

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Elm Green Nursing Home
Centre ID:	OSV-0000133
Centre address:	New Dunsink Lane, Castleknock, Dublin 15.
Telephone number:	01 811 3900
Email address:	reception@elmgreen.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MNMS Developments T/A Elm Green Nursing Home
Provider Nominee:	Martin O'Dowd
Lead inspector:	Nuala Rafferty
Support inspector(s):	None.
Type of inspection	Announced
Number of residents on the date of inspection:	92
Number of vacancies on the date of inspection:	4

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 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 October 2014 10:00	21 October 2014 19:00
22 October 2014 09:30	22 October 2014 17:00

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 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

The inspection also took account of information received in the form of notifications from the centre and unsolicited information received by Health Information and Quality Authority (the Authority).

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Authority. All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge 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 throughout the inspection process.

The fitness of the nominated person on behalf of the provider and person in charge was determined by interview during the previous registration inspection process and through ongoing regulatory work such as inspections.

Staff had assisted a number of residents to complete the Authority's questionnaires and some relatives had also completed questionnaires and these were left with the person in charge and were received on the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided. Some were complimentary on the manner in which staff delivered care to them commenting on their good humour and respectful attitude.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and allied health professionals such as physiotherapy, speech and language therapists and community health services were also available.

The inspector found there were aspects of the service that needed improvement such as governance, nutritional management, care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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 2013 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):

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

Findings:

A written statement of purpose was available that described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre that included a provider, person in charge, clinical nurse managers and a catering officer. However, it was found that the systems for recording and documenting clinical care were not robust and the internal communication processes in place were contributing to poor outcomes for some residents'. Also in some instances communication with external health service providers and clinicians which supported and ensured the timely management of clinical deterioration of residents with complex needs was not found.

Examples of this included;

- lack of robust communication processes leading to deficiencies in the management of residents nutritional care. These findings are further discussed under Outcome 15
- some visiting clinicians did not document their findings or recommendations for future care or treatment options or discuss them with the nurses or clinical nurse managers on duty. Further findings in relation to these issues are reported under Outcome 11 in this report.

A system was found to be in place to monitor quality and safety of care and the quality of life of residents including an annual quality audit of some aspects of services provided such as; catering, laundry activities and personal care practices. The audit was conducted by means of a questionnaire to residents in May 2014. 92 questionnaires were distributed and 32 were returned.

Residents' feedback included suggestions including; more breakfast options; staff to be more patient and sensitive when asking personal questions in front of visitors and more walks, outings and a TV specifically for sports events. However, there were no specific responses to address the issues raised or actions implemented as a result of the feedback in the quality audit.

An audit on end of life care planning processes based on the Authority's self assessment questionnaire was commenced in June and recently completed; appropriate and respectful processes which focus on the individual and their loved ones were noted to be in place. A falls audit which looked at the time, place and number of falls occurring in the centre was undertaken. However, this system did not identify improvements required or raise standards of care as part of an overall quality improvement process.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A sample number of resident's contracts were viewed. Evidence was found that each resident had a contract which set out the terms and conditions of the services provided and the fees being charged and the majority were agreed within one month of admission. The actions from the last inspection were addressed and fees which were not covered by the contract and also the personal contribution of each resident toward the overall fee were clearly set out.

A residents guide and statement of purpose was available for residents in the centre.

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 centre was managed by a suitably qualified and experienced nurse. She held authority accountability and responsibility for the provision of the service. The person in charge is a registered nurse with several years experience of working with persons with varying care needs in a range of settings. She works full-time in the centre.

The person in charge was found to be engaged in the governance, operational management and administration of the centre on a daily basis. During the inspection she demonstrated that she had knowledge of the Regulations and facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

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:

Actions required further to the last inspection in respect of the risk register and fire records were satisfactorily addressed.

Information in the form of a concern was received by the Authority and was reviewed on this inspection. The information related to transfer and discharge processes and on review of a sample number of records including recent transfers and discharges, decisions taken were found to be have been appropriately assessed and managed.

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and kept in a secure place. A resident's guide containing all of the requirements of Regulation 21 was viewed.

While improvements required from the previous inspection were noted, further improvements were required in respect of maintaining clinical and general records in accordance with the regulations. Some records were inaccurate and/or incomplete such as care plans repositioning charts and nutritional screening records.

Improvements to other general records were found to be required such as four weekly menu plans that did not include the options for all meals for example breakfast options available. Preferences of those residents on special therapeutic diets were not identified to the catering team and records of residents nutritional intake were not detailed enough to make a clear decision on whether the intake was sufficient to meet the individual needs. These issues are also included under Outcome 15.

The designated centre had written operational policies as required by Schedule 5 and reviews of the violence and aggression policy further to the last inspection were found to have been implemented.

However, a review of some other policies was found to be required to ensure they provide adequate guidance to staff for example nutritional monitoring and recording. This is referenced under Outcome 15 further in this report.

Judgment:

Non Compliant - Moderate

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:

To date notification of a proposed absence of the person in charge has not occurred however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.

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):

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

Findings:

Actions required to improve the policy on the management of violence and aggression were found to be implemented. The guidance to staff on the actions to be taken to manage aspects of behaviour that challenges was updated to include use of diversion and appropriateness of physical interventions.

All lines of enquiry regarding management of residents' finances were reviewed on the last monitoring inspection and were compliant.

Measures to protect residents from being harmed or suffering abuse were in place and residents spoken with said they felt safe and knew who they would speak too if they were concerned. Staff who spoke with the inspector were familiar on what constituted abuse and how to respond to suspicions or any allegation of abuse.

However, more efforts to reduce restrictive practices and put in place systems to promote a restraint-free environment were found to be needed. Bed rails and medications known to alter behaviour were found to be used for a high number of residents. A policy on the use of restraint was in place in the centre, but evidence to show that all considerations were explored and found to be unsuitable before a decision was taken to use a form of physical or chemical restraint was not available.

Samples of documentation on the use of and reasons for restraints in place were viewed and discussed with both clinical nurse managers during the inspection. However, the inspector did not find that records or practices were in place, in line with national policy as published on the Department of Health website, to show that;

- alternative measures to the restraint had previously been tried, for how long, how recently or with what results
- risks involved in using the restraint had been considered
- what, if any, benefits of using the restraint as opposed to other measures.

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):

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

Findings:

All lines of enquiry were reviewed on the most recent inspections in relation to risk management processes and some improvements were found to be required. These included;

- a risk register in draft format did not identify all hazards and associated controls on the last inspection. This register was viewed and found to be updated on a regular basis. The register was found to have been recently updated to include risks which could arise from the extension to the centre and the building works on site. The provider and person in charge along with the building contractors have developed a health and safety statement on these building works which includes a list of possible hazards and the ways in which they should be managed and controlled.
- records of regular practices of the fire evacuation procedures by staff were found to be completed in the fire records book.

Other aspects of risk management checked on this inspection included;

- information in the form of notifications from the provider identified an increase in number of falls in communal areas during the evening. On this inspection it was observed that there was a staff person in attendance in the sitting room during the early evening to supervise residents and respond to their needs. Appropriate moving and handling practices by staff including use of assistive equipment such as transfer belts and sit to stand hoists was also observed.

All other lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure.

Unsolicited information was received by the Authority on the systems in place to prevent and respond to instances of missing residents. These processes were reviewed and it was found that the internal and external premises and grounds of the centre were safe and secure. Closed Circuit TV (CCTV) systems which did not intrude on privacy or dignity were also in place and monitored and a register of visitors was maintained on a daily basis. Records indicated that where incidences had occurred in the past these were not

<p>frequent and were managed appropriately.</p>
<p>Judgment: Compliant</p>

<p>Outcome 09: Medication Management <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Actions addressed in relation to medication prescribing practices under the Care & Welfare Regulations 2009 (as amended) included; <ul style="list-style-type: none"> - the maximum dose for all pro re nata (PRN or as required) medications were identified - where medications were being crushed they were individually specified and a prescriber's signature was now available. <p>Safe and suitable administration and prescription practices were observed on this inspection. All other lines of inquiry under this outcome were fully reviewed on the last inspection and found to be compliant.</p> </p>
<p>Judgment: Compliant</p>

<p>Outcome 10: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</p>
<p>Judgment: Compliant</p>

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:

Residents had good access to general practitioner (GP) services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and speech and language were available through the primary care and acute hospital services. A dietician consultancy service was provided by a private nutrition products company.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed but comprehensive assessments were not in place for every identified need. Also, care plans and risk assessments were not always linked. Although for the majority of residents, healthcare needs were met, significant areas for improvement were identified in the documentation of care given.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was not in place. These plans were not being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not refer to the health care plan to give a clear and accurate picture of residents' overall health. Evidence that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems was not available.

Examples include;

- although risk assessments were being conducted, some were 'modified' versions of full assessment tools or were incomplete and not thorough
- for all residents requiring frequent re positioning as part of their pressure area care management, evidence that this care was provided was not found in all instances
- recommendations made by consultants, nurses or other health professionals were not included in residents plan of care to make sure they were implemented and monitored to assess effectiveness
- some visiting clinicians did not document their findings or recommendations for future care or treatment options or discuss them with the nurses or clinical nurse managers on

duty. The inspector was told that occasionally some would inform the person in charge who would then record the information on the computerised system. This lack of communication was causing difficulty for the nursing team who were unaware of the reports being made to external consultants by some community based clinicians which had resulted in residents being discharged from some services

- inconsistent and conflicting information between the management team and primary care services were contributing to poor health outcomes for some residents, including one resident discharged by an external consultant on the basis of inaccurate information
- recording not sufficiently detailed leading to inaccurate reviews of residents health status. Examples included where a dietician was informed that a resident with weight loss and poor food intake was compensating with a high fluid intake of 2- 2.5 litres per day but the recording did not show evidence of this level of fluid intake
- the care delivered to residents throughout the day is supposed to be recorded by the staff delivering that care so that the overall health of every resident can be monitored on an ongoing basis. Types of care which should be recorded includes; personal care(such as showers, food and fluid intake and outputs, skin integrity, mood) These records provide clinicians with a basis for recommending future care options or changes in treatment. Accuracy and timeliness of documenting this care and the status of the resident is vital to allow health professionals to assess changes in condition and recommend appropriate interventions. However, it was found that the recording of care being delivered was not being completed in a timely manner at regular intervals during the day by all staff but were left until late in the evening or at the end of shift. This raises concerns for the accuracy of the information being recorded as staff try to recall the specifics of a lot of interactions with high numbers of residents. Also delays in recording may result in delays in treatment
- residents showing signs of significant deterioration in health such as, ongoing weight loss, increasing breathlessness, recurrent infections, anxiety and depression, risk assessments and care plans were not detailed enough to identify the interventions required to manage these symptoms. There were not always care plans in place to manage some of these problems. It was also found that adequate records of each resident's health and condition were not completed on a daily basis.

Judgment:

Non Compliant - Moderate

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 premises were extensively reviewed at the last registration inspection and no structural changes have taken place since then.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable environment for residents with appropriate furnishings and areas of diversion and interest.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in reach of residents, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was found, in general, to be of a good overall standard. Maintenance staff were observed on site at the centre. They attend to daily reports and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place. Fire doors and stair wells were not obstructed and could be accessed freely in the event of an emergency.

The premises were found to be clean and clutter free and there were measures in place to control and prevent infection. Staff had received training in infection control and could explain the procedures in place to control infection. A member of the housekeeping staff was able to describe the cleaning systems in place and how it worked in practice. There was a cleaning schedule in place and staff undertaking cleaning duties were observed to be thorough in their approach to cleaning residents' rooms and communal areas.

The centre is currently registered for 96 persons made up of 88 single bedrooms and 4 twin rooms. However, the provider is developing the centre to cater for an additional 25 places. Development works had commenced prior to this registration renewal inspection and it was noted that the new building will adjoin the existing premises. On the days of inspection site works were being managed appropriately and safely so that there was little impact of the construction work on the daily life of residents and staff.

Since the last inspection some renovations to the existing buildings were carried out. One single bedroom has been temporarily converted to a treatment room to allow for the creation of a new fire exit route, as the original exit has been closed to facilitate the building works. This reduces the number of bed places available to 95. This was discussed with the provider who agreed to amend the renewal application to 95 places. A variation application to increase the numbers registered can be considered subsequently on completion of the development.

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):

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

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

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

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

No actions were required from the previous inspection.

Findings:

There were no residents receiving end-of-life care at the time of this inspection. However, there was evidence that arrangements were in place to meet the needs of residents at the end of life and respect their dignity and autonomy as far as practicable. It was noted that residents family and friends could be facilitated and religious and cultural preferences respected. There was access to specialist palliative care services, if appropriate.

An advanced end of life care plan set out arrangements to meet residents' assessed needs and a sample of documentation reviewed found that there were arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; management of medical emergencies, preferences for place of death or funeral arrangements. Bereavement counselling services or supports for families, friends and staff were not formalised but leaflets were available and prominently displayed in

several areas throughout the centre.

The inspector met a member of a local religious community who visits on an almost daily basis to provide spiritual support to residents and their families including bereavement counselling support where required or requested.

Judgment:

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

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

No actions were required from the previous inspection.

Findings:

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. The inspector observed that assistance was offered to residents at meal times in a discreet and sensitive manner. Food was found to be properly prepared, cooked and served however, a full review of the management of residents nutrition was found to be needed as it was found that several residents were losing weight and some had experienced significant weight loss.

Menus were displayed in printed version on tables and showed a variety of choices for main courses and desserts. A four week rolling menu was in place to offer a variety of meals to residents. Most residents took their main meals in the dining rooms located on each floor of the centre. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee were available. Dining tables were appropriately set with cutlery condiments and napkins.

The inspector met with the catering officer and chef on duty and found appropriate and sufficient stocks of store food, fresh meat, fruit and vegetables and frozen store items. Home baking by the catering team was included in the menu with desserts, cakes, buns and scones provided. Mid meal snacks were available throughout the day. Staff were observed delivering hot and cold drinks and biscuits during the mid morning and mid afternoon.

However, robust processes were not in place to ensure residents did not experience

poor nutrition and hydration. For examples the inspector spoke with the catering team, nurses and care staff and reviewed clinical and general records related to the management of nutrition in the centre and found that there was no clear and regular communication between each unit and the catering department. A clear and consistent process was not in place to ensure each resident received the correct therapeutic diet or that changes to residents diet were communicated to the catering team.

The process in place involved a sheet called a residents meal list being sent down from each of the four units, which showed the name of the resident, room number and preferred choice of lunch and tea from the daily menu. However, it was found that the preferences of residents on soft and purée diets were not included on the sheet and the complete therapeutic diets of other residents were not identified. Examples included sausage and chips identified for tea for some residents on soft diets; residents who were to receive high calorie/high protein, high fibre or diabetic diets were not identified. Although several residents were known to have specific food allergies, the catering officer was not familiar with all residents' allergies and these were not identified on any of the meal lists. On the day of inspection only three out of four of the units returned the daily meal list to the catering team.

The inspector discussed residents nutritional requirements with a number of staff members was told food fortification (to increase the calorie content of some foods) was in place to meet the dietary needs of residents requiring a high calorie intake however, in conversation with several staff responses were not consistent on how or where foods were fortified. The catering officer stated that foods such as potatoes, sauces and some desserts (semolina, rice custard) were fortified by the catering team using milk, cream and butter. But other foods were fortified by the nursing or care staff on the units using shakes or adding oral nutritional supplements. However, in conversation with the nursing staff including the nurse managers the inspector was told that nurses or carers do not fortify any foods in the units.

The inspector also found that recording of food and fluid intake was not sufficiently detailed leading to inaccurate reviews of residents' health status. For example portion sizes were not determined to establish whether they were sufficient to meet the residents' needs as recommended by the dietician, the forms were not always fully completed, for example where an intake of bread was indicated, the amount was not identified nor whether butter, jam, honey or other spread was used. Intake of oral nutritional supplements was not always included.

The accuracy of some residents' food and fluid intake was questionable. Inconsistent measurements of the amount of food or fluid intake were found. Some staff recorded food intake in 'spoonfuls', others in 'bowls' and others in 'fractions' i.e. 1/4 or 1/2. Fluids were recorded as, 'cups', 'glasses' or 'mugs' In one instance the dietician was told that a resident who was losing a considerable amount of weight was compensating by taking up to 2 - 2.5 litres of fluid per day, but on checking the intake records over a period of seven days there was no evidence of this level of fluid intake documented.

Other areas which needed to be improved included;

- a four week rolling menu was in place but did not include all of the options available for each meal time. The menu gave the options for the main lunch with dessert and tea.

A breakfast or supper meal was not identified. The menu had not been reviewed by a qualified dietician to determine its nutritional content and whether it meets the needs of all residents in the centre.

- healthy options for mid meal snacks such as fresh fruit portions, smoothies, cheese, nuts, fresh or dried fruits were not all available and could be considered.

Although policies and procedures were in place, it was found that they were not sufficiently comprehensive to guide staff on the monitoring, documentation recording and overall management of residents' nutritional intake.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was evidence that a residents' consultation process was in place and they could receive visitors in private. Staff were observed to respect residents privacy and dignity through ensuring the appropriate use of screening in communal bedrooms and closing doors when providing assistance with personal care.

The inspector observed that residents were addressed by staff in an appropriate and respectful way and that there were mutually warm interactions between residents and staff.

It was noted that residents' choice and independence was promoted and enabled and this was confirmed in conversations with residents.

Residents had opportunities to participate in activities appropriate to their interests and preferences. A varied weekly programme of social and recreational activities was scheduled to take place throughout the centre led by a team of designated activities coordinators. Detailed social care assessments were completed for all residents that determined likes/dislikes and previous interests. Residents were observed engaged in a variety of activities such as attending prayer services, reading, watching television, playing games or entertaining their visitors.

Residents who spent long periods in bed were visited by the activity coordinators and

stimulation of the senses was provided using hand massage and conversation.

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:

The Inspector saw that there was adequate space provided for residents' personal possessions and clothing was noted to be neatly and appropriately stored. Residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

In a sample of those reviewed a record of residents' personal possessions was in place and had been updated.

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:

All lines of enquiry were reviewed in full under this outcome during the most recent inspections and were found to be fully compliant on the last inspection.

Some of the findings on this occasion replicated previous findings.

It was found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered, further training was noted to be provided in areas of clinical practice such as medication management, infection prevention and control and dementia care. Evidence of staff attendance at mandatory training in the form of signed attendance sheets were viewed.

However, further training specific to the current residents profile was found to be required where gaps in staff knowledge and understanding were found during the inspection, specifically in; management of clinical deterioration; nutritional monitoring, assessment and care planning and the documentation and recording of care.

A review of the content and detail of all training currently provided to ensure it meets the needs of staff and assures their competency is also recommended.

A sample of staff files were reviewed on the last inspection and found that the requirements of Schedule 2 were met and there was evidence of robust recruitment practices.

Throughout the inspection staff and residents interactions were observed and staff were found to be respectful patient and attentive to residents needs.

Staff were familiar with residents, needs, preferences and personalities. Residents were warmly and appropriately dressed and were neat and tidy in appearance.

Judgment:

Non Compliant - Minor

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:

Nuala Rafferty
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:	Elm Green Nursing Home
Centre ID:	OSV-0000133
Date of inspection:	21/10/2014
Date of response:	04/12/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Effective operational management systems such as recording, documenting and communicating were not in place to ensure and monitor the delivery of safe consistent care to all residents.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Additional training and education is currently underway for all staff on documentation and information recording. Robust communication systems are in place to ensure and monitor the delivery of safe consistent care to all residents.

Proposed Timescale: 30/01/2015

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:

A review of some policies was found to be required to ensure they provide adequate guidance to staff particularly policies on nutritional management.

Action Required:

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

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

All policies are reviewed within guideline periods. The nutritional policy and guidelines have been further developed.

Proposed Timescale: 02/01/2015

Theme:

Governance, Leadership and Management

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

All records were not maintained to ensure accuracy as required under Schedules 3 and 4 such as care plans, food intake records, menus and special diets.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All records and documentation have been reviewed, policies have been amended to ensure they reflect the high standard of care being delivered.

Proposed Timescale: 02/01/2015

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:

Evidence to show that all considerations were explored, in line with national policy as published on the Department of Health website, and found to be unsuitable before a decision was taken to use a form of physical or chemical restraint was not available.

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 full review of bedrail usage has been completed with a successful reduction has been achieved and maintained. A monthly audit of same in place.

Proposed Timescale: 02/01/2015

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:

Comprehensive assessments were not in place for all residents on admission and were not effectively revised from time to time to monitor changes to conditions

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Comprehensive assessments completed on all residents pre-admission, most including a Consultant Geriatrician assessment. All residents have comprehensive assessments completed on admission, reviewed at least 3 monthly, post hospital discharge or if their condition changes.

Proposed Timescale: 02/01/2015

Theme:

Effective care and support

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

The care plans in place were not reviewed to ensure effectiveness in managing and improving the health of all residents.

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:

All care plans have been comprehensively reviewed to ensure effectiveness, with on-going auditing systems in place with training and education being provided.

Proposed Timescale: 02/01/2015

Theme:

Effective care and support

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

Evidence that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems was not available.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All care plans have been comprehensively reviewed and re-evaluated and documentation supports the high standard of medical and health care being delivered to each resident.

Proposed Timescale: 02/01/2015

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Although there was a choice available at meal times, evidence that all residents were asked their preferences for choice of meal was not available.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

All menus have been extensively reviewed both internally and externally including options and choices available for all residents for all meals and snacks including special diets.

Proposed Timescale: 02/01/2015

Theme:

Person-centred care and support

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

Where residents' intake was being monitored, records were not sufficiently detailed to determine if the dietary needs of residents were being met in accordance with the individual care plan.

Systems were not in place to ensure fortified food was provided to those residents assessed as requiring same.

A clear and consistent process was not in place to ensure each resident received the correct therapeutic diet or that changes to residents diet were communicated to the catering team

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

All aspects of nutritional care have been reviewed and policies and guidelines are in place ensuring the dietary requirements of each resident are met according to their needs and reflected in the individual care plan.

Proposed Timescale: 02/01/2015

Theme:

Person-centred care and support

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

The menu had not been reviewed by a qualified dietician to determine its nutritional

content and whether it meets the needs of all residents in the centre.

Action Required:

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

There is no requirement for a review by a qualified dietician within the regulations and as experienced trained chefs, they are competent in providing nutritious meals.

However, our menus have been reviewed externally and affirm that nutritious food is being provided for all residents including special diets. External audit report has been sent to the Inspectorate.

Proposed Timescale: 27/11/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Provide training to staff specific to the resident profile where gaps in staff knowledge and understanding were found during the inspection.

A review of the content and detail of all training currently provided to ensure it meets the needs of staff and assures their competency is also recommended.

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:

Staff training is up to date and further specific nutritional training will be provided in Jan 2015, awaiting date from training provider.

Proposed Timescale: 30/01/2015