



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Esker Ri Nursing Home |
| Name of provider: | Clara Nursing Home Limited |
| Address of centre: | Kilnabin, Clara, Offaly |
| Type of inspection: | Unannounced |
| Date of inspection: | 17 November 2020 |
| Centre ID: | OSV-0000733 |
| Fieldwork ID: | MON-0030604 |

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 130 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 wellbeing.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 107 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|-----------------------------------|---------|
| Tuesday 17 November 2020 | 09:45hrs to 16:00hrs | Helena Grigova | Lead |
| Tuesday 17 November 2020 | 09:45hrs to 16:00hrs | Catherine Rose Connolly Gargan | Support |

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that small groups of residents spent time in the communal rooms and reception area. Other residents remained in their bedrooms. Although the centre was quiet, there was an upbeat atmosphere and residents were happy to chat with inspectors about their lives in the centre especially during COVID-19. One resident said that although he spent a 'good bit of time' in his bedroom, he also enjoyed going out around the centre 'to see what was going on and to meet up with people he got to know since coming to live in the centre'. Two residents spoke to inspectors about the measures in place to keep them safe and said that 'remarkable work' was done so their residents could see their families. One of these residents told inspectors that they were praying that their visitors come into the centre at Christmas. Another resident said that they found restricted visiting difficult at times but staff supported them to keep in touch with their families. Staff said they were making extra efforts to sit and chat with residents whenever they could and inspectors observed these interactions taking place. Although many residents also said they understood why restrictions were in place and that they were not too lonely, one resident said their life was 'on hold' and commended that it sometimes 'made them feel down'. It was evident that staff had adapted the ways they facilitated residents' social care so that smaller groups were facilitated in the sitting rooms and meaningful one-to-one activities were facilitated for residents who wished to stay in their bedrooms. On the day of inspection, residents were very engaged in a singing session in one sitting room. Staff in this sitting room were observed to be warm and encouraging towards residents and there was a very happy atmosphere in this sitting room. A baking session led by a staff member and a chair exercise session led by the physiotherapist took place in another sitting room. Residents were observed by inspectors to be enjoying these sessions and were eager to participate.

The corridors were quieter than usual but some residents were observed to be going for short walks or resting on the seating along corridors. Staff were observed to respond to residents' needs quickly and discretely. Staff were observant of social distancing requirements with colleagues and residents unless providing care but residents chairs were not all placed two meters apart in the sitting rooms and the dining room. Some staff also wore fabric face coverings which was not in line with HPSC guidance, these findings are discussed further in this report.

Residents' bedrooms were seen to be personalised with family photographs and colourful ornaments and flower arrangements. The bedrooms were spacious and all had en-suite facilities. One resident told inspectors that they 'loved their bedroom' and that it was exactly how they wanted it. Inspectors observed that the centre was visibly clean and was in a very good state of repair. Themed walls in various parts of the centre helped residents with way finding. Interesting and colourful art and ornaments including work done by residents was displayed along the corridors and this gave the centre a homely and familiar feeling.

Residents were very complimentary about the food provided for them and said that the choices they were afforded regarding what they ate was 'very good' and that mealtimes were a 'highlight' of their day. Modified diets were well presented and appetising. Residents had a choice of drinks. There was sufficient staff providing assistance to residents with their meals as needed.

Residents were very complimentary about staff in the centre and wanted them acknowledged for their standards of care, attention and concern towards them. One resident said that they 'would be lost without the staff in the centre and the centre itself'. Another resident said that 'staff obviously liked their job as they were never in bad form and were always smiling'. This resident asked 'how could she possibly be unhappy in the company of staff like that'.

Residents told the inspectors they had no complaints but if they were worried or dissatisfied about any part of the service they received, they would talk to staff on the units or their families.

Capacity and capability

This was an unannounced inspection completed following receipt of unsolicited information by the Health Information and Quality Authority (HIQA) in relation to infection control practices, insufficient PPE, staffing levels and management of complaints in the centre. The inspectors found that the issues raised were addressed through the centres complaints process, however, the information received regarding infection control procedures and practices was substantiated on this inspection. Inspectors also followed up on notifications and progress with completion of the compliance plan from the last inspection in March 2020. Inspectors found that all actions in the compliance plan were completed with the exception of the necessary actions to bring Regulation 27; Infection Control into compliance.

Esker Ri nursing home is owned and operated by the registered provider, Clara Nursing Home Limited. The company is not involved in the operation any other nursing homes. The company board has made three directors and one of the directors is nominated as the registered provider representative (RPR). The person in charge reports to the RPR and they both work in the centre on a full-time basis. The RPR and the person in charge are available on-call outside of normal working and a nurse manager is available in the centre over seven days. This arrangement ensured that a member of the senior management team was available without delay to support staff in the centre and to residents or their relative to respond to any queries or concerns they may have. To date, the centre has been proactive in responding to non-compliance's identified on inspection and had a generally good compliance history.

With the exception of two isolated incidents of COVID-19 infection involving a staff member and a resident who sadly died in October 2020, the provider and staff in

the centre had managed to prevent any further spread of these infection outbreaks. The centre was free of COVID-19 infection on the day of this inspection and the provider had a COVID-19 outbreak preparedness plan in place that was being frequently reviewed and updated further to reviews following the outbreaks in May and October 2020. The findings on inspection in relation to infection prevention and control identified that staff supervision required improvement and systems to monitor and oversee the quality and safety of the service required strengthening. The inspection findings are described under regulations 16, 23 and 27 in this report.

Up to date training had been provided to all staff in infection prevention and control practices and procedures that also focused on COVID-19 including, hand hygiene use of personal protective equipment and identifying typical and non-typical signs of infection. The person in charge had systems in place to ensure staff were familiar and aware of the ongoing changes to the guidance from the health protection and surveillance (HPSC) centre and the health service executive (HSE). While, there were systems in place to monitor the quality and safety of the service, they were not effective in identifying areas of infection control in the service needing attention and improvement. Inspectors found that the environmental infection prevention and controls audit tool did not pick up on the areas needing urgent improvement that were identified by inspectors on this inspection. Supervision of infection prevention and control practices by staff also needed improvement to ensure a high standard of infection prevention and control was maintained in the centre at all times.

The person in charge was supported by the centre's operations manager to ensure that records that must be kept in the centre were maintained. These records were readily accessible and made available to inspectors for examination without delay.

The centre's statement of purpose was publicly available in accessible format for people using the service. The review and evaluation of the statement of purpose was incorporated in the continuous quality improvement cycle which was part of the annual review process.

There were adequate resources available to ensure that person-centred care was provided and residents' needs were met. Staffing levels were adequate to meet the assessed needs of residents over the layout of the centre. There was a robust system in place to respond to planned and unplanned staff absences. Inspectors spoke with staff and they were competent and knowledgeable in the centre's emergency evacuation procedures, safeguarding residents and they had detailed and person-centred knowledge of each resident's needs.

Complaints were well managed in the centre. Complaints were monitored and reviewed by the provider to ensure they were investigated and complainants were satisfied with the outcome of investigations. An appeals procedures was available.

Regulation 15: Staffing

A staffing roster for the centre was available and accurately detailed actual staff on

duty at all times. The centre was organised into five separate zones. There were always a minimum of five nurses on duty each day and since the last inspection in March 2020, five nurses on duty each night. This level of registered nurse staffing ensured that a designated staff nurse was available to lead each of the teams in the five zones in the centre at all times. Three clinical nurse managers worked as part of the nursing team over seven days each week to provide senior support and clinical supervision at weekends. Healthcare assistant levels had been significantly increased to meet residents' increased support and supervision needs during the national restrictions and in preparedness for further COVID-19 outbreaks. Six cleaning staff were provided each day since the beginning of the pandemic.

The inspectors saw that staff responded to residents' needs without delay and that residents who wished to spend time in the sitting rooms were well supervised. Some residents preferred to stay in their bedrooms and staff ensured that they called in to them frequently to chat with them and to ensure they did not experience feelings of isolation.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place for tracking staff training completed and for alerting management regarding staff who were due to complete refresher training. This system was maintained by the centre's operations manager and was accessed by the person in charge and the provider representative. A certificate was issued to each staff member on successful completion of each training programme. Some senior managers were accredited trainers which ensured there were no delays for staff to access mandatory training in fire safety, safe moving and handling procedures and safeguarding residents from abuse training. In-house trainers also facilitated staff with cardiopulmonary resuscitation and infection prevention and control training among other topics. Each staff nurse was required to complete a medicines management competency assessment.

Staff supervision required improvement to ensure their infection prevention and control practices reflected the HPSC guidance *Current recommendations for the use of Personal Protective Equipment (PPE) for Possible or Confirmed COVID-19 in a pandemic setting V2.2 22.09.2020*. For example, the provider provided sufficient and appropriate face masks but some staff were wearing face coverings that were not recommended for use in a nursing home setting. Cleaning equipment and residents' assistive equipment was not cleaned by staff after use.

Staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available and an induction procedure was completed by all new staff.

Judgment: Substantially compliant

Regulation 21: Records

A sample of four staff files were examined by inspectors and found to meet the requirements of the Regulations. An Garda Síochána (police) vetting disclosures were available in the staff files examined. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. The staff files of nursing staff examined by inspectors contained documentation confirming their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A signed and dated daily record of each resident's health, condition and treatments given was maintained by nursing staff.

A register of restrictive procedures or equipment used in the centre was maintained.

Judgment: Compliant

Regulation 23: Governance and management

An established governance and management structure was in place. Roles and responsibilities were clearly defined for all persons involved in the service. A standing agenda was used for regular senior management meetings and the minutes provided assurances that the provider reviewed and had oversight of all areas of the service including COVID-19 outbreak preparedness, risk management, complaints management and staffing among others.

There was a system in place to monitor the quality and safety of the service. The clinical effectiveness of the service was also closely monitored with frequent collation and analysis of key clinical parameters such as falls by residents, pressure ulcers and wound management, dependency level measurement, infections and antibiotic use. Audits completed were analysed and the areas highlighted for improvement were identified in action plans and progressed to completion. While, audits on infection prevention and control practices and procedures in the centre were completed, the infection prevention and control audit in use was not comprehensive and failed to pick up on practices and procedures identified by the inspectors that were not in compliance with the standards for prevention and control of healthcare associated infections and in line with health protection and surveillance (HPSC) guidance. These findings are described under Regulation 27: Infection control in this report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. Notification of other specified events involving residents and quarterly reports were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A recently updated complaints policy was in place and described the complaints procedure including the appeals procedure in the centre. The complaints procedure was displayed and residents who spoke with the inspectors were aware they could make a complaint if dissatisfied with any aspect of the service provided to them. The person responsible for the management of complaints was identified as the person in charge. Inspectors saw that complaints received were detailed in a complaints log, investigated without delay and the outcome of investigations were communicated to complainants. An appeals procedure was in place and would be made available if any complainants were dissatisfied with the outcome of the investigation of their complaint.

An independent advocacy service was available to support residents with making a complaint about the service if they wished.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available, accessible to all staff and were specific to the centre. These policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance and were implemented in practice.

Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting in the centre and admission and transfer of residents were updated in accordance with evolving guidance .

Judgment: Compliant

Quality and safety

Residents nursing and healthcare needs were met to a good standard. Residents care documentation was computerised and password protected. Record keeping of residents' assessments, wellbeing and treatments were comprehensive. Residents' needs were comprehensively assessed and from inspectors' discussions with residents and examination of their care records, it was evident that they were involved and central to their care decisions.

The centre was purpose built and the majority of the residents' accommodation was provided on the ground floor and 25 beds were provided at first floor level. The centre was sub divided into five separate areas with access between the areas ceased during COVID-19 to reduce the risk of cross infection and contain any incident of infection within any one of the areas. This arrangement had proved effective during two isolated COVID-19 outbreaks in the centre in May and December 2020.

Inspectors found not all infection prevention and control practices and procedures in the centre were in line with the Health Protection and Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V6.0 28/07/2020 and National Standards for Infection Prevention and Control in Community Settings. Improvements were necessary to ensure staff wore appropriate PPE and that residents' assistive equipment and environmental cleanliness was maintained to a high standard.

Despite the COVID-19 restrictions, residents were supported and encouraged to have a good quality of life in the centre that was respectful of their individual wishes and choices. Residents were supported to maintain their independence as much as

possible, aided and supported by a physiotherapy team employed on a full-time basis in the centre. This ensured residents had timely access to assessment and treatment by a physiotherapist. Residents were well cared for and gave positive feedback regarding their care and life in the centre. In normal times, residents enjoyed mingling together in the several communal areas. These social interactions continued, but, in smaller group arrangements. Many residents preferred to cocoon in their bedrooms. Staff made good efforts to encourage and support residents to engage in social activities that were meaningful and that interested them.

The centre normally operates an open visiting policy. However, due to the COVID-19 level five restrictions, the centre was closed to visitors except in exceptional circumstances. Compassionate visits were facilitated for residents receiving end of life care and other exceptional circumstances. The provider had erected shelters for visitors during scheduled window visits. Visiting was also encouraged safely in hubs accessed directly from outside each side of the oratory. Residents were protected by large perspex screens.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well cared for. Staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviours. Appropriate assessment and care planning formed part of the management of responsive behaviours to ensure positive outcomes for residents. Procedures were in place to ensure that residents were safeguarded from abuse. All staff interactions with residents were courteous and kind. Residents confirmed they felt safe in the centre.

Regulation 11: Visits

Visitors to the centre were restricted in line with HPSC guidance. The provider had taken measures to ensure residents' visitors could visit them safely and had erected shelters outside windows in communal rooms and fitted perspex to inside of some windows and in the oratory. These arrangements facilitated residents and their visitors to safely spend time with each other on a scheduled basis.

Visiting by families and friends to residents on compassionate grounds and in exceptional circumstances was been facilitated.

Residents were facilitated to keep in contact with their families by letters and the telephone.

Families were kept informed of each resident's wellbeing on a regular basis

Judgment: Compliant

Regulation 13: End of life

There were no residents receiving end-of-life care on the day of inspection. There was evidence of consultation with residents to provide them with opportunities to express their end-of-life care wishes and preferences. Where residents were unable to make their wishes and preferences known, staff spoke to their families to get this information on each resident's behalf. A care plan was developed to ensure residents' individual wishes and preferences were known and respected including the care they needed to meet their physical, psychological and spiritual care needs.

Advanced care directives were in place for some residents and the inspector saw that this information was collated in consultation with individual residents and their families. These decisions were reviewed regularly and updated as necessary including during the COVID-19 pandemic.

Residents were provided with support from local clergy to meet their faith needs and they also had access to an oratory in the centre for their removal services if they wished.

There was a good access to palliative care services and measures were taken to ensure residents did not experience pain, residents' level of pain and the effectiveness of pain management medicines administered was monitored.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met the individual and collective needs of residents and provided them with a therapeutic and comfortable living environment. The centre provides accommodation for 130 residents in 112 single and 18 twin bedrooms. All bedrooms had full en suite facilities and were bright and spacious. Accommodation for residents was primarily provided at ground floor level. The first floor was accessible by a stairs or a mechanical lift and provided bedrooms, a sitting room, quiet room and dining room accommodation for 25 residents. Residents were encouraged and assisted to personalize their bedrooms and many residents availed of this opportunity by continuing to enjoy small items of their furniture, photographs and soft furnishings brought in from their homes in the community.

A number of spacious sitting and dining areas were provided. Measures were in place to promote residents' independence and way finding. Good quality clear signage was used to help residents identify key areas such as toilets and bathrooms. The various corridors were named after local areas. Small numbers of residents spent their time in the sitting rooms while others liked to spend time relaxing in the centre's spacious reception area. Floor covering on all floors was non slip, bright and non-patterned throughout the centre. Large windows throughout promoted good

use of natural light in communal areas, bedrooms and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using wheelchairs, walking frames or maintaining social distancing which passing each other. Handrails were fitted on both sides of corridors and in toilets and showers.

A maintenance person was employed by the provider to ensure timely repairs to the centre fabric as necessary. The internal centre environment was well maintained and was visibly clean throughout. The provider had identified that high iron concentrations was causing some discolouration to the water supply to toilets and showers in the centre. This had improved since the last inspection in March 2020 and the provider ensured that fresh, clear drinking water was also available from a mains supply in a number of locations for residents.

Judgment: Compliant

Regulation 26: Risk management

An up-to-date risk management policy and risk register were in place and were appropriately maintained. The risk management policy identified the controls in place for risks specified by regulation 26(1)(c).

A process was in place for hazard identification, assessment and implementing controls for clinical risks relating to residents and environmental risks. All Risks identified were outlined and measures to control these risks were clear in the centre's risk register. This information was recorded and was subject to regular review.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

The premises was visibly clean throughout. Cleaning staff resources were increased as part of the COVID-19 outbreak preparedness plan and six cleaning staff worked over seven days each week. However, inspectors found that improvements were necessary to ensure that infection prevention and control in the centre reflected the National Standards and COVID-19 prevention and control guidance provided by the Health Protection and Surveillance Centre (HPSC) as follows;

- cleaning equipment and cleaning trolleys were dirty and there was no procedure in place to ensure this equipment was cleaned.

- residents' personal wheelchairs were dirty
- Assistive equipment such as hoists that were used to support a number of residents were not stored for use in a clean state and there was no procedure in place to ensure this equipment was cleaned after each use.
- commodes were rusted, especially around their wheel areas and therefore could not be effectively cleaned
- sluice room doors were not secured to prevent unauthorised access to these potentially hazardous areas. Bottles of solutions that were potentially hazardous if ingested by vulnerable persons were not securely stored in this room. Storage of inappropriate items of equipment and storage on the floor did not ensure that effective cleaning could be completed.
- drip trays were not fitted under bedpan and urinal storage units.
- appropriate cleaning procedures were not in place for seating covered with a fabric material in several communal areas and areas used by staff
- the centre's hair dressing salon was unlocked and was not cleaned after use the day previous to this inspection. Used towels were on a chair, hair was on the floor and bottles of solutions that were potentially hazardous if ingested by vulnerable persons were stored on open shelves in this room.
- There was no cleaning risk assessment for soft toys and flower arrangements were on display in a number of areas in the centre.
- while, a hand hygiene sink and one to two hand sanitizer units were available on each corridor, a risk assessment was necessary to ensure that sufficient hand sanitizer units were available to reduce the distance staff needed to travel to complete hand hygiene procedures.
- advisory signage regarding COVID-19 transmission precautions within the centre and for residents in precautionary isolation required improvement
- in the absence of appropriate storage units, disposable aprons were draped over handrails in a number of areas including outside the bedroom of a resident in precautionary isolation
- social distancing arrangements in the sitting and dining rooms required review to ensure residents were supported to maintain a distance of two meters in these communal areas
- some open-top waste storage bins were replaced with foot operated bins with lids since the last inspection, however, inappropriate open-top waste bins were observed to be still in use in several areas of the centre.

Although, the provider ensured supplies of recommended face masks were available to all staff, some staff were observed wearing cloth face coverings that were not recommended for use in a nursing home setting, the person in charge provided written assurances that this practice had ceased with immediate effect and all staff wore appropriate personal protective (PPE) equipment as described by HPSC guidance.

Residents and staff were screened frequently throughout the day for any signs or symptoms of COVID-19 infection and staff were aware that they must report any symptoms they may have without delay and not attend the centre if feeling unwell. Staff were observed to complete appropriate hand hygiene procedures.

Residents' personal clothing and bed linen were laundered in a laundry in the centre.

The layout of the centre's laundry facility was in line with best practice in infection prevention and control and included separate entrance and exit doors to prevent risk of cross infection. Residents' clothing and bed linen was appropriately segregated and washed as recommended to prevent and control any COVID-19 infection. Hand hygiene facilities were provided in this area.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had procedures and practices in place to protect residents and others from risk of fire in the centre. Fire fighting equipment was available throughout the building. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed with no gaps noted. The centre's fire alarm was sounded during simulated emergency evacuation drill practices. While simulated emergency evacuation drills were done frequently in the centre, this arrangement did not ensure that the fire alarm was sounded weekly to ensure it was operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment including emergency lighting by a suitably qualified external contractor. The centre's fire safety contractor also provided an on-call repair service. The smoking room for residents was equipped with appropriate fire prevention and fire extinguishing equipment.

Progressive horizontal evacuation arrangements were in place if necessary. Each resident's emergency evacuation and supervision needs were assessed and this information was readily accessible in the event of an emergency. Compartmentation to ensure a fire in the centre was effectively contained was in place. Some compartments had bedroom accommodation for up to 14 residents. Records of simulated emergency evacuation drills provided assurances of timely evacuation during day and night time conditions. Staff who spoke with the inspector were knowledgeable regarding procedures for evacuation of residents to a place of safety.

Arrangements were in place to ensure effective containment of smoke or fire and all bedroom doors were fitted with self closure units. All staff were facilitated to attend fire safety training and to participate in a simulated emergency evacuation drill. A floor plan of the premises that identified compartmentation was displayed close to the fire alarm panel.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission and a comprehensive assessment completed within 48hrs of their admission informed care plans to meet their needs. Residents' assessments and care plans were completed with consideration of residents' social histories and their individual preferences and wishes. Staff used a variety of accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, social care needs and their mobility support needs. Inspectors reviewed a sample of eight residents' care plans and found that residents were central to decisions made regarding their care. Their individual preferences and wishes were captured and described in their care plans to guide staff with meeting their needs. Residents were closely monitored for any deterioration in their health or wellbeing especially for signs of COVID-19 infection. Residents' care plans were reviewed on a four monthly basis or more often when required. Records of consultations regarding these review meetings with residents or their families on their behalf were maintained.

Judgment: Compliant

Regulation 6: Health care

Residents' GPs continued to visit them in the centre as necessary without any delays. Allied health professional visits into the centre were reduced during the current pandemic and were contacted remotely by staff as needed. They then made a decision whether instructions could be given remotely to staff or there was a need for them to attend the centre to review residents. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans to meet their needs. Residents' medical reviews were completed and they had received their annual influenza vaccine.

Residents had access to community psychiatry of older age and palliative care services. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff.

Residents were supported to attend out-patient appointments as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to implementing the national policy 'towards a restraint free environment', and overall use of restrictive practices in the centre was very low. There were no full-length restrictive bedrails in use in the centre at the time of this inspection. Three residents used lap belts that were

appropriately assessed by an occupational therapist. Risk assessments had been carried out for each resident prior to use of any restrictive equipment and was not used where the risk assessment indicated that use was not appropriate or safe.

A very small number of residents were predisposed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their physical or social or physical environment) due to their medical diagnosis. Inspectors found that these residents were well supported and each had a care plan in place that described any triggers to the behaviours and the most effective person-centred de-escalation strategies to support these residents through the behaviours. A small number of these residents with responsive behaviours were prescribed for PRN (medicine only taken as the need arises) anxiolytic medicine to support them when all other non-pharmacological de-escalation strategies failed. Assessment of need were completed prior to administration of these medicines and their effect was closely monitored. Detailed records maintained of episodes of responsive behaviours supported staff with identifying triggers and de-escalation strategies and also provided detailed information to inform treatment plans. Residents had access to Psychiatry of later life to provide additional support.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that measures were in place, including an up-to-date policy to protect residents from suffering harm or abuse. Staff who spoke with inspectors were knowledgeable regarding how abuse may present and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Inspectors observed from a review of the records maintained that all safeguarding issues involving residents were addressed in a timely and decisive manner.

All interactions observed by inspectors of staff with residents were respectful, courteous and kind and residents who spoke with the inspector confirmed that they felt safe and secure in the centre. All staff had completed up-to-date training in safeguarding of residents from abuse and were familiar with the signs of abuse and with reporting procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with regarding the organisation and running of the centre with regular resident meetings in each of the units in the centre. Residents were

well informed regarding changes in the organisation of the centre and the rationale for ongoing measures in place to keep them safe during COVID-19.

A member of staff had responsibility for facilitating residents' daily activities but all staff were involved ensuring residents had their social needs met. An activity schedule was prepared and displayed. The schedule was informed by the interests and activity preferences of each resident. Records of the activities each resident participated in were comprehensive and evidenced that each residents was supported to enjoy a number of meaningful activities every day to ensure each resident's interests and capabilities were catered for. A social assessment was completed for each resident and this gave an insight into their history, hobbies and preferences. Staff spent time with residents who stayed in their bedrooms to ensure they were not lonely as they had less contact with their families due to COVID-19.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were respected. Residents' rights to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks. Residents had access to an oratory in the centre. A mass was celebrated in the centre every two weeks for residents by a local priest and a daily mass was streamed remotely on the televisions in the sitting rooms. The Church of Ireland minister was available to visit residents in the centre as requested.

Staff respected residents' privacy and dignity by closing screen curtains around beds in twin bedrooms and closing all bedroom, toilet and shower doors during personal care procedures. Staff were observed knocking on bedroom and bathroom doors before entering. Privacy locks were fitted on bedroom and bathroom doors for residents' use as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|------------------------------------------------------|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0030604

Date of inspection: 17/11/2020

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Compliance with Regulation 16(1)(b) of the Care & Welfare Regulations is the statutory duty of the Person-in-Charge of our Centre.</p> <p>The Provider has taken appropriate steps to ensure the appointment of a competent Person-in-Charge for our Centre who is professionally qualified and who has been approved and registered by the Chief Inspector as the Person-in-Charge of our Centre. The Provider is satisfied that during the Inspection, the Inspectors assessed the Provider's procedures within the Centre to be fully compliant with Regulation 4 (Procedures) and Regulation 26 (Risk Management).</p> <p>The Provider has ensured that disposable surgical face masks are in ample supply in the Centre with masks provided by the HSE provided to all staff members.</p> <p>In an endeavour to assuage any concerns the Inspectors may have, the Provider attended to sending an email was sent to all staff members on the day following Inspection (18th of November 2020) requiring that surgical face mask be worn, accompanied by an image of such surgical face mask. Review of all staff members on an ongoing basis by the clinical nurse managers will take place to ensure adherence by all staff with the HPSC recommendation referred to by the Inspectors.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to assuage the concerns raised by the Inspectors, a daily checklist has been</p> | |

developed to be completed by cleaning staff and the staff nurse on each wing to highlight that a thorough and comprehensive cleaning schedule is being maintained and documented. This checklist is reviewed by the Programme Manager and Person-in-Charge weekly and any issues in the interim are noted directly to them by the nurse and the cleaning staff.

The frequency of general meetings with cleaning staff has been increased to monthly to highlight best practice guidelines.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

In order to assuage the Inspector's concerns, we confirm that:

Disposable surgical face masks supplied by the HSE are provided to all staff members as necessary.

Disposable aprons are placed in appropriate mounted storage units along the corridors in each wing.

3-4 hand sanitisers are available along each corridor for ease of access.

Advisory signage regarding best practice guidelines for COVID-19 continue to be reviewed and updated, and will continue to be displayed throughout the Centre.

All open-top bins are replaced by closed lid bins.

All hoists and cleaning trolleys are cleaned by the cleaning staff daily. Cleaning records continue to be maintained on a checklist that is reviewed by cleaning staff and the staff nurse on each wing. Any heavy duty equipment such as hoists, cleaning trolleys and commodes are additionally power-hosed outside the Centre by maintenance staff on a monthly basis, or as required.

Each resident requiring a sling for either a full hoist or a standing hoist now will continue to have his/her own sling in his/her own bedroom. These are cleaned weekly, or as required.

Any general use slings are stored in an appropriate location on each wing and cleaned weekly, or as required.

New commodes have been obtained to replace any older commodes and will continue to be cleaned in line with equipment cleaning procedures.

A steam cleaner has been obtained to clean any non-replaced cloth material (such as curtains) on a weekly basis. Such items will be tagged with the date of cleaning so as to be reviewed monthly and to maintain such a list.

The locks in all sluice rooms/the salon have been reviewed and fixed where necessary.

An audit tool has been developed to ensure the functionality of all equipment and door locks throughout the building, and is maintained weekly.

Any equipment that was not deemed suitable to be cleaned (such as cloth chairs) will continue to be replaced on an ongoing basis, appropriate.

Drip trays are in use in all sluice rooms.

In an effort to assuage further the concerns of the Inspectors, we again confirm that an

extra cleaner (6 cleaners per day) to clean general areas and any high-touch surface areas has been engaged since the start of the COVID-19 pandemic in March 2020, above and beyond what was originally agreed by the Chief Inspector through the process for putting in place the Statement of Purpose for our Centre.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire simulations are scheduled weekly on a Monday and maintained through a register in order to ensure it is operational at all times. This will ensure that, if a fault or an issue arises, that any maintenance that may be necessary can be completed in a timely manner through maintenance staff or the on-call repair service.

Liaising frequently with our fire drill trainer as necessary to ensure best practice guidelines are also maintained is also completed on an ongoing basis.

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 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 17/11/2020 |
| 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. | Substantially Compliant | Yellow | 17/11/2020 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Not Compliant | Orange | 17/11/2020 |

| | | | | |
|-------------------------|------------------------------------------------------------------------------------------|-------------------------|--------|------------|
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 17/11/2020 |
|-------------------------|------------------------------------------------------------------------------------------|-------------------------|--------|------------|