



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

Issued by the Chief Inspector

Name of designated centre:	St Elizabeth's Nursing Home
Name of provider:	Gortana Limited
Address of centre:	Kells Road, Athboy, Meath
Type of inspection:	Unannounced
Date of inspection:	12 June 2024
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0043471

About the designated centre

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

St Elizabeth's nursing home is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours care and support for up to 36 residents. Care is provided for both long term residents and short term such as respite, convalescence as well as intellectual disability, dementia, palliative and end of life care. Residents' bedroom accommodation consists of 22 single bedrooms and seven twin rooms. Sixteen of the bedrooms have en suite facilities. There are also 3 spacious sitting rooms, one dining room, visitor's room and a hair salon. The designated centre is a period house consisting of 2 storeys serviced by a lift and a single storey extension overlooking private enclosed landscape gardens and decking area safely accessible for wheelchair users. It is located in the town of Athboy and is serviced by nearby restaurants, public houses, libraries, community halls and shops. The centre's stated aims and objectives are to provide excellent healthcare in an environment that makes the residents feel at home. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Wednesday 12 June 2024	09:55hrs to 18:50hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Residents living in St Elizabeth's Nursing Home described being well looked after to the inspector. Residents spoken with said 'It's really nice here, I am well looked after.' Another resident said 'Staff are super, my room is lovely and the food is fantastic'. Feedback from residents' was that this was a very good place to live, they felt safe and they were very well cared for by staff. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs.

The atmosphere in the centre was lively and efficient. There were activities taking place throughout the day and most residents were participating in the activities and socialising with each other. Other residents were observed coming and going to appointments or with visitors throughout the day. The centre was clean, nicely decorated and suitable to the needs of the residents. There were various areas for residents to sit and relax outside of their rooms in sitting rooms, a visitors room and a large outside decking area overlooking the garden. Residents were observed having visitors and relaxing in these areas. Residents and staff were seen enjoying kind and respectful interactions throughout the day. The centre had a large communal dining area and a large sitting area which was where most residents socialised and participated in the activities offered. Residents were seen enjoying making arts and crafts and listening to live music on the day of inspection and the inspector observed staff and residents together celebrating the birthday of a resident in the sitting room.

The inspector walked around the centre which was laid out over two floors. Residents' bedrooms were nicely decorated and each resident had adequate storage space to store their belongings. All residents spoken with were happy with their bedrooms. There was a lift available for residents to access the first floor. The garden area contained a large decking area and another seating area overlooking a nicely landscaped garden. There was no designated smoking area in the centre and a resident was observed using the decking area to smoke. The inspector was told by management that a smoking structure had been ordered to provide a designated area for residents on the decking.

The large dining room was nicely decorated with a variety of condiments on the tables. Residents sat together in groups to enjoy their meal. There was a choice of meals available and residents told the inspector there was never a problem asking for something else. The meals were observed to be nutritious and wholesome with large portions served. The atmosphere during mealtimes was unhurried and sociable with residents chatting with each other and also with staff. A choice of drinks was available throughout the meal and refreshments were served throughout the day also.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of

the service being delivered.

Capacity and capability

Overall, the inspector found that the governance and management arrangements in the centre were effective and ensured that residents received person-centred care and support. Notwithstanding, there were immediate actions issued on the day of inspection and fire safety concerns that were identified. This is further discussed under the relevant regulation.

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions the registered provider had undertaken following the findings of the last inspection in 10 January 2024.

The registered provider of St Elizabeth's Nursing Home is Gortana Limited. There are two directors of the company, one of whom is the registered provider representative and the other director is the general manager of the centre. The management team was made up of the person in charge, and general manager. Other staff resources included staff nurses, healthcare assistants, housekeeping, administration, maintenance and catering staff. The person in charge had been recently appointed and was working to implement improvements in management systems with a focus on the quality and safety of residents. The provider had a range of management systems in place to review the service and this included a schedule of audits to monitor the quality of the service provided. There were a range of management and staff meetings which provided oversight of the services provided. Audits were carried out on a weekly and monthly basis and where improvements were identified an action plan was put in place. Overall, there was an effective management structure in place. However, some improvements were further required in fire safety management.

The person in charge worked full-time in the centre and was well known to staff and residents. The annual review for 2023 had been completed in line with the national standards. It set out the improvements completed in 2023 and improvement plans for 2024.

A sample of residents' contracts were reviewed and were found to contain all of the information as required under the regulation. There was a volunteer in the centre on the day of inspection, their records were reviewed and the inspector found there was a Garda vetting disclosure in place, written roles and responsibilities and they received effective support and supervision.

The registered provider maintained a log of complaints received from residents and

from family members. A review of these records indicated that the provider was handling complaints in line with their complaints policy and procedure.

The incident log was reviewed and incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management structures and arrangements in the centre, the management systems in place in respect of fire management required to be improved to ensure the service was safe, appropriate, consistent and effectively monitored. The oversight systems for fire precautions had failed to identify immediate fire safety risks including appropriate storage of oxygen and ensuring that the evacuation routes and means of escape were kept free from obstructions at all times. This formed part of an immediate action plan issued on the day which was appropriately addressed by the provider.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts reviewed contained the relevant information and met the requirements of the regulation.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer in the centre, they were Garda vetted, had appropriate supervision and were provided with a written outline of their role and responsibilities.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been informed of all incidents which occurred in the centre within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints procedure in place. A small number of complaints were received and were being managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents in St Elizabeth's Nursing Home were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff and management treated residents with respect and kindness throughout the inspection.

Residents' rights were upheld in the centre. A residents' guide was available and included a comprehensive user-friendly summary of services available, terms and conditions, visiting arrangements and complaints procedures.

A review of fire precautions in the centre found immediate actions that required attention. The provider took action to address fire risks identified on the day on

inspection. This included relocation of inappropriately stored oxygen cylinders and removal of a chair that was partially blocking a fire exit door. Notwithstanding this, improvements were required with regard to day-to-day fire precautions and containment of fire. These are further discussed under Regulation 28: Fire precautions.

Overall the centre was well-maintained, nicely decorated and appropriate to the needs of the residents. Residents were seen to mobilise freely around the centre and told the inspector they enjoyed looking out at the bright flowers in the garden.

The inspector reviewed a sample of care plans and found that residents' assessed needs were informed by detailed person-centred care plans. The information in residents' care plans clearly reflected their preferences and individual routines and this ensured each resident's care supports were tailored to meet their needs and that care was person-centred. The care plans for residents were under review by the person in charge and improvements had been made to ensure a person-centred and rights-based approach was taken to care planning.

There were systems and procedures in place to safeguard and protect residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. There were advocacy posters displayed throughout the centre and residents also had access to an independent advocate who visited the centre. Residents spoken with said they felt safe in the centre.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communications.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was found to contain all of the requirements under the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example;

- The inspector observed hoists being charged on the bedroom corridor, introducing a risk of fire to the protected escape route.
- Emergency oxygen, stored behind the door of the clinical room, did not have hazard signage in place.
- A fire safety risk assessment that was carried out in June 2022 did not have an action plan in place and some of the items appeared to be still outstanding. The inspector requested that an updated fire safety risk assessment be submitted to the inspectorate after the inspection
- Smoking arrangements for residents required review as there was no designated smoking area for residents, appropriately equipped in line with guidelines to protect the residents.

Arrangements for the containment of fire was inadequate. For example;

- There was no fire door on one of the visitors rooms.
- Small oxygen tanks were being stored in a store room along the corridor which contained a heat source. These were removed to external storage before the end of the inspection.
- A fire exit door was being partially blocked by a large chair which was stored in that area. This formed part of an immediate action issued to the provider and the chair was removed before the end of inspection.
- There was some paint observed on the fire seals of two fire doors which would impact their effectiveness.
- The doors to the equipment storage room were not fully closing, which posed a risk that smoke and fire would not be effectively contained in that area.

Action was required to ensure arrangements were in place for maintaining of means of escape. For example;

- A narrow external escape route was compromised by large hedging that required trimming to ensure it did not compromise the escape route.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs including assessment of their risk of falling, malnutrition, pressure related skin damage and their support needs.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff were trained in safeguarding residents and responding to allegations of abuse. Residents confirmed that they felt safe in the centre. The centre was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre, there were varied activities for residents to enjoy and regular residents meetings took place. Residents were supported to give feedback on the service and residents spoken with on the day were complimentary of the staff and management team and how they responded to feedback or suggestions. Residents were provided with choice around how they spent their days and there was an activities schedule in place for them to attend a variety of activities. Independent advocates attended the centre and were available to residents. Residents had access to TV and media also. Residents had been supported to vote in recent elections. There were residents' meetings taking place, the inspector reviewed meeting minutes and saw there was good attendance and evidence of resident involvement with an action plan in place for any agreed outcomes. Residents' satisfaction surveys were in place and recommendations or suggestions from these were followed up by management.

Judgment: 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 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Elizabeth's Nursing Home OSV-0000167

Inspection ID: MON-0043471

Date of inspection: 12/06/2024

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> <ul style="list-style-type: none"> - All systems for fire precautions have been reviewed and addressed by the provider immediately to ensure that the service provided is safe, appropriate, consistent and effectively monitored. - Full review of regulation 28 has taken place including the safety measures for the appropriate storage of oxygen, evacuation routes and means of escape. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The inspector observed hoists being charged on the bedroom corridor, introducing a risk of fire to the protected escape route. - Chargers for hoists have been removed from the bed room corridor to another safer secured area. • Emergency oxygen, stored behind the door of the clinical room, did not have hazard signage in place. - Hazard signage is now in place on the clinical room door. • A fire safety risk assessment that was carried out in June 2022 did not have an action plan in place and some of the items appeared to be still outstanding. The inspector requested that an updated fire safety risk assessment be submitted to the inspectorate after the inspection. - The risk assessment was reviewed again by the newly appointed Person in charge and measures taken to address the outstanding concerns. Also the provider has organised a fire officer to do an updated fire risk assessment for St Elizabeths as soon as possible. 	

- Smoking arrangements for residents required review as there was no designated smoking area for residents, appropriately equipped in line with guidelines to protect the residents.
 - A designated smoking area is now in place on the decking, a new canopy has been installed, also metal cigarette box, fire extinguisher, fire blanket is in place. Signage says smoking area for residents only.

Arrangements for the containment of fire was inadequate.

- There was no fire door on one of the visitors rooms.
 - Following the review, a new fire door has been installed in the visitors room.
- Small oxygen tanks were being stored in a store room along the corridor which contained a heat source. These were removed to external storage before the end of the inspection.
 - Following the review storage of oxygen condensers has been changed to a safer indoor area where there is no heat source.
 - A new oxygen cage for the storage of oxygen cylinders is currently being sourced by the registered provider.
- A fire exit door was being partially blocked by a large chair which was stored in that area. This formed part of an immediate action issued to the provider and the chair was removed before the end of inspection.
 - All fire exits doors are kept free at all times. On the day of inspection the mentioned chair was due to be collected and was not normally stored in that area.
 - The chair was removed immediately before the end of inspection.
 - Staff have been made aware of the importance of keeping all fire escape routes free of clutter.
- There was some paint observed on the fire seals of two fire doors which would impact their effectiveness.
 - Following the review fire seals were replaced the next day.
- The doors to the equipment storage room were not fully closing, which posed a risk that smoke and fire would not be effectively contained in that area.
 - following the review, the doors were reviewed by a carpenter and the issue was fixed and the doors are now fully closing.
- Action was required to ensure arrangements were in place for maintaining of means of escape. For example; A narrow external escape route was compromised by large hedging that required trimming to ensure it did not compromise the escape route.
 - Following the review the hedging was trimmed to ensure an adequate escape route at all times.
 - We have created an additional external escape routes checklist and reiterated the importance of monitoring the same to all staff.

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 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	24/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	24/07/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	24/07/2024

	building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	24/07/2024