



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

Issued by the Chief Inspector

Name of designated centre:	Eliza Lodge Nursing Home
Name of provider:	Eliza Care Limited
Address of centre:	Boherdурrow, 5 Roads, Banagher, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 May 2021
Centre ID:	OSV-0000663
Fieldwork ID:	MON-0031303

About the designated centre

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

Eliza Lodge Nursing Home is a purpose built 50 bed nursing home in a rural setting within driving distance of the town of Banagher in Co Offaly. The designated centre is a single storey premises and accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 34 single and eight twin bedrooms, all with full en suite facilities. A variety of communal areas are available to residents including a dining room, sitting rooms and an enclosed garden area. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Eliza Lodge nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 May 2021	10:30hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

National level five restrictions to prevent transmission of COVID-19 infection had eased at the time of this inspection and residents were enjoying having their visitors coming back into the centre to visit them. The management and staff discussed innovative ways in which they focusing on optimising residents' quality of life in the centre to ease the impact of the restrictions residents had experienced, including during the COVID-19 outbreak in the centre in February 2021. The inspector's observations and feedback from residents was that the centre was a good place to live in and the atmosphere was positive and upbeat. The person in charge told the inspector that the dependency levels of the current residents had reduced and most of the residents in the centre were able and wanted to fully participate in the varied social activities provided. Residents' feedback to the inspector was that staff were attentive, respectful of their choices, kind and caring, they were cared for as they preferred to a high standard and they were enjoying life in the centre.

This was an unannounced inspection and on arrival and prior to accessing the centre, the inspector was guided through the infection control assessment and procedures. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. During this tour and throughout the day of inspection, the inspector met several residents and spoke to five residents in more detail. The centre was visibly clean throughout and all equipment including cleaning trolleys were cleaned to a high standard. However, effective cleaning was compromised by areas of the centre fabric that needed repair. Missing paint from the frames of some residents' beds also compromised good cleaning standards.

Residents' accommodation was provided at ground floor level in two wings called 'Slieve Bloom' and 'Shannon' extending out from the centre's reception area. A communal sitting room, dining room, quiet room, oratory and two private alcove areas were also provided. The quiet room, two seated areas off the reception and the alcoves were used as areas where residents could meet their visitors in line with Public Health guidance and to ensure their safety during the COVID-19 pandemic. The inspector observed that the centre was decorated in a homely style that was familiar to the resident profile in the centre. Large windows on the communal rooms and bedrooms optimised views of the surrounding countryside and livestock in the fields surrounding the centre which interested many of the residents.

A cohort of single bedrooms were used to safely accommodate residents who may become suspect for COVID-19 infection or require precautionary procedures on returning from the hospital or newly admitted to the centre. Precautionary procedures were observed to be in place for three residents and their movements around the centre were restricted in line with public health guidance.

While, repainting and repairs were observed to be needed in a number of areas, the centre was observed to be clean throughout and two cleaning staff were on duty

every day. Records were maintained of daily cleaning and disinfection in all areas of the centre. Residents were seated in comfortable chairs that could be effectively cleaned. Residents' personal clothing were laundered on-site by designated laundry staff and residents said they were satisfied with this service.

There was a happy and upbeat atmosphere in the centre throughout the day of the inspection and residents were observed chatting and laughing with each other or with staff. It was evident that the staff knew the residents very well and they were familiar with their interests and care and support needs. Most of the activity in the centre was in the communal sitting room and staff generally based themselves there. This arrangement ensured that staff were close by if any residents needed assistance or support. There was a small staff office adjacent to the sitting room with a window in the connecting wall that facilitated the clinical nurse manager and staff nurses to observe residents and staff practices while working in the office.

A small number of residents spoke with the inspector about the COVID-19 outbreak in the centre and their experiences. Some residents expressed their sadness that residents they knew passed away due to complications caused by the virus. One resident described the outbreak as 'a tough time', while another resident said they were not very unwell but still worried about the outcome for themselves. Each resident described the staff as 'the best in the world' and that they 'made huge sacrifices leaving their own families to look after them'. Residents said that they missed their families during the restrictions and were very happy they were able to visit them safely again. Residents said they were able to keep in touch with their families by phone and various social media technology. One resident told the inspector that they did not have mobile phone coverage in their bedroom and could not call their family and friends. The inspector communicated this information to the centre's general manager and the person representing the provider. They gave this resident a commitment that they would ensure adequate mobile phone coverage was provided without delay. The inspector observed residents being assisted and prompted by staff regarding their hand hygiene and maintaining social distancing.

During the day of inspection, residents were seen to be enjoying a lively singing session together while the activity coordinator played the piano. Some residents got up to dance and other enjoyed accompanying the piano on instruments distributed among them. Staff assisted the activities coordinator with ensuring all residents could avail of the activities taking place. Residents enjoyed arts and crafts and some residents loved playing card games and the inspector was told by some residents that there were some very good card players in the centre. The person in charge had commissioned a mechanical board for one resident with dementia who had an engineering background. This resident was observed by the inspector to be working on the board and discussed what he was building with the inspector. Residents made pizzas and pastries on 12 May to celebrate international nurse's day in the centre and plans were underway for staff and residents to participate in a fund raising event for a local charity. Most of the residents ate their meals in the dining room and social distancing was observed to be in place. Residents were asked by staff if they wished to wear a clothes protector and the choice of menu and drinks on offer was discussed with them. There was a lively atmosphere in the dining room and although socially distanced, residents chatted with each other and with staff.

Staff were observed discreetly prompting and assisting residents as they needed. Residents said they were satisfied with their meals and their mealtime experiences. They told the inspector that their meals were 'delicious', 'well cooked' and 'fresh'. Residents said they could get an alternative dish to the menu as they wished. The inspector observed that hot and cold drinks and snacks were also offered at intervals during the day. A small number of residents with poor appetites were provided with more frequent small meals.

In the absence of religious ceremonies being held in the centre, residents told the inspector that they appreciated the opportunity to participate in religious ceremonies online and liked to join in the daily group rosary prayer.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The provider had effective management systems in place that ensured a good standard of service was provided for residents. Systems in place to monitor the quality and safety of the service provided and high standards of clinical oversight by the person in charge ensured the standard of clinical care and quality of life for residents was optimised in the centre. However, improved oversight of the quality and safety of the service and provision of sufficient resources by the provider was found to be necessary to ensure residents' fire safety needs were met and that the internal centre premises fabric and residents' equipment was maintained to a high standard to enable effective cleaning in all areas of residents' living environment. The provider was required to take immediate action following this inspection to ensure residents' safety in the event of a fire in the centre.

Eliza Care Ltd is the registered provider for Eliza Lodge Nursing Home since January 2011. There are four directors on the company board, one of the directors represents and reports back to the provider board regarding the operation of the service. The management structure was clearly defined and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge commenced in the role on 11 February 2021, worked full time and was responsible for the daily operation of the centre. The Person in Charge was supported with the operation of the service by a general manager and was supported clinically by two clinical nurse managers and a staff team of nurses, care assistants, activity staff, administration, maintenance, cleaning and catering staff. Inspections by the Health Information and Quality Authority (HIQA) has found a mixed history of compliance with the regulations. The management team were for the most part reactive and had completed or progressed plans to address most of the non-compliances with the regulations found on the last inspection in February 2020.

This inspection was completed over one day and was unannounced to monitor

compliance with the regulations and standards. The centre was recovering from a large COVID-19 outbreak that occurred in February 2021. During this outbreak, 23 residents and 15 staff were affected. Sadly, three residents passed away due to the viral infection. Learning from this outbreak was implemented and was being regularly reviewed to strengthen the centre's contingency plan and preparedness for any further outbreaks. COVID-19 vaccinations were completed for residents and most staff at the time of this inspection.

Since the last inspection, the provider had recruited additional staff and this action ensured there were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on day and night to meet residents' needs and to ensure infection prevention and control (IP&C) cohorting arrangements could be implemented without delay. Staff training arrangements ensured that staff attended mandatory training and were informed and appropriately skilled regarding best practice in caring for residents. Staff training included COVID-19 infection prevention and control precautions and practices that should be adhered to at all times. The inspector's observations of practices and discussions with staff gave assurances that staff were competent with carrying out their respective roles. Staff supervision arrangements were robust and ensured all staff were appropriately supervised and their performance was monitored on an ongoing basis. This ensured that each member of staff was aware of their roles and responsibilities regarding provision of person-centred care and timely assistance for residents.

Overall, there was a low level of documented complaints and there were no open complaints at the time of this inspection. A review of the complaints log showed that complaints were investigated and managed in line with the centre's own policy and procedures. The inspector followed up on issues raised in unsolicited information received by the Health Information and Quality Authority including poor standards of care, support and monitoring provided for residents, timeliness of access to appropriate healthcare for residents who became unwell, poor communication with residents' families, complaints management and that visiting arrangements were not in line with public health guidance. Other than improvements needed in residents' care planning documentation, the findings of this inspection did not substantiate any of the issues raised in the information received from complainants.

Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored. Annual certification for the fire alarm and the emergency lighting systems were not available in the centre as required on the day of inspection.

A record of all accidents and incidents that occurred in the centre was maintained and as part of the key performance indicator reviews, information collated regarding residents falling was analysed and trended to identify areas needing improvement. Appropriate actions were taken to mitigate recurrence. Incidents and accidents involving residents were notified to HIQA as required by the regulations and timely responses were provided to any other information requested. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not a pension agent for collection of any residents' social welfare

pensions.

Residents were consulted with and their feedback on the service they received was valued by the provider and the person in charge. There was good evidence that residents' feedback was being used to improve the service. The annual review of the quality and safety of the service delivered to residents in 2020 was done in consultation with residents.

Regulation 14: Persons in charge

The person in charge is a registered nurse and works full time in the designated centre. She had the required management experience and a post graduate diploma level management qualification. She was supported in her clinical management role by two clinical nurse managers (CNMs).

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with appropriate skills to meet the individual and collective needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend mandatory and professional development training appropriate to their roles. The management structures in place ensured all staff were supervised and supported. Training in infection prevention and control procedures and practices was ongoing to mitigate risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 21: Records

While records confirming quarterly servicing of the fire alarm and the emergency lighting systems were available, a record annual fire alarm system certification and a

record of the annual emergency lighting certification was not available in the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not put adequate resources in place to ensure residents' safety in the event of a fire in the centre and to ensure the interior premises environment and residents' beds were maintained to ensure they could be effectively cleaned.

The system in place to monitor the quality and safety of the service had not identify inadequate fire safety equipment.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted required statutory notifications of incidents involving residents to the Chief Inspector and quarterly reports of specified events within the timescales set out in the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

An unplanned absence by the person in charge of greater than 28 days was appropriately notified to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was in place to inform the management of complaints in the centre. Residents' feedback was welcomed and used to improve the service as necessary. Information on the complaints procedure in the centre and accessing support was

communicated to residents and the complaints procedure was displayed.

Complaints received were appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place.

Judgment: Compliant

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

Notification was submitted detailing the arrangements in place for management of the nursing home during the unplanned absence of the person in charge.

Judgment: Compliant

Quality and safety

Overall, residents' wishes and choices regarding their care and quality of life were respected and were central to service provision in the designated centre. While the provider responded appropriately to inspection findings by taking required immediate action to ensure smoke, fumes and fire would be contained in the event of a fire in the centre, the checking procedures need review to ensure they are effective in identifying risks to residents' safety. The person representing the provider and the centre's general manager gave a commitment to review the procedures in place and facilitate training needed. The management team ensured residents had the opportunity to feedback on the service they received. There was evidence of good consultation with residents and arrangements were in place to ensure their health and nursing care needs were being met with appropriate access to timely medical services and good standards of nursing care and support. Improvements were required to ensure a high standard of maintenance and repair of the centre environment to ensure cleaning procedures were not compromised.

The centre premises was purpose built and residents' bedroom accommodation consisted of 34 single and eight twin bedrooms, all with full en suite facilities. The provider had arrangements in place and described in the centre's statement of purpose, that accommodation in the twin rooms was for residents who did not have any mobility problems or residents admitted for short-term respite or convalescence care only. This arrangement ensured that residents' needs were met and they were comfortable in the twin bedrooms. Communal areas, utility facilities and storage provided met the individual and collective needs of the residents in the centre. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings. Some

residents were also facilitated to continue to enjoy and use small items of their furniture from home in their bedrooms.

Environmental cleaning procedures were consistently completed by competent staff but effectiveness of the cleaning procedures was compromised by damaged surfaces in a number of areas, rust on radiators and missing paint on frames of some residents' beds. As discussed in part one of this report, the centre was recovering after a large COVID-19 outbreak in February 2021. The service was challenged by the COVID-19 outbreak, but managed to maintain staffing levels to meet residents' needs and communicated with families as much as possible. A number of areas needing maintenance in the premises required review and action to ensure effective cleaning procedures were completed..

Residents were very well cared for and for the most part, gave positive feedback regarding how they were cared for and their lives in the centre. Residents were encouraged and supported to make choices about their day-to-day lives, within public health guidance.

All clinical and most environmental risks were identified and proactively managed. Incidents involving residents, complaints, measures of clinical effectiveness and operational audits were uploaded on the centre's risk management information technology system. Each risk identified was assessed and controls were put in place to mitigate occurrence. The risk information was immediately accessible to all members of the local management team, the provider representative and the other directors. Systems such as environmental audits were in place to support identification of risks and for the assessment of risks identified with implementation of mostly effective controls to mitigate adverse events occurring. Review of risk management in the centre was a standing agenda item in management meetings and were appropriately escalated. An emergency policy was in place and arrangements for alternative accommodation for residents in the event of an emergency was identified in the event of full evacuation of the centre.

The centre premises was compartmented internally to effect containment of fire/smoke in the event of a fire in the centre and this information was displayed in a floor plan displayed by the centre's fire panel. While there were systems and safety measures in place to protect residents from risk of fire, residents' safety was not assured due to visible gaps on closure of fire doors. Therefore containment of smoke, fumes and fire was not effective. The provider took required immediate proactive actions to address these findings. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff needs including whether they had a cognitive impairment. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure any deterioration in residents' health or wellbeing was identified without delay. Monitoring procedures also included indicators of COVID-19 infection. Although

improvements were identified regarding clarity and completeness of the documentation, residents' care plans were person centred and provided sufficient detail regarding their individual care and support preferences. Residents' care plans were regularly updated in consultation with residents or their families, as appropriate.

Residents' rights were respected and their privacy, dignity and access to social activities were assured. Due to the COVID-19 restrictions, residents were unable to socialise safely with their family and friends outside the centre. The service ensured that the impact of the national restrictions was reduced with provision of coordinated meaningful activities for residents in the centre. The activity programme was meaningful, varied and fulfilled most residents' interests and capabilities. Residents who needed additional one-to-one support were provided with an activity programme that suited their individual needs.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any signs of abuse and a reporting system in place ensured any disclosures or suspicions were escalated and investigated without delay.

Regulation 11: Visits

Visiting had resumed indoors for residents in line with public health guidance and the systems were in place to facilitate scheduled safe visiting for residents. Window visits were continuing.

Judgment: Compliant

Regulation 17: Premises

Some areas of the interior premises and some residents' beds were in need of maintenance to ensure they could be effectively cleaned. The inspector observed the following;

- there was areas of damage to the paint and wall surfaces in some bedrooms and corridors.
- paint was missing and surfaces were damaged on some areas of wooden surfaces along corridors, in bedrooms and on door frames .
- floor covering in one resident's bedroom was scored by the door opening and closing
- the bottom of several radiators was very rusted
- areas of the joints where the wall and floor covering met were damaged and peeling

- paint was missing from large areas of the frames on a number of residents' beds

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed and met. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was no delays found with implementing appropriate remedial interventions with the support of the centre's catering department, residents' general practitioners, the dietitian and speech and language therapist.

Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions requiring special diets, such as diabetes. Residents' dietary recommendations were described in their care plans to ensure they were clearly communicated to all staff.

There were sufficient staff available in the dining room and in their bedrooms to supervise and assist residents as needed with their meals.

Judgment: Compliant

Regulation 26: Risk management

An up-to-date safety statement and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. Areas found to need improvement were actioned and learning was implemented.

All residents' moving and handling procedures were completed in accordance with best practice procedures. Staff were facilitated to attend up-to-date training in safe moving and handling of residents. Each resident's moving and handling needs were assessed and clearly documented.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any

major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection prevention and control procedures was available and included hand hygiene technique and donning and doffing of personal protective equipment (PPE). Sufficient numbers of hand hygiene dispensers were located at convenient locations throughout the centre.

The centre had effectively managed a recent outbreak of COVID-19 and had updated their preparedness plan in the event of another outbreak occurring. Protocols were in place for symptom monitoring for residents, staff and visitors to the centre. Staff wore recommended PPE. A full assessment of the premises from an infection control perspective was undertaken by the infection control specialist for the HSE and all recommendations had been implemented.

Residents who returned from hospital and newly admitted residents had risk assessments completed and were been cared for in line with COVID-19 public health guidelines.

All residents bedrooms had en suite facilities and the majority of residents in the centre were accommodated in single bedrooms. The cleaning system in place reflected best practice cleaning procedures.

Judgment: Compliant

Regulation 28: Fire precautions

The following findings required immediate action by the provider,

- containment of fire/smoke in the event of a fire in the centre was not possible as there was unprotected gaps on closure of the two sets of fire doors on one circulating corridor, doors on the laundry and doors on the dining room which had an open hatch to the kitchen. These findings were not identified in fire safety checking records examined by the inspector.

Assurances were received following the inspection that these findings were addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While care plans were developed to meet each resident's assessed needs, improvements were needed to ensure the actions that staff were completing to protect individual residents from COVID-19 infection were clearly described.

One resident who experienced occasional episodes of responsive behaviours did not have a care plan in place that clearly described the person-centred care interventions staff were providing for them. The interventions to mitigate this resident experiencing episodes of responsive behaviours and the most effective de-escalation strategies staff were using to support this resident were not described to ensure a consistent approach to care was communicated to all staff.

Regular reviews of residents' care plans were done in consultation with residents or their families, as appropriate, but this process was not consistently documented.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy was in place to support staff and they were facilitated to attend training on supporting and caring for residents with responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate, patient and kind in their approach with residents.

A restraint-free environment was promoted in the centre. Staff were respectful of residents choices and rights and ensured any restrictive equipment was in place for minimum periods of time. Alternative measures to restrictive full length bed rails

were tried, including modified length bedrails which, the inspector was told were available in the centre. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from risk of abuse and any allegations were investigated without delay. All staff had completed up-to-date safeguarding training on safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre by all staff. The inspector found that the centre premises and staff practices promoted residents' privacy and service provision in the centre was directed by the preferences and needs of the residents. Residents had opportunities to continue to practice their religious faiths and had access to newspapers, radios and television.

Group activities had resumed for residents whilst adhering to public health guidance, following a COVID-19 outbreak in the centre mid February 2021 and the recent level five national restrictions. Residents activities were coordinated over seven days and this arrangement ensured they had good access to meaningful and varied group activities each day. Staff also ensured that residents who spent long periods in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities to meet their capabilities and wishes. Records of the activities residents participated in and their level of engagement were maintained by the activity coordinator.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	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 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eliza Lodge Nursing Home OSV-0000663

Inspection ID: MON-0031303

Date of inspection: 14/05/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ol style="list-style-type: none"> 1. Emergency Lighting certificate in place and mailed to Inspector by 17/5/21 2. Annual fire alarm system certification in place and mailed to Inspector by 17/5/21 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ol style="list-style-type: none"> 1. PIC will report to Governance Team on a monthly basis – performance indicators will include Maintenance checklist and fire management check list which will include all checks/identified gaps and a Quality Improvement Plan that is SMART will be in place 2. Commenced 15/5/21 and in place 3. Bed in room 12 replaced 4. Maintenance Checklist includes environment and interior décor to be fully addressed by 30/8/21 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ol style="list-style-type: none"> 1. Maintenance Work schedule in place addressing rust underneath radiators, scuffed 	

<p>paintwork and skirting boards, scuffed bedroom floor – to be completed by 30/8/21</p> <p>2. Progress reported to Governance Team Monthly and integrated into Quality Improvement monthly plan.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Gaps in fire doors addressed as matter of urgency – certificated mailed to Inspector by 16/5/21</p> <p>2. Fire Management a standing agenda item on Monthly Governance Meetings – includes inspection of Fire Book, Drills and Fire Management Audit</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:</p> <p>1. It was regrettable that Behavior Care Plan for Resident had been accidentally deleted – reinstated immediately</p> <p>2. Care plans are audited monthly for compliance with person centered care and compliance reported to Governance Team. 98% compliance in May 2021</p> <p>3. Care plans shared with Resident and NOK as appropriate – same clearly documented on Vcare.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/05/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	17/05/2021

	the statement of purpose.			
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.	Not Compliant	Orange	30/08/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	17/05/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/05/2021
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	11/06/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	11/06/2021

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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