders were correct for each resident. Records of the medication and the quantity returned to the pharmacist were retained.

Nursing staff transcribed medication. Transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. There were seven residents on controlled drugs at the time of this inspection. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There were 70 residents in the centre during the inspection. There were 12 residents with maximum dependency care needs. Twenty eight were assessed as highly dependent and 18 had medium dependency care needs. Nine residents were assessed as low dependency and two were independent. All residents were residing in the centre for continuing care.

Residents were in advanced old age with many complex medical conditions. Sixteen residents were over 90 years of age and 15 over 85 years old. Thirteen residents were over 80 years of age. Forty residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's as their primary diagnosis.

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. There was suitable linkage between assessments completed and developed plans of care.

There were plans of care in place for each identified need. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

The interventions outlined in some plans of care require review to ensure they are accurately descriptive to address the care problems identified and when reviews occur the revised interventions are updated within the plan of care. By way of example some care plans for responsive behaviours or dementia problems did not describe and were not well personalised. There were identical interventions described in two care plans for behaviours that challenge for two separate residents.

Residents had access to GP services and there was evidence of medical reviews routinely. Medical records evidenced residents were seen by a GP within a short time of

being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and d

Residents had timely access to allied health professionals to include speech and language therapist, dietician, physiotherapy and a chiropodist.

There were two residents with vascular wounds and one dressing for a blister wound at the time of this inspection. The inspector reviewed the care plans for these residents. A plan of care was in place and regularly revised. Assessment evidenced the wounds were healing. Referrals to appointments for investigation and medical treatment were ensured. A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There was a dementia specific unit on the ground floor. The centre was found to be well maintained, warm, comfortably decorated and visually clean.

There were good levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

Bedroom accommodation consists of 36 single and 17 twin bedroom. Fifty three of the bedrooms are ensuite. Bedrooms are suitable in size to meet the needs of residents. The centre is divided into two distinct units. On the ground floor is a dementia specific unit primarily for people living with dementia who are mobile. A maximum of 20 residents are accommodated in the dementia unit. Fifty residents are accommodated between the first and second floor with the majority of bedrooms on the first floor. Bedroom furniture, fixtures and fitting were of a high standard and good quality.

The dementia unit has two separate sitting and dining areas and a sensory room. Additional seating is provided in small area off the corridor providing a quieter environment for residents to relax while mobilising between the bedrooms and communal areas. The unit is built around an enclosed courtyard and the majority of bedrooms overlook the courtyard. Residents on each floor had access to outdoor space provided with suitable seating

Staff facilitates were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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 complaints policy in place. A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant's satisfaction with the outcome.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were four residents with a do not attempt resuscitation DNR status in place.</p> <p>Resident's end-of-life care preferences or wishes are identified and documented in their care plans. The system to ensure residents with a DNR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis requires review. One DNR status did not have a review date.</p> <p>Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans. The wishes of residents who did not wish to discuss end-of-life care were respected and detailed in care plans.</p> <p>The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were two residents under the care of the palliative team at the time of this inspection.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 15: Food and Nutrition</i> <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those for those on fortified diets.</p> <p>Nutritional risk assessments were completed. Residents had care plans for nutrition in</p>

place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition intake.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Care staff spoken with could describe the different textures and the residents who had specific requirements.

All residents were weighed regularly and those at risk on a more frequent basis.

Residents spoken with were highly complimentary of the food and told the inspector they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated. The different choices were observed tea time. Catering staff were very familiar with each residents' food likes and dislikes.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily.

A residents' forum was in place. Residents had access to an independent advocate. The

activities coordinator facilitated residents' meeting.

Residents' civil and religious rights were respected. Residents could practice their religious beliefs. There was a visitor's room to allow residents meet with visitors in private. A newsletter was published by the centre to inform residents on a variety of topics and events occurring within the centre.

A social care assessment was completed for each resident. These captured information on the residents life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. The assessments identified any limitations on a resident's ability to partake in activities. This was an area identified for improvement in the action plan of the last inspection report

As identified on the last visit the sitting room on the first floor was occupied to full capacity throughout the day. Residents had limited personal space in the day sitting room. Consideration to use the spacious dining room between mealtimes for some group activities was discussed with the person in charge. This was observed to have occurred and during this visit activities were undertaken the dining. The environment in the sitting room was more relaxed and those engaged in activities had sufficient personal space.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals. There was a labelling system in place to ensure all clothes were identifiable to each resident.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care, cardio pulmonary resuscitation techniques and end of life care. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management.

There is a significant program of training facilitated by the management team and undertaken by staff in the past 2 years. While course content has been updated there has been no review of the effectiveness of the training, and its implementation in practice. While staff appraisals are undertaken to identify training needs there has been no follow up of training completed and evaluation to ensure improved outcomes for residents.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Esker Lodge Nursing Home
Centre ID:	OSV-0000135
Date of inspection:	21/06/2016
Date of response:	06/07/2016

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The fire drills were not undertaken at periodic intervals.

1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of fire.

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

The company will reschedule the fire drills so that they are spread out over a period of 12 months. Staff will continue to have drills at least twice per year as per HIQA guidance on fire precautions.

Proposed Timescale: 30/09/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some care plans for responsive behaviours or dementia problems did not describe were not well personalised. There were identical interventions described in two care plans for behaviours that challenge for two separate residents.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We are in the process of changing the format of care plans for behaviours that challenge so that they are more individualised.

Proposed Timescale: 31/10/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system to ensure residents with a DNR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis requires review. One DNR status did not have a review date.

3. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
A full review of all residents currently holding DNR status has been scheduled.

Proposed Timescale: 31/10/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There has been no review of the effectiveness of the training, and its implementation in practice. While staff appraisals are undertaken to identify training needs there has been no follow up of training completed and evaluation to ensure improved outcomes for residents.

4. 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 company will implement revised training reflections. These will review knowledge gained post training. We will continue to review improved outcomes for residents post training using internal audits and spot checks.

Proposed Timescale: 31/10/2016