

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Elmhurst Nursing Home
Centre ID:	OSV-0000134
Centre address:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9.
Telephone number:	01 837 4444
Email address:	seustace@highfieldhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & M Eustace Partnership T/A Highfield Healthcare
Lead inspector:	Sarah Carter
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 August 2018 08:40 To: 08 August 2018 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines this self-assessment and the inspectors judgment for each outcome. In this self assessment the provider had identified that they were complaint in one outcome, substantially compliant in four outcomes, and moderately non complaint in one outcome. The person in charge had detailed actions they were

taking to come into compliance in each outcome and become more dementia friendly, many of which had been completed, or were planned to be completed within weeks of the inspection. Overall the inspector found good levels of compliance in five of six outcomes. The inspector judged outcome 5 substantially compliant as staffing levels at night time required ongoing review.

The centre is divided into two main areas, the Elmhurst and the Desmond wing, and both are on ground floor level. Residents with dementia and cognitive impairments live in both areas. Approximately half of the residents had a formal diagnosis of dementia or a condition which included symptoms similar to dementia (25 of the 48 residents). Both areas had access to secure courtyard garden areas, and the building itself is set in an area surrounded by green fields and mature trees.

The inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia and other conditions and needs were tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents were positive about the service they were receiving and reported that the staff were very kind and they felt well cared for. They reported they were supported to be comfortable and make their own decisions about how they spent their time day to day. Visitors were welcome in the centre, and there were facilities for meeting privately if the resident preferred, or a choice of communal areas throughout the building and in the garden area.

Staff were seen to be skilled at meeting residents' needs, and responding to any changes to their health and social care needs by making contact with relevant healthcare professionals. Most staff had received training that gave them the skills to support the residents with dementia. There had been a turnover in staffing in recent months, however new staff had been appointed, with one vacancy remaining on the day of inspection. Agency staff had been used to cover shift created by these vacancies. The person in charge reported that some families and residents had voiced concerns about staffing turnover and staffing levels. This will be discussed further in the outcome on staffing.

HIQA had received unsolicited information in relation to the centre, and this was followed up during the inspection. The centre had been last inspected in August 2017 across 9 outcomes; and eight outcomes were found to be compliant. One was judged to be moderately non compliant in the area of health, safety and risk management. This outcome was not specifically assessed on this inspection, but the actions were followed up and will be discussed in the body of the report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents wellbeing was being maintained, there was access to appropriate medical and health care, and care being delivered followed evidence based nursing practices. In the self assessment the provider judged their service as substantially compliant, and recorded actions they were taking to address this. Some actions included auditing care plans, ensuring new staff were educated on care planning, and ensuring staff developed end of life care plans with any new residents.

Residents who spoke with the inspector said they felt their needs were being met in the centre and they liked living there. The inspector reviewed a sample of residents care records who had dementia or a similar cognitive impairment and found examples where referrals were made to appropriate healthcare professionals if their needs changed, for example to a speech and language therapist. Following the specialists review of resident's needs, care plans were updated to reflect their current needs and how they were to be met. Appropriate information was shared by the center when a resident was transferred to hospital, and received from the hospital on their return.

The assessment and review of residents' needs was ongoing in the centre. Prior to admission an assessment was carried out to ensure the residents' needs could be met. On admission a detailed assessment was carried out by the nursing staff, and then care plans were put in place setting out how those needs were to be met. Residents' care needs were reviewed at four monthly intervals, with examples seen of that being done more frequently if there were changes, for example as part of a residents end of life care.

Residents' care plans were clearly recorded setting out their identified needs and included their preferences and wishes. Staff were seen to engage with residents by positively speaking about family or experiences that were relevant to those individuals. Care plans were personalised, and used person centred language. They were detailed with day -to -day information to inform staff of a persons needs, and what to talk about to help them relax. A range of nursing tools were used to support nurses in monitoring and evaluating residents changing needs. Where needs were identified appropriate

support was put in place. For example where residents with dementia were at risk of poor nutrition, they were assessed using a standardised assessment which indicated their level of risk and this triggered closer monitoring by the health care assistants detailing the persons nutritional intake. Daily nutritional intake records were reviewed, and detailed portion sizes as required. If a resident had a fall, their care plan was also updated to reflect the level of assistance they required.

Residents were supported to maintain good nutrition. There was a menu in place that offered choice at each mealtime. Meals were seen to be nicely presented and residents confirmed the food was of a good standard. Where residents required a modified diet, they had been appropriately assessed and the correct meals were made available for them. A portion of the lunchtime meal was observed in both the Elmhurst and Desmond wing. Meals appeared to be presented well. In the Elmhurst dining area a manager, a nurse and several carers were on hand to help residents. They were also assisted by a volunteer. However observation of the dining area was restricted due to blinds being closed, limiting the provision of supervision of passing staff. Several residents were seen to be enjoying their meals in their bedrooms and had requested this. The menu was not dementia friendly however, and the person in charge had begun discussions with colleagues to plan to address this issue. In the Desmond wing it was observed by the inspector that all residents wore clothing protectors, however it was not observed that residents who were viewed to be independent with eating were asked if they required one.

Medication was managed safely in the centre. It was stored securely and dispensed following recommended guidelines. End of life care plans were found to be up to date in the centre. They were signed by the residents and / or their relatives where appropriate, and were clear in the instructions for staff.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to ensure residents were safeguarded and protected from suffering harm. Residents who spoke with the inspector said they felt safe in the centre. Staff were seen to be communicating well, and respecting residents' choices as they were going through their daily routines. Staff were knowledgeable about safeguarding, and knowledgeable on the different types of abuse to be vigilant for. They also knew the reporting process if an allegation of abuse was made to them. There

was a clear policy in place, which had been updated recently and the information provided by staff matched the processes described. There was no recent allegations of abuse reported or investigated in the centre, as a result there was no documentation to review.

A small number of residents in the centre had elected that the provider would be an agent for their pension monies. This process was handled comprehensively by the accounting department, and the practice was in line with national guidelines. There was also a comprehensive and clear process to manage any residents day to day finances. However residents could not access this money without notice, as it was stored offsite.

There was a policy reflecting the national guidance document 'towards a restraint free environment' and there were no bed rails were in use in the centre. From time to time residents displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), and this was managed by care plans that guided the staff to respond or occasionally use psychotropic medication. Records of incidents when residents displayed responsive behaviour were being maintained. They were clear and could guide staff to understand what may have occurred that caused the resident to display these behaviours. Some staff had received training which included the management of residents with dementia and responsive behaviours, and the remaining staff were due to complete the training in the month following inspection. Staff training will be discussed further in outcome 5 in the report.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents privacy and dignity was respected and there were opportunities for meaningful social engagement for residents if they chose to take part in the activity programme. The centre judged itself as substantially compliant in this outcome in their self-assessment, stating that they were intending to deliver activity training to staff in the month following inspection.

Residents were seen to be receiving visitors throughout the inspection. Some chose to meet privately and others had meetings in the different communal areas in the centre or in its garden. Visiting was unrestricted and a log book was maintained at reception for visitors to sign in and out.

There were residents meetings held regularly and topics relevant to the residents were discussed, for example catering, activities and the garden. An advocate was available to residents and this was advertised on the noticeboards.

Staff were seen to be supporting residents in a range of activities and daily living tasks during the inspection and communication levels were seen to reflect residents' individual needs. Staff were seen spending time with residents talking about current events, or topics of interest. For some residents who were not able to engage in conversation staff were taking time to sit with them. There was a designated staff member responsible for activities, and a varied activity programme was running in the centre. There were religious services available for residents if they wished to participate. A number of volunteers and some external contracted personnel supported residents to engage in activities.

The inspector carried out formal observations for periods of time using a standardised assessment, the QUIS tool. The inspector observed a mealtime in two separate dining areas of the centre and also of a period of time coming up to a meal time in a communal area. During these periods of observation, the inspector found that overall there was positive engagement and contact with the residents and that care was being delivered in line with their care plans. During the lunchtime meal, and staff were observed interacting appropriately and socially with the residents while serving them or while providing assistance.

Staff were observed knocking on doors before entering rooms to maintain resident's privacy. Some residents elected to keep their bedroom doors open, and those spoke to, said they preferred that. There was also access to current affairs through access to TVs and radios.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The feedback, concerns and complaints of all residents in the centre were listened to, recorded, and acted upon. The centre had judged itself as compliant in this outcome.

The complaints policy outlined clearly the process involved in making a complaint and how complaints were handled. The complaints procedure was displayed and set out in

the residents' information guide. Residents' who spoke with the inspector named the person in charge as the person they would report any concerns to, and were happy they would be addressed.

The inspector reviewed the feedback, comments and complaints recorded in the centre. There were clear details including the issues raised, the action taken, the satisfaction of the complainant and if the complaint was open or closed. There complaints process and records were reviewed by a management sub-committee.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of residents. Residents spoke positively about the care delivered by staff and commented on their friendly and patient attitude. The centre had judged itself as moderately non-compliant in their self assessment and identified a need to fill three vacancies; two nursing and one healthcare assistant. Recruitment had been successful for the nursing posts, and the healthcare assistant post remained vacant on inspection day.

Both residents and relatives who spoke with the inspector on the day expressed concern about recent staff turnover. The person in charge was also aware the residents and relatives had expressed concerns about staff turnover in recent months. The management team in the centre had taken steps to manage this by using agency staff, transferring staff from its sister facility in emergency situations, and advertising vacancies and conducting interviews. The person in charge was planning shifts with staff experience and skill mix in mind to ensure residents needs were being cared for throughout the day and night. However staffing at night required ongoing review to ensure staffing levels were sufficient to meet the needs of the residents and was suitable for the size and layout of the building. A process had commenced in the weeks prior to inspection where senior managers and the person in charge were working together to review nighttime staffing levels. The person in charge had began a process of attending during a night shift and an assurance was given that this would continue.

The inspector observed staff delivering care and providing assistance to residents in a discrete and dignified manner. Assistance provided in bedrooms or bathrooms was done with the door closed to provide privacy and staff were observed knocking before

entering residents' private spaces. Staff were observed speaking with residents in a friendly and respectful manner, and displayed a good knowledge of the residents, their needs, preferences, backgrounds and personalities.

The inspector reviewed the training records of staff and found staff were up to date in their mandatory training such as fire safety, manual handling, safeguarding of vulnerable adults. Many staff had received dementia awareness training with the remaining staff due to attend training in the weeks following the inspection.

The inspector reviewed a sample of recruitment files for staff and a small sample of volunteers files. Files found to have the required documents as listed in Schedule 2 of the regulations including Garda vetting disclosures and references and all nurses were registered with the Nursing and Midwifery Board of Ireland. Staff and volunteers had received comprehensive induction on their arrival to the centre, and attempts were made that nurses who were new to the centre would work as a supernumerary member of staff to facilitate their induction.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre met the needs of the residents. Areas were decorated to create a homely feel and to support the orientation of residents with dementia.

As discussed above there were two main areas in the center, the Elmhurst and Desmond wing. They are both on the ground floor area with access to courtyard areas. Bedroom sizes and the amount of storage varied slightly from room to room, as did the décor, which included some wallpapers and matching drapes in a variety of colours. There were handrails in all corridors and in the bathrooms that were seen by the inspector. In both wings there were communal areas with lots of light, where residents were seen to be relaxing and engage in activities, such as knitting, watching TV or reading. All corridors had murals or paintings and pictures of nature or places of interest. The planting in the larger courtyard in Elmhurst had recently been pruned and the person in charge informed the inspector that budget had been approved to add to and replace some of the outdoor furniture.

Signage was well used within the centre to assist residents. It was bright and at eye

level to assist residents with dementia to move around the buildings. Bathrooms were also clearly marked. Orientation boards were well located in key locations in the centre and there were clocks in bedrooms reviewed by the inspector. All bedrooms had a view of trees or open fields and windows that allowed in good levels of natural light. Each bedroom had call bells within reach of the residents bed and seating area.

There were aids and appliances available in the centre to meet the needs of the residents. Equipment and hoists were available in the centre for people who had been assessed as needing support with their mobility. In the centre's last inspection a system was required to ensure equipment was clean. In this inspection it was observed that equipment was clean, and following the inspection the person in charge submitted a checklist that staff which indicated that there was a daily schedule for cleaning equipment in use by staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sarah Carter
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Elmhurst Nursing Home
Centre ID:	OSV-0000134
Date of inspection:	08/08/2018
Date of response:	11/09/2018

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 05: Suitable Staffing

Theme:

Workforce

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

The registered provider is required to review staffing levels on night time shift to ensure that residents needs and emergencies can be managed safely in both areas of the building.

1. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of

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

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:

1. The Healthcare Assistant post has since been filled.
2. Staffing levels and turnover are under constant review by senior management. Weekly manpower meetings take place where bank and agency staff requirements are always identified to address shortages and ensure sufficient staffing levels. In addition, Highfield Healthcare has introduced enhanced terms and conditions for all employees to help address staff retention.
3. Since the inspection, the person in charge has attended two further night-shifts to review night time staffing and supervision levels. An additional night time HCA post has been approved.
4. Two more staff have attended dementia awareness training since the day of inspection and mandatory training requirements are under constant review.

Proposed Timescale: 30/11/2018