

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Elm Green Nursing Home
<b>Centre ID:</b>	OSV-0000133
<b>Centre address:</b>	New Dunsink Lane, Castleknock, Dublin 15.
<b>Telephone number:</b>	01 811 3900
<b>Email address:</b>	reception@elmgreen.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	MNMS Developments T/A Elm Green Nursing Home
<b>Provider Nominee:</b>	Martin O'Dowd
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	91
<b>Number of vacancies on the date of inspection:</b>	3

## 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 12 May 2015 09:30 To: 12 May 2015 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection was to assess the application made by the provider to vary condition seven of the current registration certificate, that is to increase the total capacity of residents' from 95 to 120. As part of the inspection the inspector reviewed the new bedrooms and the enlarged day space. The assisted living apartments on site had been converted by the provider to bedrooms and were found to be comfortable and adequate to meet the needs of the proposed residents. They were all en-suite and suitably decorated to ensure a homely safe environment for residents to live in. The communal space had been developed and increased on each floor and was an appropriate size and furnished to meet residents' needs. The statement of purpose reflected the service to be provided to 120 residents however, changes were required to ensure compliance with regulation 4(3). A revised statement of purpose dated May 2015 (Version 10) was received on 15 May 2015 following this inspection.

The inspector also followed up on outstanding action plan from the last registration inspection which took place on 21 and 22 October 2014. The inspector found that some of the action plans had been partially or fully addressed by the provider.

Residents spoken with expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and welcomed the improvements to the

premises. Additional nursing and care staff were in the process of being recruited by the provider.

The centre was found to be in full compliance with 5 of the 10 outcomes inspected against. There were no major non-compliances and the provider indicated he was in the process of addressing the matter relating to the premises.

The action plans at the end of this report reflect the non-compliances found and the improvements required.

**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 version 9 was in place further to the recent registration process and accurately described the services provided. A proposed statement of purpose to reflect the application to vary had been submitted for review on 19 March 2015. However, it required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, the whole time equivalent of staff was not fully reflective of those currently working in the centre. The provider and person in charge agreed to review this and resubmitted a satisfactory statement of purpose on 15 May 2015.

**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):**

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

**Findings:**

Improvements had been actioned by the person in charge and provider since the time of

the last inspection. Training and education had taken place in relation to nutrition and care planning, and in dementia care for staff. Detailed records of each employee's training were maintained and planned for.

The person in charge was supported in her role by the provider nominee, and five clinical nurse managers. The person in charge confirmed that clinical nurse manager will be working at night time to provide supervision out of hours.

The provider and person in charge confirmed that additional staff were to be recruited, and some part-time staff will increase their hours to full-time. A request to clarify whole time equivalent staffing was made to the provider as outlined in Outcome 1 and 18 of this report.

**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 had not changed since the time of the last inspection and worked full-time in this role. She was suitably qualified and experienced with the authority accountability and responsibility for the provision of the service. There was a clearly defined management structure in place to support the 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):**

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

**Findings:**

Improvements had been actioned by the person in charge and provider since the time of the last inspection. The residents records maintained on the electronic record keeping system were reviewed under this outcome. The inspector did not review all documentation maintained at the centre as a full review took place at the time of the last inspection.

The inspector found that improvements had taken place with regard to the accuracy of records maintained and care plans in place for each resident. A sample of records were reviewed by the inspector with clinical nurse managers. The person in charge and clinical nurse manager evidenced improvements using records of internal audit completed to identify areas for improvement. A follow up audit report had been completed following the initial review which showed improvements in how records were maintained to maintain accuracy and completeness. Following discussion with staff involved with this review, a clear system has now been established to monitor standards of clinical documentation and drive further improvements.

The inspector reviewed a policy on food and nutritional requirements had been revised following the last inspection. The policy was not fully referenced and requires further development. Further to this improvements are required with regard to how this policy links in with both the paper based documentation systems in use, and the electronic record keeping systems relating to how food and fluid intake is recorded and reviewed by staff.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector found that improvements had taken place since the last inspection and a review of restrictive practices were in place and alternatives trialled prior to the use of restraint. A full review of the use of bed rails had taken place with some reduction in use. The quarterly notifications submitted dated 31 April 2015 confirmed that 72 residents had one or two bed rails in use. Evidence of multi-disciplinary involvement in reviewing the use of bed rails was evidenced.

A risk register and record of the use of bed rails was now maintained by the person in charge. Samples of documentation both written and electronic records on the use of and reasons for physical restraints in place were viewed. Details of the use of bed rails was noted in each residents care plan and a 'restraint assessment tool' completed. However, the tool used on the electronic record keeping system was not referenced in the policy, and required updating to ensure fully evidence based.

The policy was updated following the last inspection, However, the records and practices inclusive of documentation required further review and improvement to sufficiently inform and guide staff in this area. An example of this is where a resident relative requests the use of a bed rail, the risk assessment is completed and a written consent is requested from a relative. This practice was discussed with the person in charge and not fully in line with the national policy on restraint. The inspector identified this an area which further staff training was required to fully implement policy and practice in line with national policy on restraint.

The person in charge submitted a revised draft policy on 15 May 2015 and undertook to review further following further inputs.

**Judgment:**

Non Compliant - Moderate

***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:**

Aspects of this outcome were reviewed at the time of this inspection. A detailed risk management policy was in place which had been reviewed on 4 September 2014. Arrangements were in place to provide two bed pan washers one on each floor of the new section of the building in each of the new sluice rooms. The bed pan washers had not yet been commissioned or put in place.



The arrangements for staff training relating to fire procedures was confirmed following a review of mandatory training records.

Fire fighting equipment was in place and available in all parts of the designated centre. During the inspection the fire alarm was activated as part of a maintenance programme and staff responded in a timely manner in line with procedures. The provider informed the inspector that a fire safety certificate was in place for the building works and planning permission.

A review of the premises was completed and the inspector noted that relevant signs relating to fire procedures had not yet been displayed in the new resident areas to date. A small number of fire doors on the first and ground floor corridors did not fully close together and required adjustments. The provider agreed to action this matter on the day of the inspection and check and adjust doors accordingly.

**Judgment:**

Substantially 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):**

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

**Findings:**

Improvements were noted with regard to documentation of care inclusive of care plans, and pre-admission assessments. Comprehensive assessments of residents admitted since the last inspection were reviewed. A further sample of residents with health care needs and nutritional care plans were reviewed by the inspector. The care of residents with assessed and changing needs was fully documented, with appropriate care plans in place to inform and guide staff.

Documentation auditing systems have now been commenced by the person in charge. Systematic methods of reviewing records and improvements was clearly evidenced. Clinical nurse managers are fully involved in reviewing documentation in a structured and meaningful way.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the newly developed 24 en-suite bedrooms and found that they were spacious and adequate to meet the needs of the proposed residents. All rooms had a level access shower en-suite facility, and were appropriately heated. The lighting and storage was adequate and each room had an emergency call bell in place both in the bedroom and en-suite to call staff if required. Additional day space dining room, visitors rooms, clinical rooms, and kitchenettes had been planned for and put in place. Each floor also had a cleaner's room, assisted toilet, sluice room and nurses station. Works were continuing whilst the inspection was ongoing for an activities room, mens club and quiet day space on ground floor.

The following issues required addressing:

- completion of external ground works
- handrails on corridor beside toilet on first floor required
- commissioning of bed pan washers on both floors
- completion of mens club, large events room and activity room
- re-commission of bedroom currently used as clinical room during building works

Overall the inspector was satisfied that the development of the premises would meet the assessed range of needs described in the statement of purpose for proposed residents to a high standard.

**Judgment:**

Substantially Compliant

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Improvements were confirmed by the inspector with regard to documentation and food choices available to residents.</p> <p>The person in charge confirmed that full review of the menus and mealtimes had taken place since the time of the last inspection. During the inspection residents and staff were spoken with and documentation reviewed in relation to nutrition and practices for providing drinks and snacks were observed. The inspector found that residents were provided with food and drink adequate for their needs. Mealtimes were a social occasion and choice offered. The inspector observed that appropriate assistance was offered to residents at meal times in a discreet and sensitive manner. Food was found to be properly prepared, cooked and served.</p> <p>Staff training in dysphagia, malnutrition universal screening tool (MUST) assessment and nutritional care planning has been provided. As outlined in Outcome 5 a review of the policy on food and nutritional requirements was required to fully inform and guide staff.</p> <p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 18: Suitable Staffing</b> <i>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.</i></p>
<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The management team were in the process of preparing and recruiting additional staff. The person charge had prepared provisional rosters and planned for staffing required for the additional residents. Each floor of the two floors are increasing by 12 residents each, with an additional bedroom being put back in use as it had been temporarily used as a</p>

clinical room. This will increase the capacity of the centre to 120 beds. The staffing outlined in the statement of purpose to support this increase has not yet been put in place and this will be a requirement to ensure safe levels of care are maintained. The provider and person in charge have considered this requirement in detail and are actively recruiting both registered nurses and care assistants to staff the additional new beds. Two files of recently recruited nursing staff were reviewed and contained all the required documents outlined in Schedule 2 and all staff had Garda vetting on file.

The proposed provision of staff as outlined in the revised statement of purpose Version 10 (May 2015) appears to be adequate to meet the needs of 120 residents, inclusive of catering, household and ancillary staff provision. The person in charge confirmed to the inspector that decisions about staffing are reviewed and monitored closely by her and she can access and approve additional staffing on an as required basis.

A detailed updated admissions schedule is required to be submitted and agreed with the inspector prior to commencing admissions.

**Judgment:**

Non Compliant - Moderate

## **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:***

Leone Ewings  
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>	Elm Green Nursing Home
<b>Centre ID:</b>	OSV-0000133
<b>Date of inspection:</b>	12/05/2015
<b>Date of response:</b>	29/05/2015

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

Policy on food and nutritional requirements requires review to ensure staff are fully guided and informed about the record keeping requirements in line with legislative requirements.

#### Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy has been reviewed and all staff are aware of same and the relevant training has been provided.

**Proposed Timescale:** 29/05/2015

**Outcome 07: 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 and procedures and documentation relating to the use of restraint was not fully in accordance with the national policy as published on the website of the Department of Health.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A restraint reduction plan and committee has been established and it is proposed that 2-3 residents per floor per week will be trialled without bed rails and the necessary safe guards will be put in place. A staff training course on restraint has been sourced and date of same awaited.

**Proposed Timescale:** 30/09/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Fire procedures to be displayed in new section of building.

**Action Required:**

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

All fire procedure signage now in place in the new section of the building.

**Proposed Timescale:** 29/05/2015

**Theme:**

Safe care and support

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

Fire doors in corridors to be reviewed to ensure they close properly.

**Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All fire door are closing properly.

**Proposed Timescale:** 29/05/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The following issues required addressing:

- completion of external ground works
- provision of handrails on corridor beside toilet on first floor required
- commissioning of bed pan washers on both floors
- completion of mens club, large events room and activity room
- re-commission of bedroom currently used as clinical room during building works

**Action Required:**

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

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

External ground works have been completed.

All required hand rails are in place.

The said bedroom has been re-commission and is now occupied by a resident.

The men's room, events room and activity room are now completed.

The 2 new bed-pan washers have been commissioned.

<b>Proposed Timescale:</b> 29/05/2015

<b>Outcome 18: Suitable Staffing</b>
<p><b>Theme:</b> Workforce</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> Staffing requirements as outlined in Statement of Purpose Version 10 (May 2015) to be put in place to adequately staff 120 beds at the designated centre.</p> <p><b>Action Required:</b> Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.</p> <p><b>Please state the actions you have taken or are planning to take:</b> There is an active recruitment plan in place and it is hoped to have sufficient nursing staff in place by mid-to-late June.</p>
<b>Proposed Timescale:</b> 30/06/2015