

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Eliza Lodge Nursing Home
Centre ID:	OSV-0000663
Centre address:	Five Roads, Banagher, Offaly.
Telephone number:	057 915 2922
Email address:	michael@elizacare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eliza Care Limited
Provider Nominee:	Michael Lyons
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 December 2016 11:00 To: 08 December 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspector followed up on the findings from the inspection of 16 February 2016. The inspector found that all agreed actions had been completed.

The annual review of the quality and safety of care delivered to residents had been completed. The policy in place for the prevention, detection and response to abuse had been updated to reflect national guidelines. Staff had received training and additional training was planned for the coming months. A simulated drill for the implementation of the policy in respect of an unexplained absence of any resident had been completed.

It was noted at the previous inspection that care plans were not sufficiently comprehensive and some care plans were not in place needs. Pre-admission documentation was not available for inspection. The inspector was satisfied that these had been addressed.

Recruitment procedures were in line with the regulations. The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The annual review of the quality and safety of care delivered to residents had been undertaken to ensure that such care is in accordance with the relevant standards set by the Health Information and

Quality Authority (HIQA).

The inspector found that the action required from the previous inspection in relation to medication administration had been addressed. However, other aspects of medicines management required improvements.

These are discussed further in the report and included in the action plan at the end.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector found that the action required from the previous inspection had been completed.

It was noted at the previous inspection that the annual review of the quality and safety of care delivered to residents in the designated centre was not undertaken. The inspector saw that this was now completed. The inspector also noted that other audits were completed on a monthly basis and used to inform the annual review.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse.

Actions required from the previous inspection were completed.

The policy in place for the prevention, detection and response to abuse had been updated to reflect national guidelines. Staff had received training and additional training was planned for the coming months. An in-house trainer was in place.

The provider and person in charge were clear on the procedure they would follow if there was an allegation of abuse.

It was identified at the previous inspection that staff had not participated in training to update their knowledge and skills appropriate to their role to respond to and manage responsive behaviour. The inspector saw that several staff had attended dementia specific training and this learning was shared with other staff at handover meetings. Additional training was planned.

The use of restraint was minimal and usage was in line with national guidelines. Incidents where restraint was used were notified to HIQA in accordance with the regulations.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
It was found at the last inspection that staff had not practised a simulated drill for the implementation of the policy in respect of an unexplained absence of any resident. This had been addressed.

The inspector noted that all staff had attended fire training and fire safety records were in order. The provider discussed plans afoot to purchase some additional equipment to ensure that residents who liked to keep their door open could do so safely.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures

<i>for medication management.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: <p>The inspector found that the action required from the previous inspection had been addressed. However, other aspects of medicines management needed improvement.</p> <p>At the previous inspection it was noted that administration of medicines was not carried out in accordance with the designated centre's policies and procedures as the staff nurse pre-signed the administration records prior to administering medicines to residents. The inspector saw that this had been addressed. Staff spoken with confirmed the procedure they follow in line with the policy in place.</p> <p>The inspector reviewed a sample of prescription and administration records and noted that nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription in some cases. In addition the inspector noted that for medicines to be given as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.</p> <p>The inspector checked a sample of medicines that required strict controls and found that the balances were correct. However, the practice in place was that these were checked once a day by the two nurses on duty. This is not in keeping with professional guidelines issued by An Bord Altranais agus Cnáimhseachais which recommend that at changeover of shifts, a nurse/midwife from each shift should complete the count. In addition the policy in place was not sufficiently robust to guide this practice. Action required in relation to this is included under Outcome 11.</p>
Judgment: Non Compliant - Moderate

<i>Outcome 11: Health and Social Care Needs</i> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs were set out in an individual care plan drawn up with the involvement of the resident.

The actions required from the previous inspection had been addressed. It was noted at the previous inspection that care plans were not sufficiently comprehensive as they did not assess and describe the care to be implemented to address the residents' social, emotional and psychological needs. Pre-admission documentation was not available for inspection. The care planning documentation did not contain a comprehensive communication plan which described residents' non-verbal communication mode if the resident did not have verbal communication skills. In addition, a resident did not have a seating assessment. The inspector was satisfied that these had been addressed.

The inspector reviewed a sample of care plans and noted that full comprehensive assessments were completed and appropriate care plans developed including communication care plans where appropriate. Comprehensive pre-admission documentation was in place. The inspector saw that seating assessments were completed and a specific chair was delivered for a resident during the inspection.

As at the previous inspection, residents had a choice of general practitioner (GP) and an out of hours GP service was also available to residents.

Residents had access to a variety of health and social care professionals including the geriatrician, physiotherapy, dietetic and speech and language services and psychiatric services. Dental, ophthalmology, audiology and podiatry services were also available.

Some action required in relation to Outcome 9 is included under this Outcome.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The actions required from the previous inspection related to insufficient heating in the corridors, contrasting wall colours, limited stimulating decorations on the walls of the corridor and limited signage. In addition, the quiet room was primarily used for storage.

The inspector saw that these had been addressed. The centre was maintained to a high standard. Corridor areas had recently been painted with input from the residents. Thermometers were available on the corridors and regular checks were completed by the maintenance person and checked by the provider. The inspector found the centre comfortable at the time of inspection. The temperatures were within acceptable limits.

Directional signage was available at eye-level throughout the building. The person in charge discussed plans to source some more and brochures were already in circulation for this. The inspector noted that residents were consulted regarding any changes to the premises. The inspector saw that the majority of residents declined to have names or photographs on their doors.

The inspector saw that the quiet room was now available for use. The person in charge discussed plans to develop this area further although the inspector saw several residents using this room already.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre.

The inspector found that the actions required from the previous inspection had been addressed.

It was found at that time that while there were opportunities for staff to participate in education and training relevant to their role and responsibility, some staff had not completed necessary training or required refresher training for example training in moving and handling, dementia training and fire safety training. The inspector reviewed a sample of training certificates and the training matrix and saw that all staff had attended the mandatory training. Other training such as nutritional care had also been provided.

It was found at the previous inspection that some staff files did not meet the requirements of the regulations. The inspector saw that this had been addressed. The recruitment procedures in place were satisfactory. This process included induction and probationary periods for staff. The inspector was aware that some staff were recently recruited and the provider told the inspector that they would not be rostered for duty until the garda vetting was completed.

There were no volunteers attending the centre at this time.

Judgment:
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:

Sheila Doyle
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:	Eliza Lodge Nursing Home
Centre ID:	OSV-0000663
Date of inspection:	08/12/2016
Date of response:	04/01/2017

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 09: Medication Management

Theme:

Safe care and support

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

Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription in some cases.

For medicines to be given as and when required the maximum dose of that could safely be administered in a 24 hour period was not consistently recorded.

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

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

It is our policy that all medications which should be crushed are individually prescribed and signed by the residents General Practitioner.

The drug kardex in question was returned to the Residents General Practitioner to amend the drug in question "crushed formula".

Medicines to be given as and when required are appropriately prescribed on a 24hr basis on the drug kardex.

Proposed Timescale: 04/01/2017

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Drugs that require strict controls were not managed in line with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

2. Action Required:

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

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

In-line with the findings of this report, our policy and procedure has been updated in relation to best practice surrounding "controlled drugs".

Proposed Timescale: 04/01/2017