

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Earlsbrook House
Centre ID:	OSV-0000033
Centre address:	41 Meath Road, Bray, Wicklow.
Telephone number:	01 276 1601
Email address:	earlsbrook@firstcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	FirstCare Ireland (Earlsbrook) Limited
Provider Nominee:	Mervyn Smith
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 December 2014 09:30	09 December 2014 18:45
10 December 2014 09:00	10 December 2014 19:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

The inspector found that there was a good level of compliance with the requirements of 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. Eleven of the outcomes were found to be

compliant, with areas for improvement highlighted across seven outcomes inspected over the two days. The inspector found that there was a suitable person in charge and an effective management structure in place, robust risk management and health and safety systems, up to date mandatory training for staff along with additional access to a variety of training areas, a clear documentation system, and a clean and comfortable physical environment for residents to live in. The inspector noted that the centre was decorated to a high standard, with various homely touches throughout the building. Residents expressed satisfaction with their bedrooms, and the communal areas of the home. Residents also spoke highly of the food and menus that were on offer throughout the day.

The main areas for improvement were in relation to the following:

- the supervision of residents and staffing levels
- the management of chemical restraints and PRN usage
- care planning (most notably for residents with dementia and/ or behaviours that were challenging)
- learning from auditing and monitoring of the centre

These matters are discussed further in the report and detailed in the action plan.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the services and facilities that were provided in the centre and was kept under review by the person in charge and the provider. The statement of purpose was available to residents.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was effective management in place in the designated centre. The inspector found that the person in charge was supported by a strong management team which demonstrated clear leadership. The management team had robust systems in place to ensure the effective oversight of the provision of services

in this centre.

The inspector found that there was a clearly defined management structure in place in the designated centre which worked effectively. The person in charge was supported by a team consisting of an operations manager and two clinical nurse managers. Staff, residents and families spoken to were fully aware of the lines of authority and accountability in the centre and could easily identify the person in charge.

A system of audits had been put in place in the designated centre, which resulted in all areas of care and service delivery being consistently monitored, reviewed and improved upon. Each month core audits were completed across all areas of care and support. While the inspector found that changes had come about as a result of feedback from residents and families, there was a lack of formal action planning for all audits completed. For example, as mentioned under outcome 9, an audit was completed by the pharmacist in March 2014. The results were made available to inspectors but there was no documentary evidence that the recommendations of the pharmacist's audit and actions from the monthly monitoring were implemented.

The inspector found that residents and their representatives were consulted with. The inspector spoke with family members who expressed satisfaction at a recent meeting held with the management team to air any issues about the running of the centre. The inspector found that actions had been followed up on since this meeting in response to resident and family comments or concerns.

Overall, the inspector was satisfied that the quality of care and residents' experiences were monitored and developed on an ongoing basis, and that an effective management system was in place in the centre to ensure the delivery of safe, quality care services.

Judgment:

Non Compliant - Minor

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a policy in place for the provision of information to residents available in the centre. There was a written residents' guide in the centre which met the requirements of the Regulations, and was available to residents and visitors. This offered a true reflection of the services on offer.

On review of a sample of residents' files, the inspector found that all residents had written contracts which outlined the terms and conditions of their stay, and any additional fees to be charged such as hairdressing, taxis and newspapers. For residents who were eligible for support under the fair deal scheme, there was a set "additional service charge" for all residents at €125 a month to cover additional extras which the parameters of the scheme did not cover. While these had been signed and agreed by residents, the inspector found it to be unclear in the contract as to how a resident could choose to avail or not avail of the services that this additional service charge covered.

Judgment:

Non Compliant - Minor

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A new person in charge had been appointed since the last inspection in February 2014. The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. The person in charge also holds a post Graduate diploma in Dementia Care.

The person in charge demonstrated her knowledge of the Regulations and the Standards and her statutory responsibilities within them. All documentation requested by the inspector was readily available.

The inspector found that the person in charge met the requirements of the 2013 Regulations in relation to holding a management qualification, obtained in 2006. She is supported in her role by two clinical nurse managers, along with support from the operations manager and provider nominee.

The inspector was satisfied that the designated centre is managed by a suitable person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspector found that documentation in relation to residents was well organised on the online recording system and was evidenced as being up dated regularly. Adequate insurance cover was in place for the centre. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Judgment:

Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence, with the clinical nurse managers identified as the persons to deputise for any short term absences.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on the prevention, detection and response to elder abuse. The inspector spoke with staff members, who had knowledge of the reporting procedure, and what to do in the event of an allegation or suspicion. The inspector found that there was a training schedule in place to ensure all staff were offered training, and refresher training in the protection of vulnerable adults. Through speaking with residents and reviewing resident questionnaires, the inspector found that residents felt safe living in the designated centre.

The inspector was satisfied that there were robust systems in place to safeguard residents' money. There was a policy in place which detailed how the centre protects residents' finances. The inspector found practices in relation to this were robust with an accounts ledger system in place for residents who required this support with managing their finances.

The inspector reviewed policies in relation to both the management of behaviour that was challenging, and the use of restraint, as required under Schedule 5 of the Regulations. In practice, inspectors found that while the use of physical restraints such as bedrails and lapbelts were well assessed, reviewed and monitored, inspectors were not satisfied that the use of chemical restraint was given the same oversight. There was evidence of input from the psychiatric team in relation to the prescribing of chemical restraints for residents, which was a positive finding. However, the inspectors noted that documentation in relation to chemical restraint required improvements. Based on a sample reviewed, nursing notes did not record in sufficient detail episodes where a PRN psychotropic medication had been administered and the rational for its use. It was not clear from the documentation if episodes of behaviour that challenges were managed in a manner that was least restrictive, and if alternative strategies had been first attempted and deemed ineffective prior the use of medication.

While efforts had been made to ensure residents who presented with dementia and/or behaviour that was challenging had this outlined in their care plans, the content of these

documents required further review and development to ensure staff were taking a consistent approach to supporting residents. There was a lack of documentary evidence to suggest that staff were attempting to determine the underlying cause of behaviour and to learn from incidents. This will be further discussed under outcome 11.

Overall, while measures were in place to protect residents safety in the designated centre, practices and documentation in relation to supporting residents with behaviour that was challenging/ dementia, and residents using chemical restraint required strengthening to ensure staff were actively managing and responding to behaviour in the least restrictive way.

Judgment:

Non Compliant - Moderate

***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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a culture of promoting the health and safety of residents, staff and visitors in the designated centre.

There were policies and procedures in place to guide practices in relation to health and safety, infection control, falls management, fire, responding to emergencies and risk. There was an up to date health and safety statement available.

There were adequate systems in place to prevent, detect and alert fire in the designated centre, which were checked and maintained on a regular basis by a suitably qualified professional. There was evidence of fire drills being carried out regularly, the evacuation plan was on display in various locations around the building, and staff had access to regular training in the area of fire safety and evacuation. Staff could discuss with the inspector what to do in the event of the alarm sounding.

The risk management policy and procedures were comprehensive and fully meet the requirements of the Regulations. Both environmental and clinical risks were identified and well managed within the centre. Risk assessments were updated as required.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The policy on medication management was made available to inspectors which had been recently reviewed. The policy was available to staff on an online documentation system.

Medicines were supplied by a community pharmacy. Staff with whom inspectors spoke with outlined that a delivery of medication was made on a monthly basis. Medications could be ordered on any day and would be delivered promptly.

Inspectors noted that all medications were stored securely in a locked room or medication trolley. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerators was monitored and recorded daily. The inspectors observed the temperature recorded for a refrigerator was outside the recommended range for a number of days. This was brought to the attention to the person in charge who confirmed that the refrigerator was being defrosted over that period and all medications had been transferred to the alternative refrigerator.

Inspectors observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Residents were facilitated to self-administer medications. Based on a sample reviewed by the inspectors, the assessment and care planning process was not in place for all residents who self-administered medication and this is covered in outcome 11.

The documentation of the use of chemical restraint was not consistent; this is discussed under outcome 7.

The inspectors noted that medication prescription sheets were current and contained all of the required elements and maximum daily doses were specified for 'pro re nata' (PRN) medication. Medication administration sheets identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet. The medication administration sheets clearly stated the times and dates for medications to be administered.

Some residents required their medications to be crushed prior to administration. The inspectors observed that each individual prescription did not contain an authorisation from the prescriber to crush medications.

Nursing staff with whom the inspectors spoke demonstrated knowledge of the general principles and responsibilities of medication management. However, the management of telephone and verbal orders for warfarin was not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais; this is discussed under outcome 11.

Staff reported that medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

The person in charge completed a monthly medication management audit and the pharmacist had completed an audit in March 2014. Results were made available to the inspectors but there was no documentary evidence to show that any issue had been addressed through an action plans and changes made; this is discussed under outcome 2.

The non-compliances identified by inspectors were discussed with the person in charge and the operations manager. The operations manager outlined that it was planned to roll out a system for recording medication administration electronically which would address some of the areas identified.

Judgment:

Non Compliant - Minor

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the accident and incident log for the designated centre and found that any notifiable event, had been appropriately alerted to the Authority in line with the Regulations and set time frames.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While the inspector found that residents' health care needs were being met in the designated centre, some improvements were required to ensure a consistent standard of care planning was in place for residents' varying health care needs.

The inspector spoke with residents and relatives and reviewed seven questionnaires that had been submitted. In general, relatives felt that the health care needs of their loved ones were being met in the designated centre. On review of nursing notes, the inspector found evidence of access to a range of allied health care professionals, such as GP's, dentists, dietician, Speech and Language Therapist (SALT), Occupational Therapists (OT), Physiotherapists and psychiatric services. Trusted assessment tools were being carried out for a number of clinical areas to inform care plans, and monitor the needs of residents. Care plans were found to be updated on a 3-4 monthly basis, with reassessments carried out where necessary. Care plans were swiftly updated to reflect changes such as following a fall of a resident, or following antibiotic therapy for infection. The inspector found evidence of comprehensive care planning for areas such as risk of falls, pain management, constipation and skin integrity.

As discussed under outcome 7 Safeguarding and safety, areas for improvement were found in relation to care planning for residents:

- living with dementia
- expressing behaviours that challenge
- using chemical restraint / PRN's

Improvements were also required in relation to care planning around residents self administering all types of medication, for example inhalers, and the care planning, and documenting of verbal and telephone orders for Warfarin for residents on Warfarin therapy.

Meeting the nutritional needs of residents at high risk of malnutrition was also in need of a consistent approach to care planning and delivery. For example, while some residents at high risk of malnutrition had been seen by a dietician, and were on weekly weights, others had not accessed this service and were on monthly weights. Food intake charts

were being used for some high risk residents, but not all. This was not consistent with the guidance of the centre's own policies. Care planning was discussed with the person in charge during feedback, who endeavoured to carry out an audit of care plans to ensure a good standard of planning across all areas of health care.

On reviewing the activities and social interactions available to residents, the inspector found that this was also an area that was in need of further exploration and improvement. This will be discussed under outcome 16 Rights and dignity.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. Overall the inspector found that the premises were decorated and maintained to a good standard and had suitable heating, lighting and ventilation. On the day of inspection the building and surrounding grounds were clean and well presented. The building was equipped with a functioning call bell system.

During teatime the inspector noted very strong smell of cigarette smoke from the internal smoking room. This was not ensuring a pleasant dining experience, or a smoke free environment. The inspector observed residents leaving the doors of the smoking room open, as they had no frame to catch to, and could easily swing open. The provider had made amendments to the roof and installed remote controlled vents to improve the smell following on from the last inspection. The inspector brought the smell to the attention of the person in charge, and on the second day of inspection maintenance team were installing new door frames and catches to ensure doors could remain closed, and prevent smoke escaping into other areas of the home. The inspector was satisfied with this prompt response. The nursing home had a pleasant smell throughout following on from this.

There was sufficient communal spaces available for residents' use throughout the

building, there was various garden and courtyard spaces around the home which were fully accessible to residents, and included external seating area. The internal and external spaces had been decorated with Christmas decorations.

The inspector reviewed documentation in relation to the maintenance and upkeep of equipment such as hoists, wheelchairs and beds and found them to be regularly serviced.

The designated centre had a separate kitchen with sufficient cooking facilities and equipment. The designated centre had adequate laundry and numerous sluicing facilities in place. Screening was in place in bedrooms that had more than one resident.

There were single and double bedded rooms in the designated centre, and no multi-occupancy rooms. The inspector found that the double rooms had sufficient space between beds, had adequate screening to promote privacy, and were a size suitable to the needs of residents.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative and visitors were listened to and acted upon. There was an operational complaints policy in place, and the procedure was clearly on display in the centre. The policy and practices in relation to complaints, met the requirements of the Regulations. The inspector spoke with family members who were clear on the reporting process if they had any complaints. On review of the complaints log, the inspector was satisfied that complaints had been acted upon and reviewed as an opportunity for further learning. A recent relative and resident meeting was held in November, which gathered feedback from families, some of which was negative. The inspector reviewed the minutes of this meeting, and found that it had generated an action plan, and the person in charge had made visible changes to address issues. For example, in order to ensure a standard of cleanliness in the building, the rostered hours of the household staff had been amended, and now covered a greater portion of the day.

The inspector spoke with residents, who expressed that they would go to any of the

staff if they had a complaint. Residents and families clearly named the person in charge as the person to go to if they wished to make a complaint. Families felt that the person in charge was approachable, and offered assurances that she would address and respond to any issues or complaints.

The inspector was satisfied that there was a sufficient process in place guided by the centre's policy, were residents felt they could voice their concerns or complaints, and they would be acted upon and monitored.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

Findings:

The inspector found evidence that end of life care was well managed.

The inspector found that operational policies were in place in relation to the end of life care needs of residents. These policies provided guidance to staff on all areas of end of life care. For example, palliative comfort care planning, right to refuse treatment, the practical care of a resident's body following death, and also included the arrangements for the return of personal belongings to their next of kin. An updated policy on advanced care planning was currently being implemented. All policies and procedures were on-line and easily available to all staff.

Residents who were identified as being end of life, had care plans in place highlighting their preferences and needs. Documentation was clear in relation to residents' wishes not to be transferred to hospital, or not to be resuscitated in the event of cardiac arrest. These were agreed in consultation with families, GP's and any other health care professional involved in the residents care.

The centre was made up of ten double rooms, and 41 single rooms. If a resident's health deteriorated, and they shared a room, a single room was offered to them should there be a vacancy. The centre had a reflection room which was available for families and residents to use if they wished.

On review of the training records, the inspector found that the staff had received training in the extensive policies and procedures for End of Life during an internal

training session.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' individual nutritional and dietary needs were identified and met within the designated centre. There was a selection of policies in place in relation to food and nutrition, and the monitoring and documenting of nutritional intake. The inspector found evidence of regular malnutrition assessments carried out for residents and regular weight recording. All residents had food plans in place, to show their likes, dislikes and dietary needs. There was evidence of access to the dietician and speech and language therapist were required. Some improvements were required in relation to the quality and consistency of care planning for residents with nutritional needs, as was previously discussed under outcome 11.

The inspector found that there was access to fresh drinking water at all times, snacks and beverages. The inspector spoke with a selection of residents, who all expressed satisfaction with the quality and quantity of food available in the designated centre, and the experience offered at meal times. Surveys carried out regularly by staff and the external catering company confirmed this satisfaction also. The food on offer was well presented, served hot and appeared appetising. Residents were observed to be offered second servings throughout the meal. From speaking with family members and through observation, the inspector found that the current allocation of staffing duties did not ensure all resident's received ample support during mealtimes. This will be looked at under outcome 18 staffing.

On discussion with the catering manager and chef and on review of the menus and dietician audit, the inspector was satisfied that food was wholesome and nutritious. Food was all prepared and cooked in house, with little reliance of pre-packed, frozen or processed foods. Residents on alternative consistency diets had the same choice as those on a normal diet, and had these presented in an appetising and appropriate way.

The inspector found that the kitchen staff had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on

residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. The inspector noted significant weight gain over the past number of months for two residents who had low weights and were at risk of malnutrition. This was a positive finding. The inspector was satisfied that residents were provided with a nutritious and varied diet.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre, and that residents' privacy and dignity was respected.

The inspector found that there was a system of consultation with residents where their feedback was sought and informed practice. The inspector reviewed minutes of two meetings held with residents and families in May and November 2014 and found that they were well attended. An action plan had been drawn up since the most recent meeting in November to tackle some of the issues raised. The inspector saw evidence that some of these issues had been promptly acted upon. For example, the rostered hours of cleaning staff had been altered to deal with issues of cleanliness after tea time. Other issues raised such as staffing levels, were in the process of being addressed. For example, the person in charge had done a recent review of all staffing levels, and was awaiting approval to increase staff numbers at certain times of the day. This will be further discussed under outcome 18.

The inspector spoke with a number of residents, and reviewed questionnaires, and found that residents felt that they had choice and control over their daily routines, but also commented that they would like more activities during the day, as previously discussed under outcome 11. On reviewing the activities and social interactions available to residents, the inspector found that this was an area that was in need of further exploration and improvement. The designated centre had one full time and one part time activities staff who were responsible for ensuring meaningful activation for 64

residents. While there was an activity timetable in place each week which included group sessions such as sing-a-longs, board games, music and reminiscence, residents and relatives expressed a desire for a wider variety of activities during the day and evening time. At times when activity staff were supporting a resident out for a walk, or doing a one to one session, there was little scope for other residents to take part in something meaningful to them.

In relation to upholding the dignity of each resident, the inspector found that once improvements to the supervision of residents were put in place residents' privacy, dignity and rights would be further respected and promoted. For example, family members commented to the inspector that the issue with staffing, sometime meant residents having to wait a long time for their bell to be answered, or to be supported to use the bathroom, or assisted with their meals. The inspector also observed this during the two days in the centre. This will be further discussed under outcome 18.

The inspector observed positive interactions between staff and residents. There were arrangements in place for residents to receive visitors in private, with a number of communal areas available. The inspector found that residents had access to radio, television, newspapers and information on current affairs and local events.

Overall, the inspector found that residents' rights and dignity were respected as much as possible with the current staffing structure and allocation. However, this would be further enhanced once the failings identified under outcome 18 been addressed by the provider.

Judgment:

Non Compliant - Minor

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were systems in place to safeguard residents' clothing, personal property and possessions. There was a relevant policy in place to guide practice.

Residents' clothing was labelled upon admission to ensure safe return following laundering. The inspector spoke with number of residents who said their clothing was

well cared for, and returned to them safely. On review of relative and resident questionnaires, the inspector found that two had commented on clothing not being returned. This was discussed with the person in charge, and relatives during the course of the inspection, and the complaints log was reviewed. The inspector was satisfied that the person in charge had done a full investigation in relation to clothing going missing, and had followed up with the relevant resident and their families.

Residents were provided with lockable storage in their bedrooms for personal items, and were encouraged not to keep large amounts of valuables or money in the designated centre. There were systems in place to support residents who were vulnerable in this regard.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there was good access to ongoing training and education available to staff working in the centre. The inspector reviewed staff training records and found that mandatory training was delivered and updated in line with the centre's policies and procedures. The inspector found that training in specific areas was offered to staff to better enable them to meet residents' needs. For example dementia training. There were clear systems in place to ensure staff received refresher training promptly as required.

The inspector spoke with the person in charge who explained that she had begun a system of appraisal and supervision with staff members, along with the support of the senior manager. The inspector saw documentary evidence that these had taken place.

The inspector was not satisfied with the supervision of residents, and the allocation of staff across the different areas of the designated centre at all times. This was raised

with the inspector through relative questionnaires, and through conversations with relatives and residents. Observations over the two days of inspection to support this judgment were as follows:

- an verbal argument between independent residents in the smoking area was not witnessed by staff
- a resident sitting alone in a communal room became distressed, and due to a lack of supervision and early intervention, continued to become agitated and knocked over a lamp
- call bells were noted to take a long period of time to be responded to. One call bell rang for 18 minutes before being answered. Call bell audits showed inconsistencies of times to respond, and the number of staff responding. For example, on one occasion 8 staff attended a call bell, on another only 1. There was no system to ensure that staff knew who was responsible for attending to particular residents across the different parts of the home.

This was discussed with the person in charge and the senior manager over the course of the two days. Previous to the inspectors observations mentioned above, the person in charge informed the inspector that a review of staffing had been undertaken, and already a proposal had been made to the board to have an extra care staff to work in the evenings, and an extra care staff to work the night shift. This was awaiting approval at the time of inspection. The person in charge had also staggered the times of staff breaks across the day, which had improved the level of supervision at busy times. The inspector was also informed of plans to move the location of the nurses station, to add smaller nurses points closer to the communal areas and more spread out across the building. This offered the inspector some assurances that the provider was beginning to address the issue of supervision of residents.

Judgment:

Non Compliant - Moderate

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:

Louise Renwick
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:	Earlsbrook House
Centre ID:	OSV-0000033
Date of inspection:	09/12/2014
Date of response:	16/06/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was a lack of evidence to ensure that recommendations following monitoring and reviews of the service are implemented.

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

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

FirstCare devised and implemented an effective internal auditing system in Earlsbrook House, which assists us to more clearly identify and then implement, improvements to our service offering. We have now revised and improved our audit action plan documentation to ensure that the important learning lessons section is further highlighted, as part of the internal auditing process, to ensure that there is full and clear documentary evidence to support the action that we take on recommendations given and/or learning lessons identified during the auditing process.

Proposed Timescale: 25/02/2015

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

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

Contracts were unclear as to what the additional service charge covered, and how residents could choose to avail or not avail of the additional services it covered.

Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

Following recent meetings with HIQA in April 2015 and May 2015, FirstCare have reviewed and updated the companies' contract of care. FirstCare have specifically updated the section on fees and Non Long-Term residential Care Services.

As discussed and agreed with HIQA, In order to continue to comply with the care and welfare regulations FirstCare had to introduce the Additional Services Contribution (ASC). The Additional Services Contribution covers Non Long Term Residential Care Services which are all items not covered by the NTPF (National Treatment Purchase Fund).

NTPF brought to the attention of all nursing homes that certain items of care provision are excluded from NTPF rate. Specifically excluded are social programmes and activities, as well as some other specialist equipment items and the employment of specialist staff. The NTPF emphasised that this was their policy in relation to the Fair Deal scheme, to exclude these items (for all nursing homes). This is stated in the

contract/deed that every nursing home has to sign with the NTPF. FirstCare recognise that not every resident avails of all these facilities and services. However in line with the Fair Deal approach of every resident being charged a flat fee regardless of level of needs (which vary from person to person and also over time as a residents condition changes), FirstCare believe it is fair and appropriate to apply this charge to every resident.

Furthermore, it is FirstCare policy to agree in writing with each resident, upon admission, the terms on which that resident shall reside in the nursing home. Under the Nursing Home Support Scheme the resident and/or family choose the Nursing Home in which they wish to avail of residential care services.

Prior to admission there is an open and transparent discussion regarding the optional extra charges that a resident may or may not avail of and will be invoiced in accordance with uptake of these services. There is also detailed discussion regarding the Additional Services Contribution, and full details of the optional extra charges and the ASC are now included in the Contract of Care.

Proposed Timescale: 31/07/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The use of chemical restraint was not clearly documented and used in accordance with national policy.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

FirstCare have comprehensive restraint policies in place in Earlsbrook House. Additionally we have revised the restraint policy in relation to the use of chemical restraints to improve it, and ensure that it fully reflects the recent change in national policy. These revised guidelines have been included in the ongoing staff refresher training modules and reiterated to staff at handover communications that takes place with all staff in the home.

FirstCare have devised and implemented a Chemical Restraint Audit Tool which clearly identifies the nursing interventions required prior to the administration of a chemical restraint. It also identifies the rationale for the administration, the time of administration and the outcome of the administration. This tool is reviewed monthly by the nursing team in conjunction with ABC charts (if appropriate). Where necessary

consultation with the GP, Psychiatry Team, Resident and Family occurs and all interventions/actions agreed are then documented in the care plan and communicated to all staff.

Firstcare invest in ongoing training in Earlsbrook House on care planning, given that they are central to the delivery of quality person centred care for all our residents. Nursing Staff are now reviewing all care plans relating to residents who display behaviours that challenge to ensure these care plans clearly identify the nursing interventions required to deal with each behaviour. We acknowledge the need to ensure that each care plan will always need to be tailored to the specific intervention so as to ensure staff are taking a consistent and personalised approach with each resident.

Proposed Timescale: 25/06/2015

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:

Each individual prescription did not contain an authorisation from the prescriber to crush medications where appropriate.

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:

Firstcare have a comprehensive medication management system in place in all its homes. As advised at the time of inspection FirstCare are currently in the process of changing to a computerised medication management system. Epic Medication Management is currently being piloted in Earlsbrook House on a small cohort of residents. This system allows for all individual prescriptions to contain authorisation from the prescribing GP to crush medications where required and appropriate. In the interim and during this transition all prescriptions have been modified to ensure that they contain authorisation from the prescribing GP to crush medication where required and/or appropriate.

Proposed Timescale: 25/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Not all identified health needs were addressed through an appropriate Care plan. For example, behaviours that challenge, dementia and chemical restraint.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

In Earlsbrook House care planning, and the staff training with regard to same is given the highest priority, given their central role in the daily lives of all our residents. During the full trajectory of dependency that each resident travels, we are constantly reviewing and updating our care plans on a regular basis.

We are currently undertaking a review of each individual resident to ensure that their needs are reflected appropriately, in care plans. We are paying particular attention to those residents that are Living with a Dementia and those that display Behaviours that Challenge.

All Nursing Staff have been reminded of the Policies and Procedures that relate to care planning and all new admissions have been audited by the Home Manager and Clinical Nurse Manager to ensure complete compliance. The audit of new admissions will continue on an ongoing basis.

Proposed Timescale: 25/05/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Activities were in need of review to ensure adequate social activation and meaningful activities were available for all residents, suitable to their interests and abilities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

As part of Firstcare's continuous improvement programme we decided in late 2014 to commence a programme with the UK's leading activity provision organisation called the National Activity Practitioners Association (NAPA). NAPA are working with Earlsbrook House and all FirstCare operated homes, to undertake a complete review of activity

provision in the home with the Home Manager and Social Care Team. The job title and job specification of the Earlsbrook House Activity Co-ordinator has changed to Social Care Leaders (SCL) to start with, and a range of other improvements are also in motion. The Weekly Activity Plan has been revised and amended to include more and more varied evening, weekend and external activity provision.

FirstCare have provided all SCL's with external training, and NAPA have audited our service provision in Earlsbrook House in this area, and made further recommendations in respect of improvements we can implement. Firstcare are the only care company in Ireland that NAPA are currently working with and they have complimented our ever-challenging and progressive approach to enhancing the daily lives of all our residents.

Our in house SCL's constantly review and are currently doing so again, the current Life Biography's, and discuss with families and residents the previous interests, hobbies and likes of the residents, to ensure that our group and individual activity plans within the home facilitate the interests and capacity of all our residents. Earlsbrook House invests a lot of time and money on activity provision, and it is important to us that activity provision is person centred and is driven by the needs wishes and desires of the residents.

We intend to hold a meeting with residents and families in March 2015 to discuss further any ideas that they may have to improve our service provision in this area.

Proposed Timescale: 25/05/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number of staff across the different areas of the home required review, to ensure adequate supervision of residents at all times.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Earlsbrook House senior management are constantly assessing the number, dependency, and needs of all our residents, in the context of the size and layout of the home to ensure that we have the appropriate number and skill mix of staff on duty. At the time of the Inspection, the HIQA Inspector suggested that the issue at times in nursing home was not specifically staff numbers, but how and where they working in the home at any given time and how they were being supervised. The Registered Provider agreed that he would review all aspects of the aforementioned in Earlsbrook

House with staff and senior management, and arising from a lot of positive internal dialogue some important initiatives have been agreed and others are being piloted.

One of the key discussion topics to arise was the issue of the staffing specially in relation to supervision and break times. This review has taken place and significant changes have occurred in relation to supervision on the floor. Staff breaks have been changed to provide additional cover and supervision.

Following the inspection and discussions that took place with the Registered Provider it has been agreed to disband our formal nurse's station and relocate our three nursing staff into our more homely living cum dining homesteads within the home. This will allow for additional supervision in these lounge areas.

The allocations within the home have been reviewed and revised, taking into consideration the dependency of the residents and the layout of the homesteads.

A large further capital investment was made in Earlsbrook House and the home itself has been divided into three living areas with staff now dedicated to those areas for the duration of their shift. This has impacted greatly on the supervision of the lounge areas. Additional revision of the activity plan has also allowed for extra supports during the evening and weekends.

Proposed Timescale: 25/05/2015