

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Eliza Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000663
<b>Centre address:</b>	Five Roads, Banagher, Offaly.
<b>Telephone number:</b>	057 915 2922
<b>Email address:</b>	michael@elizacare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Eliza Care Limited
<b>Provider Nominee:</b>	Michael Lyons
<b>Person in charge:</b>	Kay Hayes-Hickey
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	1

## 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 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:
14 May 2014 10:30	14 May 2014 19:00
15 May 2014 09:30	15 May 2014 13:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that there continued to be a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector

observed numerous examples of good practice and caring interactions between staff and residents which resulted in positive outcomes for residents.

The healthcare needs of residents were met to a high standard and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Some further improvement was required with regard to the management of restraint. The arrangements for the provision of meaningful activities and opportunities for social engagement were also identified as an area for improvement.

A risk management process was in place for all areas of the centre, however, some actions were required in this area in accordance with the requirements of the Regulations. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. Staff respected the privacy and dignity of residents.

The dining experience was well managed and the nutritional needs of residents were met. Staff numbers and skill mix were appropriate to meet the needs of residents at the time of inspection.

The premises was purpose-built and met the needs of the residents to a high standard. The physical environment was clean and comfortable

Questionnaires returned by residents and relatives expressed a high level of satisfaction the service provided. A small number of negative comments were returned and were investigated by the inspector and are discussed under the relevant outcome.

These matters are discussed further in the report and in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The fee payable by the resident was clearly stated. Those items which were not covered by the weekly fee and incurred an additional charge were also highlighted.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge demonstrated her clinical knowledge and professionalism throughout the inspection. An interview was held with the person in charge where she demonstrated a good knowledge of the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough understanding of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the service for residents. She had good knowledge of each of the residents' individual care needs and she had systems in place to monitor any changes in the residents' condition. Staff, residents and relatives spoke very highly of the person in charge and stated that she was supportive and responsive to any issues which they brought to her attention.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as nutrition, dementia, continence management and palliative management. The person in charge stated she was also planning to undertake a relevant management course.

The person in charge was supported in her role by the clinical nurse manager (CNM) who deputised in the absence of the person in charge. The CNM participated fully in the inspection process and demonstrated strong clinical knowledge. The CNM knew the residents very well and demonstrated a good understanding of her roles and responsibilities under the Regulations.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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 the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property.

### **Outcome 05: 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

### **Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse. However, a satisfactory policy in relation to safeguarding was not in place.

A policy relating to the prevention, detection and response to elder abuse was available, however, the policy did not provide sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and the provider demonstrated knowledge and understanding of their safeguarding responsibilities and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The inspector reviewed the training records which showed that all staff had attended annual training.

The inspector reviewed the systems in place for safeguarding residents' money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. Small amounts of money were securely maintained. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Major

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

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

**Findings:**

The procedures in place to consistently promote the health and safety of residents, staff and visitors required improvement.

While there were a number of policies in place which related to various aspects of health and safety, there was no overarching risk management policy in place in accordance with the requirement of the Regulations. The arrangements for the identification and assessment of risk were not set out. As a result, the inspector found that there was an



inconsistent approach to risk management and some important areas of the service had not been risk assessed, for example, the smoking room. As described under outcome 12, the centre specific arrangements for the service of equipment, such as wheel chairs and hoists, had also not been risk assessed.

The inspector was concerned that appropriate risk assessments and safety procedures had not been put in place for residents who smoked. Residents who smoked were not assessed with regard to their ability to safely smoke independently or with supervision. This matter was brought to the attention of the provider and person in charge, who undertook to address this as a matter of urgency.

There was a safety statement in place which was dated October 2013. The inspector found that this document and the associated risk register had been reviewed since the previous inspection. For example, in response to the findings of the previous inspection, the outdoor area had been risk assessed.

The inspector reviewed fire safety procedures and associated record and found that systems were in place to protect against the risk of fire. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. The records showed that there was regular servicing by external consultants of the fire detection and alarm system, emergency lighting and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Records of all events were maintained and were signed off by the person in charge. The inspector reviewed the procedures in place for the management of falls and found evidence of good practice. Appropriate risk assessments and care plans were in place and were reviewed in response to any fall or change in the resident's condition. Interventions such as low beds, hip protectors and increased supervision were introduced in response to the risk of falls. The person in charge gathered detailed data in relation to falls, which showed that overall there was a low incidence of falls in the centre.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation and were also discretely displayed in residents' rooms. Appropriate assistive equipment was in place and staff were knowledgeable with regard to its use.

Satisfactory infection control arrangements were in place. Staff had been provided with training in this area and were observed adhering to appropriate infection control procedures on the day of inspection.

---

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were appropriately stored and accounted for.

**Outcome 09: 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had a system in place to gather and review information on a monthly basis relating to areas of risk such as nutritional status, pressure sores and falls. The person in charge discussed any changes in the condition of residents with the provider and wider staff on a daily basis.

There was a schedule of audits in place for 2014 which covered areas such as falls and medication. The inspector saw that in general high levels of compliance were recorded, however, where issues were identified they were promptly remedied. For example, a review of falls information indicated the need for additional staff a certain times. As discussed under outcome 18 this intervention was put in place in response to this finding.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However, ongoing improvements were required in the area of restraint and the provision of meaningful activities. These areas had also been highlighted at the previous inspection.

Residents had good access to the general practitioner (GP) and an out of hours service was available. Residents also had good access to a range of allied health professionals such as the dietician, speech and language therapist (SALT), physiotherapist and optician. A range of clinical assessments were carried out on a regular basis and this information was used to devise care plans which were accurate and detailed. There was evidence of resident and relative involvement in the development of these plans.

The inspector reviewed the management of restraint and found that a number of improvements had been introduced further to the previous inspection. Improved documentation and assessments had been introduced further to the previous inspection. There was also a significant reduction in the use of restraint in the centre. However, the inspector found that improvements were still required for those residents who were using lap belts as a form of restraint. Four residents were using lap belts. In the case of lap belts, it was not demonstrated that there was appropriate consideration of alternatives and appropriate risk assessment prior to their use. There was also an absence of consultation prior to the use of this intervention.

The inspector reviewed the management of other clinical issues such as wound care, nutritional care, dementia care including the management of behaviours that challenge and found they were in accordance with evidence based practices and guided by robust policies.

Residents had opportunities to participate in activities and the activity programme included bingo, live music and some exercise classes. Biographical information and social assessments were carried out in order to determine residents' interests, however, the information collected was limited and lacked sufficient detail in the case of many residents. On the day of inspection, the activities provided did not engage many of the residents in a meaningful way and a number of residents reported that they were not interested in what was going on in the day room. The inspector found there was also a lack of appropriate activities for residents who had dementia or communication difficulties and a satisfactory programme based on an evidence-based approach had not been developed for these residents. The person in charge stated that she had already

identified this area as an area for development.

## **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **Theme:**

Effective Care and Support

### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

### **Findings:**

The premises, which was purpose built, met the needs of residents and was maintained to a high standard.

There were eight twin bedrooms and all remaining bedrooms were single rooms. All bedrooms had an en suite toilet, wash hand basin and shower. The inspector visited a number of these rooms and found that they were comfortably furnished, well maintained and provided with safe flooring and call bells. Appropriate screening was provided in the twin rooms and residents spoken to by the inspector expressed a high level of satisfaction with the bedroom accommodation.

There was a secure courtyard garden which residents could access independently. This area and the external gardens were well maintained and provided with garden furniture for residents' use. A vegetable plot had also been provided. Residents stated that they liked to go out and use this area during fine weather.

Provision for storage was found to be adequate and it was noted that assistive equipment such as hoists, specialised beds, mattresses and chairs were appropriately stored and did not hinder the movement of residents at the time of inspection. As discussed under outcome 7 the provider did not demonstrate that appropriate and safe arrangements were in place for the servicing of specialised equipment. The provider had a documented system in place for checking and servicing of this equipment by the full time maintenance person. However, the provider could not demonstrate that these checks were carried out in accordance with the relevant national standards. In the case of hoists, the inspector noted that the safety check did not consider the safe operation of the equipment under its normal working conditions, for example, for those residents who weighed more than 100 kilograms.

There was suitable and sufficient communal space for residents which included a large central, open-plan seating area and smaller sitting room. There was a separate dining room and further seating areas in the reception areas where residents could meet

visitors in private. A sufficient number of assisted bathrooms and toilets was provided for residents and a choice of bath or shower was available. Grab rails and hand rails were provided in all communal areas. A sufficient number of sluice rooms, containing bed pan washer, sluice sink and wash hand basin was provided in each of the wings where bedrooms were located. Satisfactory arrangements were in place for the management and storage of waste.

Separate changing facilities were provided for all staff. Staff spoken to said they were happy with the facilities provided.

### **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

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. The inspector found that the name and contact details of the appeals officer were not included in the procedure, however the person in charge acted to rectify this before the close of the inspection. There was a centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

---

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence that end of life care was well managed.

Training in end of life care had been provided for staff. The inspector found that staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a policy on end-of-life care which provided guidance to staff. The inspector reviewed a number of resident's files and found that end of life care plans had been developed for those residents who required them. There was good consultation with residents and families with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents' preferences with regard to end of life were recorded by the nursing staff.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were facilities for families to stay overnight if required. The centre had an oratory and mortuary in place in order to allow residents and families to pay their final respects to deceased residents.

**Outcome 15: Food and Nutrition**

*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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant
<p><b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that residents received a varied and nutritious diet that offered choice.</p> <p>The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. A monthly menu plan had been developed in order to offer choice and variety. The person in charge together with the nursing staff monitored the meal times closely. The inspector found that this was a social and unhurried experience.</p> <p>The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.</p> <p>Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans and the instructions for residents who required a modified consistency diet were maintained in the dining area for reference by the staff.</p> <p>The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this. Residents who required assistance with their meals were aided in a discrete and respectful manner.</p>

<p><b>Outcome 16: Residents Rights, Dignity and Consultation</b> <i>Residents are consulted with and participate in the organisation of the centre. Each residents 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.</i></p>
<p><b>Theme:</b> Person-centred care and support</p> <p><b>Judgement:</b> Compliant</p>



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

No actions were required from the previous inspection.

**Findings:**

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents' religious and spiritual beliefs were respected and supported. There were daily prayers and mass took place on regular basis in the centre. Staff could contact the local priest when required and ministers from other religious denominations visited on a monthly basis.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

There was frequent informal consultation with residents regarding the operation of the centre. For example, the chef was present in the dining room each day in order to monitor feedback from the residents. While there was no active residents' forum in place at the time of inspection, the provider and person in charge discussed plans to implement this in order to formalise consultation arrangements.

The person in charge had made arrangements for residents to vote in local and national elections and the inspector spoke to a number of residents who had voted in local and European elections on the week prior to the inspection.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to news papers and television was provided in each bedroom.

**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

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of satisfactory practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs. For example, the person in charge had recently introduced a new "twilight shift" in the evenings in response to a need for greater supervision during this time.

Satisfactory procedure were in place for the recruitment and vetting of staff. A sample of

staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend relevant courses. The records showed that a broad range of training had been recently provided for staff and this included nutrition, palliative care, wound management and medication training. The person in charge had introduced a comprehensive system for staff supervision and appraisal which was aimed at supporting and retaining staff.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Gary Kiernan  
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 report<sup>1</sup>

<b>Centre name:</b>	Eliza Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000663
<b>Date of inspection:</b>	14/05/2014
<b>Date of response:</b>	19/06/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

The policy on safeguarding was not sufficiently detailed to guide practice.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

In Eliza Lodge we take Prevention, Detection and Response to Abuse most seriously and have at all times responded and acted to ensure that our residents were fully protected. We have a Policy on the Protection, Prevention, Detection and Response to Abuse within Eliza Lodge and all staff have Elder Abuse training as required. However, as per HIQA findings, our Policy can be updated to provide greater clarity to guide practice.

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

**Proposed Timescale:** 20/06/2014

**Outcome 07: 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:**

A risk management policy had not been developed.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

We are in the process of putting a Risk Management Policy in place to back up and reflect on the content in our safety statement. The areas covered in our Risk Management Policy will be:

- A) Safe and healthy working environment with safe systems of work
- B) Safe place of work with safe access to it and egress from it
- C) Fire safety
- D) Infection Control
- E) Moving and Handling
- F) Falls management
- G) First Aid
- H) Food Safety
- I) Maintenance of all equipment and machinery
- J) Personal safety at work in compliance with Safety, Health and Welfare at Work Act 2005

**Proposed Timescale:** 20/06/2014

**Theme:** Safe Care and Support

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

The safety arrangements for residents who smoked were not satisfactory.  
All relevant areas of the service had not been risk assessed.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

We have risk assessments in place for our residents that smoke.

To ensure Health and Safety and Risk Management, we have a comprehensive Safety

Statement in place with relevant Risk Assessments carried out to ensure Eliza Lodge is a safe place to work and reside. The following risk assessments are in place in Eliza Lodge:

1. Office Area: Hazard- Electrical Equipment
2. Office Area: Hazard- Computer/VDU Use
3. All Area: Hazard- Fire/Electrical Faults/Combustible Material/Smoking
4. All Employees- Hazard: Manual/Patient Handling
5. Kitchen Area- Hazard: Ovens/Boiling Water/Marco Boiler/Wet Floors/Knives
6. General Communal Areas– Hazard: Access & Egress
7. General Areas- Hazard: Housekeeping
8. Cables- Hazard: Trailing Cables
9. Chemicals for Cleaning Purposes
10. Furniture&Fittings/Bathing Facilities
11. Oxygen Cylinders/Tents
12. Sharps
13. Main Boiler/Plant Room
14. Residents Smoking Room
15. Courtyard
16. Laundry
17. Sluice Rooms
18. Storage Rooms
19. Housekeeping Room
20. Hoists
21. Pregnant Employees
22. Dining Room
23. Treatment Room
24. Pharmacy Room
25. Wheelchairs
26. Bedrooms & Ensuites
27. Residents (Protection from Abuse)
28. Air Conditioning
29. Sharps – Specifically Needles
30. General Patient Care
31. Removal of Bed Linen / Laundry Works

Prior to our last inspection the service of our equipment was carried out by our in house maintenance. However taking concerns raised during our inspection we have decided to outsource the servicing of our hoists and pressure relieving mattresses to an appropriate company. These services were carried out on the 28th May 2014 and 4th June 2014.

**Proposed Timescale:** 19/06/2014

### **Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

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

The arrangements for meaningful engagement with residents required improvement.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Activities are provided in Eliza Lodge on a daily basis. We try to ensure all residents are provided for and encourage participation. Assessments on meaningful engagement have been completed. We have also commenced a more detailed analysis in May 2014 on residents requirements which will improve our provision of activities for the interests of the individual.

We will also ensure that more of our staff are trained for Sonas or alternative courses.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Care and Support

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

The management of restraint required improvement.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

The use and management of restraint is solely used in Eliza Lodge to ensure the safety of the resident.

Since our last inspection in August 2013, we have made huge efforts to improve(decrease) the use of restraint in Eliza Lodge. We have put in place a comprehensive policy to ensure that any form of restraint is only used after alternatives have been trialled and deemed inappropriate to ensure the safety of the residents. Full reviews on all residents are carried out on a monthly basis or as needs require. We will continue to work on improvements in this area.

We are in the process of putting in place an assessment on the use of lap belts in Eliza Lodge.

**Proposed Timescale:** 20/06/2014