

**Health Information and Quality Authority
Regulation Directorate**

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



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

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 February 2016 09:10 To: 10 February 2016 17:15

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Authority along with relevant policies. The inspectors reviewed these documents prior to the inspection.

Inspectors met with residents, relatives, staff members and the person in charge. Inspectors tracked the journey of residents with dementia. They observed care practices and interactions between staff and residents. They used a formal recording tool for this. They also reviewed documentation such as care plans, medical records and staff files. The inspection also considered information received by the Authority

in the form of unsolicited receipt of information and notifications submitted.

As outlined in the Statement of Purpose the centre provides care for residents requiring long term admission, convalescent or a respite service which includes residents with dementia in each category.

The centre was fully occupied at the time of inspection with 70 residents being accommodated. Thirty nine of the residents were identified with a dementia related condition as their primary diagnosis. The centre is divided into two separate care areas. There is a dementia specific unit on the ground floor. This unit can accommodate a maximum of 20 residents. Fifty residents are accommodated in the remainder of the centre with the majority of bedrooms on the first floor and a small number on the second floor.

The design of the dementia unit allows for circular movement, giving freedom to residents who like to actively walk around. There were a number of dementia friendly design features throughout that included, good lighting, contrast in colors used for floors and walls. There were areas to display items to stimulate memory and provide areas of interest and diversion. Residents had access to safe enclosed outdoor spaces.

Pre admission assessments were generally conducted by the nurse management team who looked at both the health and social needs of the potential resident. Residents' healthcare needs were met and Doctors visited regularly.

A total of six Outcomes were inspected. The inspector judged three Outcomes as compliant and a further two substantially complaint. The remaining Outcome, Residents' Rights, Dignity and Consultation was judged as moderately non-complaint with the Regulations.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to premises and care planning process.

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: Health and Social Care Needs

Theme:

Safe care and support

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

Findings:

Residents' healthcare needs were well met. Doctors visited regularly. When needed, residents were transferred to hospital. Residents were facilitated to attend specialist medical appointments. There was a policy in place that stated how residents' needs would be assessed prior to or on admission, and then reviewed at least four monthly.

Assessed needs were set out in individual care plans. A review of the written records showed that an assessment was carried out within 48 hours of admission and reviewed at least four monthly thereafter.

Care plans reviewed for residents with dementia or cognitive impairment showed some improvement since the last inspection. Some of the care plans reviewed described very well residents' level of independence, what they could do for themselves, who they still recognised and the activities they could participate in. It was clear where the resident was on their dementia journey. Residents' life stories were captured in these plans. However, further work is required to ensure the same standard of care planning is implemented for all residents with dementia or cognitive impairment.

Where residents had religious or spiritual needs these were recorded in the care plans. It set out how they would continue with them in the centre; for example, attending the services provided in the centre, or receiving sacrament of the sick from the visiting priest. There was evidence to show that residents and families were involved in developing the plans.

Pre admission assessments were generally conducted by the nurse management team who looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that

outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care.

Records showed that where medical treatment was needed it was provided. Residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, psychiatry, or optician.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Findings:

There were procedures in place for the prevention, detection and response to abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or alert bracelet known in the centre as co-tags) in place. There was a risk assessment completed prior to the use of any restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Restraint risk assessments were revised routinely and supported with a plan of care. The rationale for each type of physical restraint was outlined in the risk assessment documentation reviewed.

Staff demonstrated a good knowledge of adult protection issues. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. Each member of the

management team is a qualified trainer for adult protection and promoting a restraint free environment.

Staff were competent at managing behaviours that challenge. When issues arose there was evidence of multidisciplinary review. There was evidence in care plans of links with the mental health services. Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Psychotropic medications were closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre, and felt the staff were supportive. Relatives spoken with felt their next of kin was being supported and receiving safe care.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk. Each resident's moving and handling needs were identified. These were available to all staff at the point of care delivery in bedrooms.

A risk assessment was completed for all residents who smoke. A plan of care was in place detailing the level of assistance and supervision required.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing behaviours that challenge. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents.

The person in charge had completed training with staff in person centred dementia care and communication skills.

Information in the form of unsolicited details of care and practices received by the Authority was reviewed during this inspection. The provider was also informed and details were recorded in the complaints register. The person in charge and provider had completed investigations with a report on the outcomes.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Findings:

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in sitting/dining area of the dementia unit and main sitting on the first floor. Observations were undertaken both in the morning and afternoon.

In the first observation in the dementia unit, inspectors found 75% of the observation period (total observation period of 30 minutes) the quality of interaction score was -2 (institutional- controlling care). The observation took place in the sitting/dining room where residents had gathered for their breakfast. While the physical care was kind, the breakfast was observed to be very rushed. One care staff stood over a resident initially while assisting to feed the resident. Midway way throughout the observation while residents were finishing breakfast a care staff member requested residents to confirm their food choices for both lunch and dinner. Residents were required to confirm their menu choices for all meals for the remainder of the day prior to finishing breakfast. No aids or prompts were used by care staff to help residents understand the selection of food choices available on the menu for both meal times. Towards the end of the meal a care staff member took away the breakfast plates or bowls if residents had finished their toast or porridge while they remained seated at the table to drink their tea or coffee.

The second observation period was undertaken in the sitting room on the first floor of the building in the morning. Residents were brought to the sitting room from their bedroom throughout the observation period. All residents were warmly and appropriately dressed. Clothing worn was clean and neat with a good general presentation. Staff greeted resident as they arrived and assisted them to their preferred seating area. Residents were asked if they would like a newspaper and staff interacted with residents in a personable manner. The seating was organised into four distinct areas and care staff with the activity coordinator facilitated activities. However, due to the large number of residents in the room and the limited space it detracted from the quality of activities and the provision of individual interactions. The inspectors concluded at the end of the 30 minute observation period most of the residents experienced positive connective care. However, for some residents the observation period identified scores of 0 (neutral care) passive and not stimulating.

The third observation period was in the dementia unit. Residents sat around the table and on seating in the sitting room adjacent to the dining. Residents in engaged in a variety of individual activities from one to one conversation with care staff, to reading the newspaper and sorting a rummage box. Staff engaged with residents based on their individual preferences and personalities. Staff spoke to residents evidencing they knew them well as individuals about their background and families. Some residents entered and exited the sitting at random and moved freely around the unit. Staff facilitated their choices and encouraged them to become involved in the activities that were taking place. During this observation period it was identified that for the total time of the observation period the quality of the interaction score was +2 (positive connective care).

Residents with dementia had access to advocacy services. An advocate from a recognised agency visit the centre and attend resident committee meetings. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team. An individual survey of residents needs was completed and an action plan put in place to address matters raised.

Residents privacy was respected. They received personal care in their own en suite bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. Residents capacity to make decisions and give consent is described in care plans.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. A key worker system was in place. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests.

Residents had freedom to plan their own day within a communal setting. They could chose the times they wanted to get up in the morning, where to have breakfast and partake in activities. Their meal preferences were facilitated.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Findings:

The centre maintained a complaints policy that met the requirements of the Regulations. It was available in an appropriate format in the residents' guide. A copy was on display in the centre and residents said that they knew how to make a complaint. Residents told inspectors that they would complain to the person in charge or any of the staff.

A review of complaints recorded to date showed that they were dealt with within a suitable timeframe. The outcome of the complaint and if the matter was resolved to the satisfaction of the complainant was recorded. The inspectors found that complaints were appropriately responded to and records were kept as required.

Judgment:

Compliant

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Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. There was an adequate number of suitably qualified staff on each shift at the time of this inspection.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and adult protection. Professional development in communication with persons with dementia, nutrition; consent and capacity; management of behaviour that challenges and medication management was provided on an ongoing basis.

There was a clear management structure and staff were aware of the reporting mechanisms and the line management system. Appropriate and sufficient supervision and guidance, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

warm, comfortably decorated and visually clean.

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

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

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

There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in colours used for floors and walls. However, the handrails were the same colour as the wall and not easy to distinguish. An audit was undertaken by an external assessor and the issue was made known to the management team. Plans were in place to improve this physical aspect of the layout.

There was good use of visual cues in bathrooms to help residents identify hot and cold water taps and in which direction to turn taps. There were features here that prompted memory and orientation. There was a mural of a thatch cottage on the wall of the sensory room to promote reminiscence.

There were some tactile objects around. There were areas to display items to stimulate memory and provide areas of interest and diversion. The dining and sitting room was decorated and furnished in a way that prompted memory and orientation that defined its main purpose. The decor assisted to orientate residents.

The sitting room on the first floor was occupied to full capacity throughout the day. Residents had limited personal space in the day sitting room. Consideration to use the spacious dining room between mealtimes for some group activities was discussed with the person in charge. This was based on the outcome of inspectors observation as discussed in Outcome 3, Residents' Rights, Dignity and Consultation.

Access to the centre, stairwells and service areas are secured in the interest of safety to residents and visitors. Bedrooms windows were at a low level and residents had good visible views of the gardens on the ground floor.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Esker Lodge Nursing Home
Centre ID:	OSV-0000135
Date of inspection:	10/02/2016
Date of response:	24/03/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The standard of care planning for residents with dementia or cognitive impairment was not consistent in care plans reviewed.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

On completion of the ongoing care plan continuous improvement project, due to be finished by July 2016, all residents living with Dementia / Cognitive Impairment will have a Social Care Plan similar to the ones reviewed by the inspector during his visit.

Proposed Timescale: 31/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Breakfast was observed to be very rushed. One care staff stood over a resident initially while assisting to feed the resident. Towards the end of the meal, a care staff member cleared away the breakfast dishes while residents remained seated at the table to finish their breakfast drinking their tea or coffee.

2. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

We will engage with staff via scheduled staff meetings to communicate the inspector's feedback and ensure that breakfast is not rushed.

Proposed Timescale: 30/06/2016

Theme:

Person-centred care and support

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

The large number of residents in the upstairs day-room and the limited space detracted from the quality of activities and the provision of individual interactions.

3. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

We will meet with our senior care team to review options for use of different areas for occupation and recreation.

Proposed Timescale: 31/07/2016

Theme:

Person-centred care and support

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

While residents were finishing breakfast a care staff member requested residents to confirm their food choices for both lunch and dinner. Residents were required to confirm their menu choices for all meals for the remainder of the day prior to finishing breakfast. No aids or prompts were used by care staff to help residents understand the selection of food choices available on the menu for both meal times.

4. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Staff will be reminded to ask residents to confirm menu choices for meals after breakfast. Care staff will be reminded to use the aids and prompts available when a resident is having a communication difficulty.

Proposed Timescale: 30/06/2016

Outcome 06: 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 handrails were the same colour as the wall and not easy to distinguish from same.

5. 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:

We have started a painting programme to change the bottom half of the wall to make handrails easier to distinguish. Three corridors have already been completed. The rest of the corridors will be completed by the end of the summer.

Proposed Timescale: 30/09/2016

Theme:

Effective care and support

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

The sitting room on the first floor was occupied to full capacity throughout the day with residents having limited personal space in the day sitting room.

6. 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:

We will trial using different available spaces i.e. the dining room & small sitting rooms to increase the personal space available to residents.

Proposed Timescale: 30/06/2016