



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

## Issued by the Chief Inspector

Name of designated centre:	Esker Ri Nursing Home
Name of provider:	Blackden Limited
Address of centre:	Kilnabin, Clara, Offaly
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0000733
Fieldwork ID:	MON-0038953

## About the designated centre

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

Esker Ri Nursing Home is a purpose-built premises. The designated centre is situated on an elevated site off the Tullamore road on the way out of the village of Clara. The designated centre currently provides accommodation for a maximum of 143 male and female residents aged over 18 years of age. Residents' accommodation is provided on two floors. Residents are accommodated in single and twin bedrooms with full en suite facilities. The designated centre provides mainly residential care to older adults and also provides respite, convalescence and care for people with an intellectual disability, physical disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, activity coordination staff, administration, maintenance, housekeeping and catering staff. The provider states in their statement of purpose for the designated centre that their aim is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and well being.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	126
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 18 January 2023	09:30hrs to 16:00hrs	Catherine Sweeney	Lead
Wednesday 18 January 2023	09:30hrs to 16:00hrs	Fiona Cawley	Support

## What residents told us and what inspectors observed

The inspectors were met by the person representing the provider on arrival to the centre. Following an introductory meeting, inspectors completed a tour of the centre accompanied by the person in charge. The centre was a three-storey, purpose-built facility which comprised of six units. Resident accommodation was spread over three floors and comprised of single and twin bedrooms. Inspectors observed that the centre was very clean and well maintained. All areas were found to be appropriately decorated, with communal rooms observed to be inviting and pleasant environments. Residents' rooms were spacious and decorated in a person-centred manner.

Overall, the centre was warm and comfortable. Communal rooms were welcoming and available for use by residents, with pleasant music and appropriate lighting. Residents were observed mobilising independently around the centre, using a variety of the communal areas on the day of the inspection.

Residents were observed to be socially engaged with each other, and staff, throughout the day of the inspection. There were opportunities for residents to participate in recreational activities of their choice and ability, and inspectors observed a variety of activities taking place in the centre. Residents were observed being facilitated, via video-link, to attend a local religious service. A full schedule of the activities available was on display in the communal areas.

Inspectors observed staff facilitating residents with their daily routines. Staff referred to residents by their preferred title and demonstrated that they knew the residents individually. Care was delivered in a calm and respectful manner.

Residents were observed to have their personal care attended to a high standard. Residents were observed to be content and relaxed in the company of staff. Inspectors spoke with a small number of residents, all of whom agreed that their care needs were met and that they enjoyed living in the centre.

## Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the actions taken by the provider following a monitoring notification submitted to the Chief Inspector in relation to a significant incident in the centre.

The findings of this inspection were that some of the management systems in place in the centre were not effective and did not provide assurance that there was appropriate oversight of the service provided to residents. These findings relate to poor management of records and inadequate risk management systems.

With regard to the actions taken by the provider following a significant incident in the centre, the provider had completed an investigation of this incident. However, the investigation was poorly documented. It did not detail the required information to understand the factors which may have contributed to the incident occurring, or to identify future learning so that similar incidents could be prevented. For example, the nature, date and time of the incident had not been clearly established. In addition, the name of the persons in charge of the centre, and the staff that were supervising the resident had not been clearly identified. The detail of the incident was inconsistent and did not reflect the detail communicated to inspectors on the day of the inspection.

The provider had a procedure in place to guide staff in relation to the investigation of an incident, however, this procedure had not been implemented.

A review of the risk management system found that it did not reflect the centre's own risk management policy. Risks were poorly identified and control measures in place were not effective.

The provider of Esker Rí Nursing Home was Blackden Limited. The person representing the provider was involved in the management, and had a strong presence in the centre. Within the centre, the organisational structure consisted of the person in charge and a team of clinical nurse managers, all of whom worked in a management and supervisory capacity. The nurse management team was supported by a team of nurses, health care assistants, activities and support staff.

On the day of the inspection, inspectors found that there was adequate staffing levels in place to meet the health and social care needs of residents. Staff training records reviewed found that staff had received appropriate training, commensurate to their role.

Inspectors found that, while the provider had the policies to guide care, these policies were not consistently implemented.

In addition, inspectors reviewed policies that set out the steps required to effectively manage both incidents, accidents and complaints and found that these policies had not been implemented. A review of records found that incidents and complaints were poorly documented and investigated. Records lacked the detail required to identify any learning from incidents and complaints. This meant that there was no quality improvement plan developed following a complaint or adverse event.

## Regulation 15: Staffing

A review of rosters, and observations on the day of the inspection, found that there was adequate staffing levels and skill mix to meet the assessed needs of residents, and for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training records found that all staff had received appropriate training. Systems were in place to ensure that staff were appropriately supervised.

Judgment: Compliant

### Regulation 21: Records

The provider did not ensure that the records set out in Schedule 3 of the regulations were available for review. For example, a record of an incident that resulted in the death of a resident was not adequately documented and did not contain the detail required under Schedule 3(4)(j) of the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems in place did not ensure that the service provided was safe, appropriate and effectively monitored. For example,

- The risk management system in place failed to clearly identify risks and the action taken to mitigate risk. This meant that some risks were not identified and managed, to ensure residents safety.
- A serious incident in the centre was not managed in line with the centre's own relevant policy.
- Poor record management system. A review of the record of a recent critical incident found that the incident was poorly recorded and investigated. The full detail of the incident, including an exact time line of events had not been established. Written statements from staff were not signed and dated. This meant that possible contributory factors or opportunities for learning and improving the service were not identified.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A review of the complaints management system found that there was an appropriate complaints policy in place and that all complaints and dissatisfaction with service were documented as per policy. However, the oversight and identification of learning outcomes from complaints was poor and records reviewed reflected the findings detailed under Regulation 23(c) Governance and management. This issue has been addressed under Regulation 23.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A review of the policies used to guide practice in the centre found that while appropriate policies were in place, they were not implemented. For example, policies found to be in place but not implemented included;

- Risk management
- Management of incidents and accidents
- Missing person policy

Judgment: Not compliant

### Quality and safety

A review of the governance and management systems on this inspection found that while residents in the centre received a good level of person-centred care on a day-to-day basis, action was required to ensure that the management of risk, and the proper investigation of, and learning from, adverse events led to a better and safer service for residents. These issues have been addressed within the 'capacity and capability' section of this report.

The provider had a system in place to complete a pre-admission assessment for all residents. A review of pre-admission assessments completed for a sample of residents found that they were poorly documented and did not contain the detail required to ensure that the centre would have the capacity and the resources to ensure that these residents would receive the care that they required. This posed a risk to newly admitted residents as staff would not be fully aware of the dependency

level and care needs, or the staffing level required to care for these residents.

Notwithstanding the poorly detailed pre-admission assessment, all residents had an assessment of their care needs completed following admission to the centre. This assessment was used to develop a care plan to guide staff in the delivery of person-centred care to residents.

Residents had regular access to a medical doctor and a referral system to a team of allied health care professionals was also in place. A review of residents records found that this system resulted in positive health outcomes for residents.

#### Regulation 5: Individual assessment and care plan

The provider did not ensure that an appropriate pre-admission assessment of a resident with complex care needs had been completed immediately before, or on the resident's admission, in order to inform a care plan.

Judgment: Substantially compliant

#### Regulation 6: Health care

A review of residents care records found that residents were supported to receive appropriate health care, in line with their needs.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0038953

Date of inspection: 18/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>- Critical incident – reviewed &amp; all documentation completed &amp; available on request.</li> <li>“Statement of events” will now be completed for any incident/accident/complaint by staff on duty.</li> <li>- Learning outcomes have been identified &amp; action plan completed.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>- New training programme for missing persons procedure has been commenced, this is now a mandatory training.</li> <li>- Missing persons drills occur twice weekly &amp; action plans created after each drill.</li> <li>- Reviewed &amp; updated pre-admission assessment.</li> </ul>	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

- Risk management training for all staff to commence March '23.  
- Policies reviewed & discussed on an ongoing basis with all staff to ensure accurate implementation.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Pre-admission assessment reviewed & updated.
- On admission, individual risks identified & plan of care formulated.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	21/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	31/03/2023
Regulation 5(2)	The person in	Substantially	Yellow	01/02/2023

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Compliant		
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