	Nursing Home Inspection Report Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.
Nursing Home	Elmhurst Convalescent Centre
Number of Residents	44
Registered for	49
Nursing Home Address	Hampstead Avenue Glasnevin Dublin 9
Proprietor	Michael & Denis Eustace
Proprietor's Address **(if different from above)**	As Above
Person-in-Charge of Nursing Home	Erwin Espinosa Bonifacio
Date and Time of Inspection(s)	23/10/07
Date report issued	15/11/07
Summary of previous report findings	Following the previous inspection from 19th June 2007, the nursing home has not addressed non-compliance under the following regulations. Article 18.1 & 19.1 (d)
	Current Inspection Summary Findings
Compliance status	**Findings of latest (unannounced) inspection which took place on 23/10/07** The inspectors findings based on the current nursing home inspectorate regulations are as follows:

Inspection Report

Findings

Nursing Home Inspection Report

Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Summary Findings of Current Nursing Home Inspection

- **Under Care & Staffing the nursing home was compliant with 23 out of 25 regulations.**
  On the basis of this inspection and under current nursing home regulations, there are issues that need to be addressed as outlined below in relation to the Care and Staffing.

- **Under Management the nursing home was compliant with 23 out of 23 regulations.**
  On the basis of this inspection and under current nursing home regulations, the inspection team would consider the nursing home to have a good standard of management.

- **Under Physical Environment the nursing home was compliant with 11 out of 11 regulations.**

  On the basis of this inspection and under current nursing home regulations, the inspection team would consider the nursing home provides a good Physical Environment for residents.

Non-Compliance (This section should be deleted if no non-compliances have been recorded)

Based on the most recent nursing home inspection the nursing home is non-compliant under one or more regulations. For more details see below.

Regulation number	18.1 (e) & (f)
Non-Compliance	1. The record of the number of residents currently in the home was not accurately recorded. • Resident **. was discharged to ** on 27/05/07. On discussion with a member of staff the ** was noted to be the Mater Private and this was a transfer not a discharge. The residents return date was noted to be 1/06/07. 2. The reason for the transfer/discharge to hospital was not recorded.
Required Action	1. The person in charge to ensure that all information recorded in the register is entered accurately. 2. Where a person is admitted to hospital the reason for the admission to hospital must be recorded. 3. The register is to be monitored on an ongoing

Compliance/Non Compliance

	basis for accuracy.
Timescale	Within one week of receipt of this report
Regulation number	19.1 (d)
Non-Compliance	Of the files reviewed it was noted that: A. Residents in the Nursing Home did not have their Activities of Living reassessed within the last 6 months as was outlined as a required action in the Inspection report of 19/06/07. B. The past medical history was not obtained or documented for all residents on their nursing record. C. The resident's assessment was not reflective of the care required. D. The care plans were not reflective of the nursing assessment. E. Residents did not have a reassessment when there was a change to their health status or on a re-admission to the nursing home. For example: 1. ** was assessed 22/10/07. ** informed the Designated Officer that *** had been diagnosed with cancer and due to this admission would need to delay the commencement of radiotherapy. • On review of the nursing documentation the past medical history was not documented on the nursing assessment sheet. • There was no trigger on the nursing documentation to ask the patient for the past medical history. • The PIC stated that the past medical history is documented on the transferring hospitals transfer notes. • There was no reference to ** recent diagnoses of cancer on the transfer notes. 2. Resident ** had an acute hospital stay for a surgical procedure which was not reflected on the nursing notes. On return from hospital this resident did not have: • A full reassessment of her Activities of Living. • The Care Plan was not updated or adjusted

to reflect the requirements outlined in the Nursing Transfer letter from the hospital.
- The daily narrative note did not accurately record the care received by this resident in hospital or on return to the Nursing Home.

3. ** assessment dated 23/04/07 stated that he required full assistance with washing and dressing and elimination. He did not have a care plan for these Activities of Living.

4. ** was assessed as "wheelchair dependent for 6 weeks requiring assistance with personal care" due to plaster of paris. He did not have a care plan for these aspects of care. There was no reference made to these aspects of care in the daily nursing notes.

Required Action	The Person In Charge to ensure that: 1. (a) All residents to have a comprehensive assessment on admission to the nursing home. (b) All assessments on admission to the nursing home should include a full past medical history to ensure an accurate plan of care can be formulated. 2. All residents have a comprehensive reassessment completed on a regular basis. (a) At a minimum six monthly. (b) More frequently if there is a change in the resident's health status. (c) Following readmission from another facility. (d) The criteria for reassessment to be incorporated into the Nursing Home Assessment/Reassessment Policy. 3. Care plans are based on nursing assessment and are reflective of the specific care needs of the resident.
Timescale	Within 1 month of receipt of this report.

All regulations, their reference numbers and the details of those regulations can be viewed in Nursing Homes (Care and Welfare) Regulations, 1993.

	Nursing Home Inspection Report Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.	
	Comments and Recommendations	
Comments and recommendations made by the inspection team as a result of the inspection	The Person In charge is to ensure that a system is put in place to ensure that only medications currently in use are stored on the drug trolley. The Designated Officers acknowledge that the Nursing Home is currently undertaking some refurbishment. It is also acknowledged that clear access of corridors is of utmost importance. The Person In Charge should locate alternative short term storage other that the sluice room area for clean items such as the incontinence pads and the 0xygen concentrator.	Recommendations
This report has been completed/issued by	Noel Mulvihill, LHO Manager	Author