<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Gallen Priory Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000037</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Main Street, Ferbane, Offaly.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 645 4742</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@gallenpriory.com">info@gallenpriory.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Gallen Priory Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>James McCrystal</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Els Van Velde</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</td>
</tr>
</tbody>
</table>
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.
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 2009 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 May 2014 10:30
To: 28 May 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This follow up inspection was carried out as it was necessary to verify that action had been taken in response to deficits identified at the previous inspection. Information of concern had also been received relating to the clinical arrangements in place for an individual resident. In addition the provider had indicated that there was a change of person in charge. These issues were reviewed in addition to the actions identified at the previous inspection.

The inspector found that the provider had taken action to address the majority of areas for improvement identified at the previous inspection which took place on 4 March 2014. There was evidence of ongoing improvements being made aimed at securing increased compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Improved practice was noted in relation to the provision of meaningful activities and the systems in place for consultation with residents. The action in relation to complaints management had also been addressed. The healthcare needs of residents appeared to be met and improved management of restraint was noted since the previous inspection.
While the arrangements for the person in charge met with requirements, there were concerns that the newly appointed person in charge was not full time and had to cover some nursing shifts. Due to a lack of full time nurses, to provide cover, a satisfactory planned staff roster was not in place.

While the provider had taken steps to address the risk management issues identified at the previous inspection, the inspector found that improvements in fire safety were required at this inspection.

These matters are discussed further in the report and in the Action Plan at the end of the 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 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found that while the arrangements for person in charge met with requirements in all respects the role of person in charge was not supernumery to the roster at all times.

Els Van Velde commenced in the role of person in charge on 19 May 2014. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. A fit-person interview was held with her during the previous inspection in relation to her role as a key senior manager in the centre. During that interview she demonstrated very strong clinical knowledge as well as knowledge of the Regulations and Standards.

The newly appointed person in charge continued to demonstrate fitness, in line with requirements of the Regulations, as part of this inspection. She demonstrated a thorough understanding of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the service for residents. She had good knowledge of each of the residents’ individual clinical and social care needs and she had systems in place to monitor and respond to any changes in the residents’ conditions.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as nutrition, medication management and end of life. She stated that she was planning to enrol in a gerontology course in the near future.

However, the inspector was concerned, that due to shortage of staff nurses, the person in charge was required to work on the floor on two days since commencing in the role. The inspector found that this was not a sustainable arrangement and did not provide for consistent supervision of care in line with the requirement for a full time person in charge to be in place.
The person in charge was supported in her role by the clinical nurse manager who deputised in the absence of the person in charge.

**Judgement:**
Non Compliant - Moderate

### Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Appropriate action had been taken to address this matter.

The action from the previous inspection related to the provision of appropriate insurance cover. The inspector found that documentary evidence was in place which showed that insurance cover was in place for the centre. The documentation indicated that the policy expiry date was 31 December 2014.

**Judgement:**
Compliant

### Outcome 07: 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:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the provider had taken steps to address the failings from the previous inspection. However, improvements in fire safety were identified.
The risk management policy had been revised and updated since the previous inspection and addressed the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. The inspector found that steps were being taken to implement the risk management policy. For example the inspector read minutes of various risk management meetings which had been held since the previous inspection. The minutes indicated that relevant issues were being taken to review and manage issues of risk within the centre. Staff members were aware of their obligation to report any areas of risk to management and there was reporting system in place to facilitate this.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form detailed the remedial actions taken. All accidents and incidents were reviewed by the person in charge and discussed with the other staff at hand over meetings at each shift.

The inspector was not satisfied that appropriate fire safety training was in place for the staff. The inspector spoke to a number of staff members who were unaware of the centres emergency procedures in the event of a fire emergency. The inspector reviewed the fire safety training records and found that approximately one third of staff members did not have up-to-date fire safety training. The inspector was also concerned that no recent fire evacuation drill had taken place and there was no system in place to ensure that regular drills were carried out. The person in charge undertook to address this matter and stated that fire safety training was scheduled to take place in the near future.

Judgement:
Non Compliant - Moderate

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

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

Findings:
The provider had taken steps to address this action since the previous inspection however further improvement was required.

The newly appointed person in charge had carried out a number of recent audits in relevant areas such as falls and pain management. There was evidence that steps were taken to improve practice further to carrying out these audits. There was a schedule of audits in place for 2014 which covered all areas in the centre. Audit templates had been
produced for use in the centre.

In response to previous inspection findings, a survey had been carried out with regard to residents’ satisfaction with the activity programme. This information was used to improve the service offered to residents. As highlighted, under outcome 11, improved practice was noted in relation to activities and social engagement for residents.

The person in charge also had systems in place to gather and monitor clinical data in the centre. There was a system of weekly and monthly monitoring templates in place which required the monitoring of clinical data relating to areas such as incidence of pressure sores and accidents and incidents.

Judgement:
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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:**
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions from the previous inspection, which related to restraint and the provision of meaningful social engagement, had been addressed.

Residents had good access to the general practitioner (GP) and an out of hours service was available. Residents also had good access to a range of allied health professionals such as the dietician, speech and language therapist (SALT), physiotherapist and optician. A range of clinical assessments were carried out on a regular basis and this information was used to devise care plans which were up to date.

The inspector found that there had been improved practice in relation to the management of restraint. There had been a significant reduction in the use of bedrails since the previous inspection, down from 36 to 25 residents. Alternatives to restraint were being trialled such as low beds and crash mats. The person in charge was in the process of updating the documentation in relation to the use of restraint. The inspector reviewed the restraint documentation for a sample of residents and found that a risk assessments and consultation was carried out prior to the decision to use restraint.
Lap belts were in use at the time of this inspection.

The activities programme had been markedly improved since the previous inspection. Since the previous inspection, two staff members had been assigned to develop and lead the social activities programme which was implemented seven days each week. Residents social care assessments and documentation had been updated and residents had opportunities to participate in meaningful activities based on their interests and capabilities. Residents said that they were very pleased with the new arrangements and were particularly complementary about the fashion show which had taken place the day prior to inspection. A number of activities and events were being planned for the summer months. Arrangements, such as one on one activities were in place for residents who had a degree of cognitive impairment. There was documentary evidence that the activities coordinator was booked on relevant course aimed at developing a social programme for residents with dementia.

Judgement:
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

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

Findings:
There continued to be no secure outdoor space for residents. The inspector was informed by the person in charge that these works were being carried out in accordance with the timeframe agreed with the provider further to the previous inspection.

Judgement:
Compliant

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

Findings:
This action had been addressed since the previous inspection. Practice in relation to complaints management was now satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and other staff demonstrated a positive attitude towards complaints.

The inspector reviewed the details of a recent complaint which related to the management of residents medication. The inspector found that the newly appointed person in charge had maintained appropriate records and had initiated an investigation into the matter. In response to this incident the person in charge had implemented improved systems to prevent reoccurrence.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

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

Findings:
Improved practice was noted in this area since the previous inspection and there was evidence that residents were now consulted about the operation of the centre.

As highlighted under outcome 10, residents’ feedback with regard to activities had been sought and was acted upon. The inspector also noted that a residents’ meeting was scheduled to take place on the day after inspection. A notice was displayed with agenda items notifying residents of the upcoming meeting.

Judgement:
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.

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Workforce</th>
</tr>
</thead>
</table>

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

No actions were required from the previous inspection.

### Findings:

Improvements were required to ensure that the required skill mix was maintained. A satisfactory planned staff roster was not in place.

Due to a high staff turnover, there was a reduction of 2.5 whole time equivalent (WTE) nurses since the previous inspection. As a result the person in charge was not supernumery on at least two days since taking up position. This matter is also highlighted under outcome 3. The inspector was also concerned that a planned roster was not in place for the week following this inspection. It was also noted that a number of the nurses who were scheduled on the roster were part time and in some cases only worked one day each week. The inspector was concerned that this could potentially impact negatively on the residents due to a lack of continuity. The person in charge stated that interviews were planned in order to address this matter.

On the day of inspection there were sufficient numbers of staff and the skill mix of staff was appropriate to meet the needs of the resident. A review of staff rosters indicated that appropriate staff ratios had been maintained since the previous inspection.

### Judgement:

Non Compliant - Moderate
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Gallen Priory Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000037</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/07/2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The role of person in charge was required to cover some nursing shifts and therefore was not full-time.

Action Required:
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

Please state the actions you have taken or are planning to take:
The new person in charge has the required criteria and was the Deputy PIC for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
home for 9 months.
We have since started a new CNM and Staff Nurse, and are expecting 3 overseas nurses in the coming months, so the person in charge will be full-time and supernumery going forward.

**Proposed Timescale:** 04/07/2014

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A significant number of staff did not have up to date training in fire safety. Some staff members did not know the appropriate steps to take in the event of a fire emergency.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All new staff members have fire safety training completed</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 04/07/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Safe Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Regular fire drills were not carried out in accordance with requirements.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Since the last visit a fire drill has been carried out and logged appropriately.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 04/07/2014</td>
</tr>
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</table>
Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A satisfactory staff rota was not in place.

Action Required:
Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
The person in charge now does the rota on a weekly basis, the rota for the following week is completed on a Tuesday.
The person in charge also has an on call rota displayed so staff are aware who is on call for any problems or emergencies within the Home, the person in charge and the two CNM's are on the on call roster.

Proposed Timescale: 04/07/2014