

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Eliza Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000663
<b>Centre address:</b>	Five Roads, Banagher, Offaly.
<b>Telephone number:</b>	057 915 2922
<b>Email address:</b>	michael@elizacare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Eliza Care Limited
<b>Provider Nominee:</b>	Michael Lyons
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behavior (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 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:
15 May 2017 11:30	15 May 2017 18:30
16 May 2017 09:30	16 May 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate. In total 21 questionnaires were returned. Questionnaires were mainly positive, with respondents stating they were happy with the service provided and were aware of the complaints' process although most said it was never necessary.

Some stated that residents were satisfied with the service provided with comments

such as 'an excellent awareness of need'. One suggested that residents would benefit from more external entertainment while another said they would like more activities. All residents said they felt safe.

Overall, the inspector was satisfied that residents received a quality service. The centre was managed by a person in charge who was a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

Recruitment practices and staff files met the requirements of the regulations. There were very positive comments about the staff in the questionnaires received.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

A risk management process was in place for all areas of the centre and fire procedures were robust. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. Some improvement was required to ensure that safety checks were recorded as they were carried out when bedrails were in use.

Improvements relating to medication management practices were required to ensure that each resident was protected by the centre's procedures for medication management. An action was also required to ensure that residents retained control over their own belongings.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, the use of restraint and others. This information was available for inspection. A low level of incidents was reported. An annual review of the quality and safety of care delivered to residents for 2016 was completed.

Interviews with residents during the inspection and questionnaires received were extremely positive about staff, the provision of the care, the facilities and the overall service provided.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident forum was held regularly. The inspector saw that residents preferred to meet in small groups rather than a large committee meeting.

**Judgment:**

Compliant

***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:**

There was no change in the person in charge of the centre since the centre opened. The person in charge is a registered nurse and has the required experience in nursing older people and worked full time in the centre.

During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge had maintained her continuous professional development and continues to attend clinical courses such as dementia care and nutritional care. She discussed plans afoot to complete additional management training.

**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 regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. The person in charge informed the inspector that the clinical nurse manager (CNM) deputised in the event that the person in charge was absent from the centre.

The inspector met with the CNM during the inspection and was satisfied that she was aware of her responsibilities and had a detailed understanding of the regulations and standards.

**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 found that measures were in place to protect residents from being harmed or abused. Some improvement was required to ensure that the use of restraint was in line with national guidelines.

Improvement continues around the use of bedrails and usage was now low. Appropriate risk assessments had been undertaken. There was documented evidence that various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. However there was no contemporaneous recording of safety checks when bed rails were in use. In addition the care plans did not provide sufficient guidance around this. This was discussed with the person in charge and was being addressed before the end of inspection.

The inspector noted that the safeguarding policy was comprehensive. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. Staff spoken with were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if she received information about suspected abuse of a resident.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. The inspector saw that additional support and advice were available to staff from the psychiatry of later life services.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a regular basis.

Robust procedures for fire detection and prevention were in place. Servicing records were up to date. All staff had attended fire training. Fire drills were carried out on a regular basis and when required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be 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):**



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

**Findings:**

The inspector reviewed some medication management practices and noted that some improvement was required relating to medications that required strict controls (MDAs).

The inspector checked the stock balance of a sample of these medications. End of shift checks were now in place which was an action identified at the previous inspection. Although the balances checked were correct, unsafe practices were noted. The practice was that the controlled drugs were supplied for individual residents with the resident's name on the label and box. However the inspector noted that in some cases the medications had been removed from the boxes that they were supplied in and put into other boxes with similar medication increasing thereby increasing the risk of error. The inspector saw that the batch numbers on the individual medications did not match the number on the box.

In addition the inspector noted that the individually supplied MDA's were recorded collectively in the drug register making it difficult to check each resident's medication.

Otherwise the inspector saw evidence of safe medication management practices. The inspector reviewed a sample of administration and prescription records and noted that they were in line with national guidelines. Improvement required from the previous inspection relating to medications to be administered as and when required had been completed. The documentation relating to medications to be crushed prior to administration was also in line with national guidelines.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures which had daily checks were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. There was evidence of resident or relative involvement at development and review. The inspector reviewed the management of some clinical issues such as wound care, falls management and diabetic care and found they were well managed and policies were in place to guide practice.

Action required from the previous inspection, already discussed under outcome 9, relating to checking of drugs requiring strict controls, had been addressed.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents.

A full range of other services was available on referral including speech and language therapy (SALT), occupational therapy, physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were recorded in the residents' notes. When required the care plans were updated to reflect the recommendations.

**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 was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of

malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist if required.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them. The inspector saw that the menu had been reviewed by a dietitian who confirmed that all dietary requirements were clearly met.

The inspector saw that the dining experience was pleasant. Two sittings were available. Tables were nicely laid and meals were appetisingly presented. Adequate assistance was provided. The provider nominee outlined plans afoot to design pictorial menus to assist residents in choosing their meal.

Residents spoken with described how happy they were with the menu choices and said that staff would get you anything you wanted. The inspector saw where suggestions by residents had been taken on board. For example a small group of residents said they would like jacket potatoes occasionally and this was included.

**Judgment:**

Compliant

***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:**

Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

However the inspector noted that hip protector garments were not individually marked

and were used as a communal supply. This did not ensure that each resident used and retained control over their clothes. This was discussed with the person in charge and it was being addressed before the end of inspection.

There was a reasonable amount of space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the regulations.

Assurance was given by the provider nominee that garda vetting was in place for all staff.

The inspector confirmed that up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

Staff training records demonstrated a commitment to the ongoing maintenance and development of staff knowledge and competencies. Staff spoken with confirmed this. Training undertaken included nutritional care, first aid and dementia care.

There were no volunteers in the centre at the time of inspection. The provider was

aware of the requirements of the regulations in this regard.

**Judgment:**  
Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Eliza Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000663
<b>Date of inspection:</b>	15 and 16 May 2017
<b>Date of response:</b>	07 June 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

There was no contemporaneous recording of safety checks when bed rails were in use.

The care plans did not provide sufficient guidance around this requirement.

#### 1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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

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:**

This matter was rectified on the 15th May 2017 with safety check sheets put in place to record checks carried out when bed rails are used. Care Plans have been updated to reflect current practice.

Proposed Timescale: Complete 15/05/2017

**Proposed Timescale:** 15/05/2017

**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:**

Storage and safekeeping measures for medications that required strict controls were not in line with national guidelines.

**2. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Our DDA Registers have been changed to reflect each drug held for each resident. Stock takes are carried out in line with the Registers to ensure that drugs are checked on a per resident/per drug basis and returned to original packaging when checks are completed. Medication Management Policy has been updated to reflect this.

Proposed Timescale: Complete 17/05/2017

**Proposed Timescale:** 17/05/2017

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Hip protector garments were not individually marked and were used as a communal supply.

**3. Action Required:**

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Hip protectors have been marked for each resident using them and are stored in the Residents wardrobe.

Proposed Timescale: Complete 16/05/2017

**Proposed Timescale:** 16/05/2017