

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glencarrig Nursing Home
Centre ID:	OSV-0000043
Centre address:	Glencarrig Court, Firhouse Road, Dublin 24.
Telephone number:	01 451 2620
Email address:	info@glencarrignursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nucare Co Limited
Provider Nominee:	Siobhan Lauanders
Lead inspector:	Helen Lindsey
Support inspector(s):	Linda Moore
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	1

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.

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.

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:
11 September 2014 10:00	11 September 2014 18:00
12 September 2014 08:00	12 September 2014 13:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The inspectors found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland to a good standard and improvements had been made since the previous monitoring inspection in February 2014.

The provider is NuCare Co. Ltd. There is a management team in place which is headed by Ann Joan and Terrence Launders. Siobhan Launders has recently taken over as the provider nominee, and has been working in the centre full time for three years. The person in charge is Jaimol George, and she is supported in her role by a

deputy person in charge Jolly Joseph.

Inspectors observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives.

Inspectors found that the management team in the centre were very organised and ensured there were effective systems in place to safeguard residents and ensure they received person centred care from staff who were well trained, and knew their needs well. Activities were provided though the day and evening, and covered a wide range of interests. Meals were seen to be a positive social event, and the quality of meals received high praise. The health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, and to a range of other health services in line with their assessed needs.

Areas for improvement focused on the environment. There were three triple rooms, and some limits on the space for dining and storing equipment and in the laundry and sluice. The provider gave the inspectors detailed information about the plans to renovate the centre, and the work was due to be complete by the end of June 2015. All rooms in the centre would be either single or double going forward.

This areas for improvement is discussed further in the report and is included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place that met the requirements of the regulations.

Inspectors read the document and it was seen to set out the services and facilities provided, and the aims objectives and ethos of the service. It also included all of the information required by schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For example the aims and objectives of the designated centre, the specific care needs they intend to meet, and how the facilities and services will be provided to meet those care needs.

The document was kept under review and had recently been updated to fully reflect the provider nominees position in the organisation. Inspectors observed that the information reflected the service that was provided in the centre.

Judgment:

Compliant

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:

There was a clearly defined management structure that identified the lines of accountability.

The designated centre had been a family run business for over 18 years. Siobhan Launder had recently taken over the position of provider nominee but had been working with the providers, her parents, for several years, the last 3 had been full time.

The person in charge had been in position at the centre for the past 8 years, and they were supported by an assistant nurse in charge. They covered the working week between them.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. There were monthly management meetings, and minutes seen by inspectors showed that they covered issues such as staffing levels, staff training, and the plans for developing the premises.

There were also informal arrangements in place for discussing any issues, as the proprietors, provider nominee and the person in charge all shared an office space, and also spoke very regularly and problem solved issues as they arose.

Regular reviews of the risk register took place, and the provider and person in charge were both familiar with the issues documented in the register and the steps that had been put in place to reduce or manage those risks. For example, analysis showed an issue around a resident falling on a regular basis, and some aids were identified and put in to use to reduce the risk, which supported the resident to significantly reduce the number of falls they had.

There were also regular audits undertaken of areas such as medication, and health and safety. The audits supported the management team to ensure the service was being run in line with the operational policies, and was meeting the needs of the residents.

There were residents meetings that took place on a monthly basis. They discussed a range of topics, and the approach encouraged residents to tell the management team things that they wanted to see happen in the centre. For example, asking what people wanted to do for specific events such as St Patrick's Day. Relatives were also able to join this meeting.

The provider had also introduced a questionnaire to check with residents that they were satisfied with the quality of the service being provided. They were reviewing the document to ensure the next time they complete it, that it was easy for residents to complete.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was information available to each resident in the form of a resident guide, and all residents had a contract which included the service to be provided, and the fee's to be charged.

The guide for the centre covered a summary of the services and facilities provided, how they manage complaints and visiting the centre, both as a prospective resident and also for family of residents who live there. It was available to the residents in the centre.

Inspectors read a sample of contracts and saw they had been agreed and signed on admission to the service. The contract set out the services to be provided, and the fee's to be charged for that service.

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:

The centre was managed by a suitable qualified and experienced person with authority and accountability for the provision of the service.

The person in charge worked full time, and was supported by an assistant and the rest of the nursing team. This provided nursing cover at all times in the centre.

She had maintained her professional development attending a range of courses including Fetac level 6 supervisory management, range of courses on nutrition and

hydration, dementia training including activity provision. She had previously completed a course on gerontology. She spoke to the inspector about her experience of providing nursing in a range of settings. Her experience included over three years experience in the area of nursing of the older person, and she had been the person in charge at the centre for nearly 8 years.

The inspectors spoke with the person in charge at length during the inspection. She showed a detailed knowledge of the legislation she was required to work under, the policies and procedures that needed to be followed in the centre, and also had very detailed knowledge of the needs of each of the residents. For all questions asked she provided a comprehensive answer, and could find all documentation requested quickly.

She was involved in the governance, operational management and administration of the centre. This included attending monthly provider meetings, as discussed in outcome 2, and leading regular staff meetings. She also undertook audits of the practice in the centre.

The residents spoken with were all familiar with who the person in charge was, and provided positive feedback on her approach.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records. The records reviewed were found to be complete and well organised which supported ease of access to information.

Written operational policies were in place to inform practice and to guide staff. They had all been developed by the management team and provided very clear and detailed guidance to the staff on all aspects of health and social care. They had review dates on them, and the provider was able to show recent reviews and updates that had taken

place.

Staff were seen to be putting the policies in to practice during the inspection, and knew where to access the guidance if they needed to access it.

All records and documentation were stored securely in the centre, the filing system was very organised and documents were easy to retrieve. Inspectors reviewed a range of documentation including medication records, care plans, and records of any incidents. All were found to be clear and up to date.

There was a policy on the creation, storage and destruction of records in the centre, which clearly set out the timeframes for the disposal of records. It also covered who could access documentation, and this included the resident in relation to their personal records.

Insurance was in place that was in line with the requirement of the regulations. It included insurance against injury to residents.

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 designated 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 person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector, but they were aware of the need to do so if they were to be absent from post for 28 days or more.

The provider had appropriate contingency plans in place to manage any such absence.

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:

Inspectors found that measures were in place to protect residents and to respond to allegations of abuse.

There were policies in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. The document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for. Staff spoken with said they had received training, and records confirmed this. All staff knew what action to take if they witnessed, suspected or had abuse disclosed to them.

At the time of the inspection no allegations had been made, however the person in charge and the provider nominee were knowledgeable about the action they would need to take.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were very caring and supportive.

There were also policies in place about managing behaviour that challenges, whistleblowing and restraint. All of the policies gave clear instruction to guide staff practice.

A small number of residents were using bed rails, and these were recorded in the restraint register. Risk assessments had been completed, and regular checks were in place when the bed rails were in position.

Judgment:

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):

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

Findings:

Procedures were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk.

There was a comprehensive health and safety statement for the centre which was updated in August 2014 and it related to the health and safety of residents, staff and visitors.

The emergency plan held a lot of detail for the staff should an emergency occur. It covered who would be in charge, the procedure to follow, and the collection of the emergency kit. It detailed the different emergencies that could occur such as fire, flood and power outage.

There was a very detailed risk management policy in place. It had been updated since the previous inspection and now included all the elements set out in the regulation, for example hazard identification and assessment of risk, and the measures in place to control unexplained absence of residents and accidental injury.

There was a detailed risk register in place, which was the tool used for monitoring and responding to any risks identified. It included risks such as pedestrian collisions with vehicles, unauthorised access to the building, poor moving and handling practice, and floors being slippery when wet. There were measures in place to mitigate all of these risks. The document was seen to record potential hazards, current controls, risk level, and additional controls.

There were also individual risk assessments in place for residents where required which set out any areas of risk that may present for them, for example risk of falls, managing continence and use of bed rails.

Inspectors read the procedures that were in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents which provided clear guidance for staff. Evidence was seen of changes to practice following reviews of incidents and accidents. The review of these had recently been changed to quarterly to ensure any trends could be identified and acted on quickly.

Measures were seen to be in place through the centre to reduce risk, such as hand rails, ramps and signs to keep corridors clear. There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

Inspectors identified that there were measures in place to control and prevent infection. There were hand sanitizers, aprons and gloves available through the centre, and staff were seen to be using them. Staff had received training in infection control and were knowledgeable about the way they needed to work, including the cleaning staff. Audits were carried out to ensure compliance with local policies.

Inspectors observed the premises and reviewed records finding that satisfactory fire precautions were in place. Drills were carried out at regular intervals, and all equipment was serviced annually. All fire exits were clear of obstructions. The check of the exits

was completed as part of the daily hand over between the day and night shift. The fire alarm was now being serviced quarterly following the action made in the last inspection report. Fire procedures were prominently displayed throughout the centre. Inspectors read the training records which confirmed that all staff had attended training within the last year. All staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

One resident smoked, and they were seen to follow the guidelines put in place to ensure their safety. Fire blankets and extinguishers were placed in the area where the resident smoked.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident was protected by the designated centre's written policies and procedures for medication management.

A comprehensive policy was in place which guided practice. It included storage, safe administration (including controlled drugs), disposal and reporting of errors.

The inspectors observed the process of administering medication, and nurses spoken to demonstrated good knowledge of the procedures and practices in the centre for the administration and management of medication. The storage arrangements were seen to be robust, and in line with best practice, including for controlled drugs. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift, one from the shift going off, and one from the shift coming on. Recording of the medication prescription and the medication record were complete, and also followed best practice, for example setting out how medication was to be administered and the maximum dose of medication in a 24hr period. Records showed that the general practitioner was involved in regular reviews of medication, discontinuing or changing doses as required.

At the time of the inspection no residents were self administering their medication. There was a policy and procedure in place for this should people wish to manage their own medication, and there were locked drawers in each room for safe storage.

One pharmacy supplied the medication to the centre, and were able to provide advice to staff and residents as required.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge and the registered provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Inspectors reviewed the records in the centre and they showed that all incidents and accidents had been notified to the Authority in line with the regulations.

A quarterly report had been provided to notify of incidents that did not involve an injury to residents. This was submitted on time.

Judgment:

Compliant

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:

Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that set out their needs and interests.

There was a policy in place that set out how residents' needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. The policy was seen to be put into practice, and there were pre-admission assessments in place for residents. A full care plan was developed on admission, and this was added to as the staff got to know the resident better.

Inspectors reviewed a sample of residents' files and noted that all areas of identified need were set out in a clear nursing plan. The detail provided was individual and would guide staff in how to provide care and support to the resident in their preferred way. There was evidence that they were being updated every 3 or 4 months, or as needs changed. A range of evidence based tools were seen to be in use, to support nursing staff in identifying any changes in areas such as nutrition and hydration and continence assessments.

A review of the documents showed residents had been involved where possible, and meetings were held with family members to confirm the detail of the care to be provided.

Residents had timely access to general practitioner (GP) services. Evidence was seen of referrals being made to other healthcare professionals as required, for example dietician, speech and language therapy and occupational therapy. Chiropody, dental and optical services were also available to residents in the centre.

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and the care plan was reviewed, and updated. For all unwitnessed falls the nurses commenced neurological observations to check for any change in their presentation. An incident report was completed in each incident of a fall and was reviewed quarterly to identify any patterns, or actions needed to reduce the risks identified.

There was a clear policy in place around wound care. Residents were assessed for risk of pressure areas, and care plans were developed where risk was identified. Pressure mattress and cushions were in place for those who had an identified risk in this area. No residents had wounds at the time of the inspection. Staff spoken with were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was well maintained internally and externally. It was kept clean and was suitably decorated. However, storage remained an issue as did the size of the laundry and sluice. There were three multi occupancy rooms that will not meet the requirements of the Authorities standards by 2015.

There were 14 bedrooms, two of which were en-suite. There were five single rooms, four double rooms and three triple rooms. All rooms had a wash hand basin, storage for clothing and belongings, and each bed had a call bell system within reach.

Some residents showed their rooms to inspectors, and they were seen to be personal in nature, with their own belongings and photographs to make a homely environment, as they preferred. They were happy with the standard of cleanliness and the quality of furnishings in their rooms.

There triple rooms were seen to be limited in size, and comments had been received about how noisy it could be sharing rooms with two other people. There was screening available in shared rooms to promote privacy and dignity, and inspectors observed that this was used regularly.

Inspectors observed that the centre provided a homely environment, that had different areas that residents could sit if they wished. This included a decked area to the back of the centre that overlooked well maintained gardens.

There was a good standard of cleanliness and hygiene was maintained in the centre. Cleaning staff were seen to be respectful about entering residents bedrooms, and were seen to be engaging in pleasant conversations with the residents. Inspectors spoke to cleaners about infection control, and they confirmed they had received training on how to perform their duties and meet the necessary standards of infection control. There was a sluice available in the centre, and a laundry, that met the needs of the residents but were small areas for the tasks that needed to be completed in them.

The layout of the centre was seen to promote residents dignity and independence of movement in the service, with handrails and ramps to provide a level floor area. Bathrooms and toilets also had grab rails and shower seats for those who needed them. On the day of the inspection the centre was found to be of a comfortable temperature, with adequate lighting and ventilation.

No separate kitchen area was available for residents to prepare their own food and drinks, but residents confirmed to inspectors they had access to food and drink as they needed.

There were aids and adaptations available in the centre to meet the needs of the

residents. Some people had wheelchairs, comfortable seating and walking aids that they had been assessed for. Hoists were available in the centre where people had been assessed as needing that support with their mobility. Storage continued to be an issue for the centre, and equipment hoists was seen to be stored where there was space. Service records were seen for all equipment provided in the centre, which were repeated at least annually.

The provider talked to inspectors about plans to renovate the centre in order to become compliant with this regulation. The plans were to extend the bedroom wing and remove the triple rooms, replacing them with single and double rooms. There were also plans to extend the dining and seating areas, and create some new rooms, some for office space others for activities or storage. The windows were to be replaced, and other upgrading work in the current bedrooms and bathrooms. The provider was hopeful the work would commence in January and be complete by the end of June 2015.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

There was a detailed policy that set out the procedure within the centre for making a complaint. This included attempting to find local resolution by speaking to the nurse on duty where possible. There was an arrangement to speak to someone independent to the centre if they remained unsatisfied with the outcome of the complaint. It also stated that there would be no adverse impact on anyone making a complaint.

The procedure was displayed prominently in the centre, and residents were clear who they would speak to if they were not happy about something. Staff were also clear about their role if a resident or relative made a complaint directly to them.

Inspectors reviewed the complaints log that was used to record complaints from residents and relatives and found that there were adequate records maintained of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied. This included any verbal feedback that was received about the service provided. There was a small number of complaints recorded, and issues it

was possible to see areas such as food preferences had been responded to.

Reviewing complaints was part of the regular audit practice within the centre, completed by the person in charge and the provider nominee.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident.

The policy on end of life provided helpful guidance to staff. It covered care of the dying, and care to be given following death. The policy promoted the view that end of life care covers a period of time that includes adapting to changes and health needs over a period of time, and not just the care in the end phase of life. It advocated preparing by expressing wishes and preferences for care and treatment, and also wishes around funeral arrangements.

Inspectors saw an end of life plan in the care plan for each residents, and conversations were being held during family meetings to identify what individuals wishes were about the care and treatment they wanted to receive. It was clear from the records that this was being completed over time, and when residents felt comfortable to have that conversation.

There was recorded evidence of resident and family involvement in the assessments and care plan reviews. All decisions concerning future healthcare interventions and resident's preferences with regard to transfer to hospital were clearly documented. Any wishes around resuscitation were also recorded, and signed by the general practitioner where appropriate.

At the time of the inspection no residents were receiving end of life care. The care records of a resident who had recently deceased were reviewed and showed practice had been in line with the policy. The record showed the residents individual wishes had been recorded, and facilitated.

The person in charge reported that palliative care services were available to residents, and that they had been very supportive when used in the past.

It was also explained that relatives were welcome to stay with their resident, and there was a relatives room they were able to use. Kitchen staff confirmed drinks and snacks would be offered to them.

Residents' cultural and religious needs were supported. Mass took place in the centre every week for Roman Catholic residents and there was rosary every evening for those who wanted to take part. Following the death of the resident there was a remembrance mass which the family were invited to attend. Remembrance notices were viewed in the entrance of the hall, and staff and residents spoke to inspectors of those that had passed.

The provider had a bereavement booklet which was distributed to families following the death of a loved one that provided useful information including details of how to register a death and details of professional support services available.

The policy set out that possessions would be returned to relatives at a time that suited them, and would be handed over in a bag purchased especially for that purpose.

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:

Residents were provided with food and drink in sufficient quantities to meet their needs.

There was a nutrition policy in place that covered the importance of nutrition and hydration. It also covered key topics such as dysphagia, the importance of regular nutritional screening, different diets such as diabetes, and nutrition at end of life.

Inspectors found that there were systems in place to monitor that residents were receiving good nutrition and hydration. For example, weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular

basis. An example was given of a resident who did have a high risk of malnutrition and all the actions that had been put in to place to reduce that, for example identifying their likes and dislikes, completing a food diary to see what their actual intake was, and following the advice from the dietician. Their assessment showed their risk of malnutrition had reduced and they were managing a good intake of food and fluids.

Records also showed that some residents had been referred for and received a recent dietetic and SALT speech and language review and that the recommendations were being put in to practice, for example providing people with altered texture of food and drink. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors observed breakfast and lunch being served, and found that the dining experience was a pleasant one. It was not rushed and was seen to be a social occasion.

Tables were laid out with cutlery, napkins, and condiments, and those taking their meals on trays also had the same.

Residents were seen to enjoy choice of meal at each sitting. There was also a range of drinks available with their meal, including tea, water, and juices. Some residents ate in different parts of the centre, including the lounge and their rooms. Residents commented that they were able to receive meals and snacks of their choice, and if they didn't like what was on offer they were always offered a range of other options.

Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. Staff were seen assisting residents discreetly and respectfully as required. A range of equipment was available to support people to remain as independent as possible, for example ergonomic cutlery.

Inspectors noted that all meals were well presented and residents all gave very positive feedback about the meals, and the choice offered.

Inspectors saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available at all times. Cakes were prepared by the chef for residents and staff birthdays, and these were very popular.

There were no facilities for residents to prepare their own meals, but everyone spoken to felt if they wanted something they would just ask.

Inspectors met with the chef who was knowledgeable about the assessed needs of the residents, and their likes and dislikes. There was a list of the residents who required a modified diet, or for their food to be fortified with butter and cream. Residents were seen to get the meals they are assessed for.

A 4 week menu was being followed and this had been seen by the dietician in the past. The kitchen was well maintained, and storage was sufficient for the needs of the centre.

Inspectors read reports from the authority responsible for food safety. Any actions noted in the reports were seen to have been acted on and resolved by the provider.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

Inspectors observed staff interacting with residents in a positive way, and residents clearly had good relationships with the staff, including the ancillary staff. There was an open visiting policy and contact with family members was encouraged. During the inspection a lot of relatives were seen visiting their relative's and either sitting with them in the main areas of the centre, or using the garden, resident's rooms or the relative's room.

Residents communication needs were identified, and staff were seen to be working closely with residents who had limited verbal communication to ensure their needs were met and they remained comfortable.

There was a residents meeting held monthly. The minutes showed that residents were consulted about what activities to arrange in the centre, and how to celebrate some of the public holiday's. A BBQ had been held during the summer, and relatives fed back to the management team what a good event it had been.

The provider had recently conducted a satisfaction survey. They planned to review it before using it again to ensure the questions were clear and would give them the information they were trying to gather.

Residents said they had opportunities to discuss issues as they arose with the proprietors, provider, person in charge or any staff members, and felt they would be listened to.

There were a range of activities available in the centre, but residents confirmed they were able to choose how to spend their time, sometimes joining the activities, but spending times in other parts of the centre if they did not wish to join. There was a dedicated activity co-ordinator who did an assessment with each resident to identify

what they would be interested in, and they tried to include those activities where possible. This was reviewed 3 monthly to see if residents were enjoying the activities provided and if any changes to the planned programme were needed. During the inspection residents were seen to be engaging in cross words, exercise to music, choosing books from the mobile library, meeting the therapy dog, pampering and nail care, and a musician was due to perform. Other activities such as cooking and a knitting club were also available.

Residents were also supported by a range of volunteers, some of whom were from a befriending service.

Inspectors noted that residents could have TVs and radio's in their rooms, and there was access to daily papers.

Voting had been facilitated in the centre during the last election, and this arrangement would be repeated for the next elections planned.

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:

Inspectors found that adequate provision had been made for the management of residents personal possessions.

There was a policy in place called 'management of residents personal property and possessions' which set out the importance of listing the residents belongings on admission, and also the arrangements for storing of valuables.

Inspectors noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, with lockable drawer. At the time of the inspection no valuables were being held for residents, but there was a safe available if needed.

Residents had personalised their rooms with pictures and ornaments. The list of resident's possessions recorded any furniture, clothing and other belongings were brought in to the centre.

The laundry had equipment needed to meet the needs of the residents, for example washing machines with high temperature settings. The staff were responsible for doing washing and those spoken to about laundry were knowledgeable about infection control arrangements.

Judgment:

Compliant

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 observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff well as most had been in the service for some time.

Staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs. There was a nurse on duty at all times. The nursing staff undertook all of the medication and nursing care responsibilities.

The staff rota matched the staffing in place at the time of the inspection.

All staff had completed mandatory training (fire, manual handling, adult protections). There were also other training opportunities that reflected the needs of the residents in the centre. This included food and nutrition, end of life care and dementia awareness. The policy on selection and vetting of staff was seen to be put in to practice. Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre.

All documentation was also in place for volunteers that supported the centre, including

photo identification and a Garda vetting checks.

Annual appraisal were being completed on an annual basis. They included a self appraisal where the staff member could identify where they were doing well, and any areas they thought they needed to improve, or required training. The information from the appraisals supported the development of the training plan.

Minutes were seen of staff meetings, covering issues such as training and the regulations and standards. Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them.

As the service was small staff and management were seen to work closely. Management were in the centre through the day and evening and so supervision of staff practice was undertaken daily. They reported that any issues that may arise were dealt with quickly.

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:

Helen Lindsey
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 report¹

Centre name:	Glencarrig Nursing Home
Centre ID:	OSV-0000043
Date of inspection:	11/09/2014
Date of response:	16/10/2014

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 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was a lack of suitable space for storage of equipment, limited communal and private space and limited space in the laundry and sluice room. In addition there were three three-bedded rooms which will not meet the requirements of the Regulations or the Authority's Standards and some of the other bedrooms were of insufficient size.

Action Required:

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

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Glencarrig Nursing Home has been operating as a nursing home for over 27 years. It is a non-purpose built premises. To bring it into full compliance with all the requirements of Regulation 19(3)(a) is a difficult challenge. As we committed to in our last response on this subject we have been working tirelessly with our architect to come up with a cost-effective design which will satisfy all the required criteria. We lodged our plans for improvements and extension to the nursing home to the Planning Department of South Dublin County Council in December 2013 and received planning permission in February 2014, followed by Fire Certification & DAC. Since then we have engaged with a full team of professionals & consultants including Architect, QS, PDSP, Structural Engineer and Services Engineer and are working through all of the necessary stages such as various site investigations and building surveys, cost estimation and analysis and phasing plans (to reduce the impact on our residents) and are hoping to finalise the tendering stage as soon as possible. It is hoped that actual building work will commence in January 2015 and will be completed by June 2015.

Proposed Timescale: 30/06/2015