



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Elmhurst Nursing Home
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	10 March 2023
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0039165

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Elmhurst Nursing Home is located in Glasnevin, Dublin 9. The centre can accommodate 48 residents, both male and female over the age of 18. The centre provides long-term care to older persons, some of whom have a cognitive impairment. Elmhurst Nursing Home is a single-storey building comprising of two units. There are a range of communal areas available to residents, including an activities room, two dining rooms and an oratory. Elmhurst Nursing Home provides long-term care to older persons, and is committed to providing the highest standard of care and support to all residents. Elmhurst Nursing Home cares for residents in an environment appropriate to their needs, where the priority is to preserve their dignity and promote their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 10 March 2023	08:30hrs to 17:30hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

The inspection took place in Elmhurst Nursing Home over the course of a day and during this time the inspector took the opportunity to speak to residents and visitors to gain insight about living in the centre and feedback about the service. Residents were positive regarding the service and reported to the inspector that they were happy with the support they received from staff. Residents reported they felt safe and secure living in the centre.

On the day of inspection, the inspector received a warm welcome from staff and residents. The centre, which is registered for 48 beds, was found to be warm and comfortable throughout. All bedrooms had a view of either the internal courtyard gardens and ponds or the beautiful external grounds on which the centre was situated.

Overall residents were positive in their feedback regarding their bedrooms and en suite facilities. There are 40 single occupancy bedrooms and four twin occupancy bedrooms. The person in charge outlined quality improvement plans to the inspector that included reducing the occupancy of the four twin bedrooms to single occupancy. Three of the twin occupancy bedrooms were already being used as single bedrooms and two had undergone redecoration and reconfiguration to enhance the space. Other quality improvements highlighted to the inspector that had taken place since the last inspection included 22 of the bedrooms having been fitted with new built-in dressing tables. These were observed to be of a good finish and provided ample storage and display space for residents. Residents' personal belongings such as clothes were observed to be well organised and throughout the day the inspector observed staff carefully folding and organising clothing which had been returned from being laundered.

All bedrooms had en suite facilities of sufficient size to allow residents to undertake activities independently or with support from staff as required. The person in charge informed the inspector that three en suite facilities had been identified as requiring maintenance for issues resulting in damage to the shower flooring and inadequate drainage resulting in a musty odour. Plans were in progress to have these issues addressed. The inspector observed some minor wear and tear in some parts of the centre such as marked or chipped paintwork on walls or skirting and slightly damaged woodwork.

There were two internal courtyard gardens for residents to access. These were furnished with seating areas for residents to use when spending time outdoors. These courtyards were paved to facilitate residents' mobility, however; some areas of paving were observed to be slightly uneven. The person in charge outlined that this had been identified and that a plan for the upgrade of the surface covering of these courtyards to ensure ease of movement for residents was in place and being actioned in the coming weeks.

There were two dining rooms available for residents to attend for their meals. These were bright and nicely decorated and contained tables that were laid with care. The servery located beside the largest dining room had been enlarged since the last inspection. This modification was to allow food to be delivered and served in closer proximity to the dining room to enhance the dining experience of residents and ensure no delays in receiving their food. Residents reported positively overall regarding the food on offer to them, with one resident reporting they particularly enjoyed the 'curry'. There were sufficient staff available to provide support to residents who required it during meal times and this support was observed to be discreet and respectful.

Residents' feedback to the inspector regarding staff was positive, with residents stating that they are a 'great team of staff, and staff are 'very good to me'.

An oratory was available to residents and this was found to be a calm and comfortable space, laid out with appropriate seating for residents and decorated with religious items to enhance the space. Many residents were observed to attend the oratory during the day to attend a prayer session, while other residents could watch from their bedrooms via video link.

There was a hairdresser room which was nicely decorated and equipped with the necessary appliances and fixtures. The centre contained two visitor's rooms for residents and their visitors to use. The largest of these rooms was nicely decorated with items of artwork and contained a kitchenette area. The inspector observed that the sink required some attention to ensure it was hygienically maintained however. The smaller visiting room was a new addition to the centre; it had previously been used as the designated smoking area however it had been redecorated and furnished with new items of furniture, it was found to be a bright and comfortable space with scenic views of the surrounding gardens and grounds.

There was a social and recreational programme on offer in the centre. Residents were observed during the day to partake in activities such as bingo and reported to the inspector that they 'enjoyed winning the prizes'. Residents praised the activities person for her 'great ideas and energy' and one resident reported that they had enjoyed their outings to the shops before Christmas however no other outs had been organised since.

Throughout the centre Saint Patrick's Day decorations had been hung for the upcoming national public holiday. Bunting and colourful table decorations were observed throughout to enhance the festivities.

There was open visiting in place for relatives and friends of residents and visitors were observed attending the centre over the course of the inspection. There were practical infection control and prevention precautions in place to manage any associated risks.

Capacity and capability

There was an established management structure in place with clear lines of authority and the management team were well known to the residents. The registered provider had arrangements in place to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. Action was needed however to improve the providers' oversight of infection prevention and control practices. Action too was required under the following regulations; Statement of purpose, Protection and Premises.

The registered provider for Elmhurst Nursing Home is J&M Eustace T/A Highfield Healthcare Partnership. There was a clear management structure in place with a group of senior managers which included a Chief Executive Officer, a Chief Operating Officer, a head of quality and patient safety and the Person in Charge. The person in charge was responsible for the daily operations in the centre and she was supported by clinical nurse managers, nursing staff, carers, activity staff, maintenance and catering teams.

There was evidence of ongoing improvements to the physical premises of the building as detailed in the first section of this report. The person in charge also informed the inspector that they were aware of the recent changes to Regulations 34, complaints procedure, Regulation 20, Information for resident and Regulation 9, Residents' rights. A process of reviewing resident literature and engaging with external advocacy agents had begun to ensure that the service was responding to changes so that residents' rights could be supported. The inspector observed that there was signs up to raise awareness regarding advocacy services.

Management systems for the oversight of infection prevention and control however required strengthening in order to effectively monitor and to address risks identified to ensure consistent and safe service provision. The inspector found a repeat finding that had been highlighted on two previous inspections that had not yet been addressed. This is detailed under Regulation 23, Governance and Management.

The inspector was provided with a number of documents throughout the inspection. All policies and procedures as detailed under Schedule 5 of the Regulations were available. These had been reviewed and updated as required. The inspector reviewed the minutes of the most recent resident meetings that had taken place. From the records it was clear that residents were encouraged and facilitated to raise issues which were subsequently responded to and action plans developed and detailed.

The registered provider and person in charge were aware of their regulatory requirement to notify the Chief Inspector of notifiable incidents that occurred in the centre. A written statement of purpose was in place and available to the inspector on the day of inspection. This required some minor amendments to ensure that it contained all relevant detail about the service. This is detailed under Regulation 3,

Statement of Purpose.

Regulation 23: Governance and management

The inspector found that the registered provider had not taken all the necessary steps to ensure compliance with Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). For example the inspector identified that there was no functioning bedpan washer in the centre despite this having been identified on two previous inspections.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required the following amendments:

- The information set out in the certificate of registration required updating,
- Changes to the premises had not yet been reflected in the description of the rooms in the designated centre. For example; twin bedrooms that were now reduced to single occupancy, the new store room, new visitors' room and extended servery area.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There was an incident log maintained and available to the inspector on request. Notifiable incidents occurring in the centre were being reported as required to the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 were available to the inspector. These had been reviewed and updated.

Judgment: Compliant

Quality and safety

Residents appeared well cared for and they reported to the inspector that they were supported by staff to have a good quality of life. Action was required however in the following areas to ensure compliance with the regulation; infection control practice, protection and premises.

The registered provider had put measures in place to safeguard and protect residents. A clear safeguarding policy for the prevention of and for responding to allegations of abuse had been developed to inform staff how to respond to allegations, concerns or disclosures of abuse. Records demonstrated that safeguarding incidents were investigated and care plans to protect residents were developed to guide staff. Training records showed that almost all staff had up to date training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector were clear about their responsibility to keep residents safe, however the inspector noted that some staff were not immediately clear on how or who to report to if any concerns or allegations of abuse arose.

The premises was maintained to a good standard internally and externally. There was evidence of works completed made by the registered provider to enhance the premises to improve residents' quality of life. For example; the servery near the largest resident dining room had been enlarged and modernised so that food could be served from this area so that food remained hot when served to residents. The inspector noted however that in some en suite bathrooms there was a strong odour of mould and that areas of floor required attention due to water damage that had occurred.

Residents reported positively regarding the choice and quality of food on offer to them. There were sufficient staff present to provide support to residents at meal times and this was offered in a discreet and respectful manner. Staff were observed to sit with residents and provide patient respectful support. Food appeared to be nutritious and modified texture diet was presented in an appetizing manner. Validated assessments were used to monitor residents on an ongoing basis for signs of weight loss. The inspector reviewed a sample of records that indicated that appropriate and timely referrals to dietitians and speech and language therapists occurred for any resident who required their assessment and input. The management team informed the inspector that there was a plan for an extensive survey to be completed to gain feedback from residents around their meal time experience to inform ongoing quality improvement in this very important aspect of residents' lives.

Improvements had been made to the centre's electronic record management system so that it now had the functionality to save correspondence related to transfers of

residents on the system.

Residents' bedrooms contained appropriate storage including wardrobes, display space and a locked unit. An effective system was in place to collect residents' laundry and return it in a timely manner.

Infection prevention and control practices were not in line with the National Standards for infection prevention and control in communities 2018. This is detailed under Regulation 27, Infection Control.

Regulation 12: Personal possessions

The inspector observed that residents' bedrooms contained appropriate storage including wardrobes, display space and a locked unit.

An effective system was in place to collect residents' laundry and return it to their rooms in a timely manner when it was cleaned. Residents reported positively regarding these arrangements.

Residents' finances were managed through agreed procedures where residents received their money on request from the central finance office.

Judgment: Compliant

Regulation 17: Premises

Three en-suite bathrooms required attention to address issues arising from water damage.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that there was a choice of drinks and water available to residents at all times and there were sufficient staff present to provide support to residents during meal times. Residents were monitored for signs of weight loss and dehydration and had person centred care plans in place to inform staff regarding their dietary needs and preferences. Arrangements were in place so that resident had timely access to dietitians and speech and language therapists as required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Improvements had been made to the centre's electronic record management system; the inspector was informed and saw samples of saved copies of transfer letters on the system.

Judgment: Compliant

Regulation 27: Infection control

The oversight of infection prevention and control practices required strengthening to ensure it was robust and in line with the National Standards for infection prevention and control in communities 2018. For example;

- Equipment was not managed in a way that minimised the risk of transmitting of a healthcare-associated infection. At the time of inspection there was no working bedpan washer in centre. Following the last inspection in March 2022 the registered provider had obtained a bedpan washer which had been installed in the sluice room, however the inspector was informed that this bedpan washer had never been in working order since the time of installation. Manual cleaning and disinfection of utensils must be avoided due to the high risk of contamination and assurances were not provided at the time of the inspection that the decontamination of urinals was being managed in line with best practice. This is a repeat finding which had been highlighted on previous inspections therefore resulting in a judgement of not compliant.

Other issues identified were:

- Single use dressings which were opened were observed to be retained and not discarded.
- There was one medicines refrigerator which was also being used to store specimens. This posed a risk of cross contamination.
- The inspector observed that there was an infestation of insects in a resident sitting room. This required addressing.

Judgment: Not compliant

Regulation 8: Protection

Although most staff had received training in the safeguarding of residents, some staff who spoke with the inspector were not immediately clear on who to report to if any concerns or allegations of abuse arose.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Elmhurst Nursing Home OSV-0000134

Inspection ID: MON-0039165

Date of inspection: 10/03/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The replacement bedpan washer has been received and is due for installation. This had been previously discussed at the Support Services and also at the IPC Committee meeting and identified for replacement.</p> <p>Infection control is discussed bi-monthly at the IPC committee. The centre has employed a dedicated IPC Nurse since 2021. This nurse carries out regular infection control and hand hygiene audits and provides both induction training to new staff and refresher training to existing staff.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The floor plans have been revised and the Statement of Purpose updated to reflect the changes made in terms of bedrooms and repurposing of the smoking room into a visitors room and the old servery into a storeroom. This will be submitted to HIQA this month.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: An audit of the three bedrooms mentioned is being completed and remedial works arranged.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The replacement bedpan washer has been received and is ready for installation this month.</p> <p>Individual portion dressings /gauze swabs have been sourced from pharmacy for use, and available for use where indicated.</p> <p>A fridge for storage of specimens has been sourced.</p> <p>The IPC Nurse will organise staff refresher training to address issues identified.</p> <p>The ant infestation has been treated by a specialised external contractor Rentokil.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The staff member has been requested to attend refresher training on safeguarding. Ongoing tabletop training is being carried out at unit level by the CNM's. Several staff attended Dementia Capable Care training session in early May 2023, with training ongoing throughout the year. Several staff members also attended two sessions run by the HSE in March 2023 and April 2023 on Safeguarding Older Persons in Nursing Homes.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/05/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/05/2023
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/06/2023