



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:	07 June 2023
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0037585

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:	35
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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 7 June 2023	10:15hrs to 17:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Residents and their relatives told the inspector they received a high standard of quality and personalised care. The overall feedback from all those spoken with was that the centre was a lovely place to live, with plenty of engaging activities and good quality food.

Following a short introductory meeting, the inspector walked around the centre. The inspector observed many residents were up and dressed and participating in activities in one of the two communal sitting rooms. The inspector saw residents initially watching Mass on the televisions provided, and later, one group were participating in an exercise class while the other group were actively engaged in a musical instrumental session. In the afternoon, live music and dancing was facilitated by staff who interacted with residents ensuring their social care needs were met. Residents reported that the activities on offer were excellent, they were kept very busy with one resident saying there was nearly too many to choose from.

Transition students from one of the local schools had been visiting the residents on a weekly basis prior to their summer holidays and kids from a local dancing group were participating in the upcoming summer party.

Residents' bedrooms appeared to be comfortable spaces and were clean and tidy, residents confirmed their bedrooms were cleaned daily. The rooms were bright and airy. Some furniture was noted to be in need of repair, the person in charge told the inspector that there was a replacement plan in place. The amount of private space made available to residents in the twin bedrooms had the scope to be increased, with a repositioning of the privacy screening. Residents had independent access to an enclosed decked area accessible from the dining room. It contained garden furniture and residents spoken with said they had been making good use of it in the recent good weather. They had just painted large pots on the deck and planted them up with bedding plants. They told the inspector that they hoped they got good weather for the summer party they were preparing for later in the month of June.

The inspector spoke with many residents, all of whom were positive and complimentary about the staff and had only positive feedback about their experiences of residing in the centre. They told the inspector that the owners were in the centre a lot and would sit and chat with them, they said they would speak with the nurse in charge or any one of the staff if they had a concern.

Residents reported that their visitors were able to freely visit them and they had no concerns around visiting. Two visitors spoken with confirmed this and also mentioned how great it was to be mask free again.

From observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Many staff that the inspector spoke with, reported that they had worked in the centre for many years and loved

working there. All those spoken with felt supported in their roles and said they were facilitated to take part in continuous training to enhance their role, both mandatory and non-mandatory.

The inspector observed that lunch in the centre's dining room was a relaxed and social occasion for residents', who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. A daily written menu was available for all residents. There was a choice of hot meals at lunchtime and a choice of a hot or cold option for the evening meal. The lunch was observed to be well presented, warm and with ample amounts on the plate. The meals were home cooked on site in the centre's kitchen. All residents reported that the lunch was lovely and they had plenty, with one resident saying that they had too much. There was an appropriate level of supervision and help for residents, who required it, in the dining room. Residents were also observed being offered frequent drinks and snacks throughout the day.

Infection control practices were overall good. Practices had improved since the last inspection. However, some further improvements could reduce the potential risk of cross contamination. The inspector observed that four new clinical wash hand basins installed did not meet the required standard.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The governance of this centre had improved since the last inspection. It was now strong, with the provider and the person in charge working continuously towards mitigating risks and providing a safe home for the residents to live in. The oversight of this centre had been strengthened with the provision of additional training and with the establishment and implementation of systems for overseeing practices.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that improvements had been made and other compliance plans had been almost completely addressed and the overall level of compliance had improved.

There was a good open channel of communication between the provider representative and the person in charge. The person in charge had established a systematic approach of overseeing the standard and quality of care being provided. This approach gave the management team a good oversight of all areas of practice and had led to improvements which are reflected in the improved level of

compliance identified on this inspection.

The centre was well-resourced. The staffing levels on the statement of purpose were reflected on the staff roster and the inspector saw the needs of residents were being met. The catering, laundry and housekeeping services were also well staffed.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

The training needs of staff were being met. They all had the required mandatory training completed and the records of all staff training records were well-maintained. A clear, concise and up-to-date training matrix was available for review. This assured the inspector that residents were receiving a good standard of care.

Some issues remained outstanding in relation to the premises and further review of infection control practices was required to ensure the standards for the prevention and control of healthcare-associated infection were maintained.

Records were accessible, those reviewed, such as the directory of residents, certificate of insurance, statement of purpose and staff files were fully compliant with the legislative requirements.

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the number of residents, size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

There were appropriate levels of staff allocated to ensure the centre was cleaned adequately.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. All registered nurses had completed training in medication management. The person in charge had completed courses in both Leadership and Healthcare regulation. Three of the nursing staff had attended a one day training course covering best practice in clinical audit and another nurse had completed an infection control instructors course. Certificates for all these courses were available and viewed on inspection.

There was good supervision of staff across all disciplines.
Judgment: Compliant
Regulation 19: Directory of residents
The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.
Judgment: Compliant
Regulation 21: Records
Records outlined in schedule 2, 3 and 4 were available for review and met regulations.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.
There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had overall been addressed or in the process of being addressed by the provider. The annual review for 2022 was complete and met the regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

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 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed in the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the

regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge

Judgment: Compliant

Quality and safety

The inspector was assured that residents received good, quality, safe care. Residents told the inspector that they were happy living there. The inspector found that although there were some improvements to nursing documentation further improvements were required to ensure care plans were personalised and detailed, and reflected the care needs identified in the comprehensive assessment and risk assessments.

Residents had good access to their general practitioner (GP) and had prompt access to members of the inter-disciplinary team members when required. There was a minimal use of restraint, the provider and person in charge moving towards a restraint free environment.

Staff received safeguarding training in relation to the detection and prevention of and responses to abuse. Residents told the inspector they felt safe living in the centre and if they had any concerns they would speak with staff.

There were no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a private visitors' sitting room. Residents had adequate lockable storage in their bedrooms for their personal belongings. Laundry was done within the nursing home and residents had no complaints about this service.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for each resident who were involved in the care plan and supported by family or their appointed next of kin. Suitable facilities were available to residents' families when residents were receiving end of life care

Some improvements to the premises had been made. Overall, the premises was found to be clean and well maintained, however, some wear and tear was seen on some furniture in residents' bedrooms. The outside well furnished decked area was accessible to residents', and it had been fully re-furnished. Residents told the inspector they enjoyed sitting there in the sun.

Infection prevention and control practices were good. However, some small issues identified under regulation 27 would enhance the quality of practices in this area of care.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There were suitable communal facilities for residents to receive a visitor and a private visitor's room if residents wished to use it.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the following issues in relation to the premises that required improvement as per Schedule 6 requirements; :

Aspects of premises were not sufficiently cleaned and well-maintained internally, and required upgrading. For example;

- Cabinets under some wash hand basin in ensuites, could not be cleaned properly due to damage to the surfaces of these cabinets.
- Wooden shelves in some of the ensuites bathrooms could not be cleaned properly due to damage.
- Shower drains, required review to ensure they were cleaned in a timely manner.
- The amount of private space available to each resident in the twin bedrooms required review to ensure the amount of private space made available was maximised for each resident.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw evidence that all relevant information which accompanied residents transferred out of the centre such as, nursing and doctors transfer letters were available for review. A version of the national transfer letter was in use and a copy was available for review. For residents transferred into the service, a copy of their transfer letters were also available for review.

Judgment: Compliant

Regulation 27: Infection control

The four newly installed clinical wash hand sinks did not meet the required standard.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

The inspector observed good practices in how the medicine was administered to the residents. Medicine that was to be administered appropriately as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the standard of nursing assessments completed on admission and those reviewed every four months. The inspector found that;

- Comprehensive assessments were not always comprehensively completed, some of the sample reviewed contained a lot of blank spaces.
- Other risk assessments although completed, did not always include enough detail about the resident to inform practice and guide care.
- Residents had care plans in place to reflect their care needs, however some residents had care plans where there was no care need. This practice required review to ensure person-centred care planning and that there was a rationale for writing a care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team

members as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There was an appropriate and detailed care plan in place which identified the triggers and de-escalation techniques that worked for the resident. The supervision provided was as per the resident's individual needs. There was a minimal use of restraint in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

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

Inspection ID: MON-0037585

Date of inspection: 07/06/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A plan to upgrade premises and provide continuous maintenance is in place. It is envisaged that the plan will be implemented by 31 December 2023.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The four sinks that have been installed throughout the premises will be removed and replaced with four clinical wash hand sinks that are compliant with HBN 00-10 within four months.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Each resident has a comprehensive assessment and other specific assessments recorded. The assessments are updated at least every 3 months and more frequently as deemed necessary according to a change in the residents' needs. A holistic care plan is developed according to the resident's ongoing needs which is reviewed daily. The process has</p>	

been completed up to 30th June 2023 and will be ongoing.

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	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/11/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Substantially Compliant	Yellow	30/06/2023

	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 a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023