

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenaulin Nursing Home
Centre ID:	OSV-0000041
Centre address:	Lucan Road, Chapelizod, Dublin 20.
Telephone number:	01 626 4677
Email address:	info@glenaulin.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Glenaulin Nursing Home Limited
Provider Nominee:	Veronica McCormack
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	82
Number of vacancies on the date of inspection:	2

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:
23 September 2014 09:30	23 September 2014 18:30
24 September 2014 08:00	24 September 2014 16:00

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

Outcome 01: Statement of Purpose
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
Outcome 02: Governance and Management

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures.

At this inspection the inspector found the centre was suitably managed, with systems in place to ensure effective governance of the centre. The inspector was satisfied with the ongoing the fitness of the person acting on behalf of the registered provider (the provider) and the person in charge.

Overall, the inspector identified a high level of compliance with the Regulations. The

staff were familiar with the residents and their health care needs. The residents were treated in a respectful, dignified manner and were regularly consulted with in the running of the centre. There was a range of activities and opportunities for residents to enjoy social event. There was a timely and effective response to residents' health care needs with good access to general practitioner services and a range of allied health professionals.

The provider had a proactive approach to the management of complaints and residents were very clear who they would report any concerns or worries to. There were adequate staffing levels and skill mix to meet the assessed needs of residents. There was a robust staff recruitment process in place.

However, some improvements were identified in relation to the management of risk, aspects of care planning and the management of falls

The inspector assessed compliance with the required actions from the previous inspection of October 2013. Of the six required actions, five were completed, and, one had not been fully addressed. These matters related to care planning.

These and all other matters are outlined in the report and 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 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:
The inspector was satisfied a written statement of purpose was developed for the centre that met the requirements of Regulation 3 and Schedule 1 of the Regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

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:

The inspector was satisfied that a guide to the centre was available to residents and a contract of care agreed with each resident on their admission to the centre.

There was evidence a written contract of care was agreed with residents on their admission to the centre. A sample of contracts were reviewed and they set out the services to be provided and the fees to be charged. A list of services that incurred an additional fee were also included in the contract.

The residents guide to the centre was reviewed and met the requirements of the Regulations.

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 inspector was satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

The person in charge was a registered general nurse who had the relevant length of experience required by the Regulations. She demonstrated adequate knowledge of the Regulations, and was clearly aware of her requirements therein.

The person in charge participated in ongoing professional development by attending

course on a range of topics. For example, end-of-life care and behaviours that challenge. She pursued ongoing education in care of the elderly and had completed a certificate in nursing care of older persons in residential nursing home settings in 2013. In 2014, the person in charge completed a bachelor of science degree in nursing management.

The person in charge was based in the centre five days per week and fully engaged in the management of the service. She met with the provider every day, and participated in management meetings. There was evidence of regular staff meetings throughout the year, with a range of issues discussed and acted on. The person in charge was familiar with the residents health and social care needs, and was observed interacting with resident frequently throughout the inspection.

Satisfactory deputising arrangements were in place. The person in charge was supported in her role by three clinical nurse managers who deputised in her absence. The CNMs participated fully in the inspection process, demonstrated good clinical knowledge and adequate familiarity with the Regulations. The provider also supported the person in charge and deputised in relation to non clinical matters.

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:

The inspector was satisfied that all documents as outlined in Schedules 2,3 and 4 of the Regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval.

There were policies and procedures in place as required by Schedule 5 of the Regulations. The policies were centre specific, comprehensive and guided practice. The person in charge had a system in place to ensure staff had read key policies, with staff sign off sheets read. The inspector found staff were sufficiently knowledgeable of policies.

There was evidence to confirm the centre was adequately insured against loss or damage to residents property, along with insurance against injury to residents.

Overall, the inspector saw evidence that records were maintained in the centre, were up-to-date, secure, but easily retrievable.

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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There were appropriate contingency plans in place to manage any such absence. One of the three CNMs deputised for the person in charge in her 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:

The inspector found systems were in place to protect residents from being harmed or suffering abuse. There were measures in place to ensure a positive approach to

behaviours that challenged. Restrictive practices were in accordance with the Regulations and national policy.

There was a detailed policy on the protection of vulnerable adults that provided sufficient detail to staff on the steps to follow in the event of an allegation of abuse. Records read confirmed all staff had received training in the protection of vulnerable adults. The person in charge was a trainer and regular training took place every month. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. She was aware of the requirement to notify any such allegation to the Authority.

The inspector found suitable arrangements were in place to safeguard residents' finances. There was a procedure in place to guide staff that was implemented in practice. The system in place to withdraw residents' money was robust, and designated staff were only permitted to make transactions on behalf of residents where authorised to do so. An audit was also carried out to ensure practices were in line with best practice.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the person in charge and the staff who said they were caring and trustworthy.

The inspector read a policy on the management of behaviours that challenged that guided practice. At the time of inspection no residents presented with behaviours that challenged. Staff informed the inspector how to handle certain situations with residents and evidenced based tools were used when required. An action from the previous inspection was completed and care plans reviewed outlined suitable interventions.

There was evidence that the national policy "Towards of Restraint Free Environment" was promoted. A comprehensive centre specific policy on the use restrictive practices was read by the inspector and seen to be implemented in practice. An action from the last inspection was addressed and restrictive practices were routinely risk assessed. Care plans were developed for the use of restraint, and documented checks carried out every two hours when in use. The inspector was informed bedrails and lap belts were used. There were two residents using lap belts and 24 residents using bedrails. However, the person in charge regular reviewed bed rail usage and encouraged residents to remove bedrails. There had been a reduction from 29 to 24 bedrails since the last review in June 2014.

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:

The inspector found there were systems in place to protect and promote the health and safety of residents, visitors and staff with an area of improvement in relation to the ongoing management of risk.

The inspector reviewed the risk management policy that met the requirements of the Regulations. A risk register was read and it contained risk assessments for a range of hazards identified along with control measures to manage them. Individual risk assessments were completed for residents also. However, improvements were required in relation to the assessment of residents who smoked. For example, risk assessments not consider the dangers of burns or smoke inhalation due to mobility, dependency, and capacity. Furthermore, care plans were not comprehensive enough to guide practice.

Overall, there were good practices with the ongoing management of risk, and actions from the previous inspection were addressed. However, the inspector noted a trolley with clean linen was stored in a communal bathroom on the top floor which could pose a risk of cross infection. This matter were brought to the attention of the person in charge and provider who assured the inspector it would be addressed immediately.

There were six weekly checks carried by the safety representative, with documented evidence of ongoing monitoring and assessment of risk carried out in the centre. The inspector read a sample of the checklists and saw that issues raised were acted on.

There were arrangements in place to manage adverse events involving residents. The inspector reviewed incidents records and there was evidence that appropriate action was taken to address each incident and they were investigated in a timely manner. However, there was no evidence of the learning or improvement to prevent these incidents from happening again. For example, care plans were not consistently updated following a fall, to outline the preventative measures in place to minimise the risk of recurrence.

The inspector saw residents were encouraged to be actively mobile and were seen being escorted around the centre. Staff were observed following best practice in the movement of residents. There was regular training in the movement and handling or residents facilitated by one of the directors who was trainer. Records were read and confirmed all staff had up-to-date training.

There was safe floor covering and handrails throughout the centre and a passenger lift

accessed each floor. A chairlift was provided where steps connected two parts of the second floor.

The inspector was satisfied suitable fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

The inspector read training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted as part of the training. The inspector was outlined plans to introduce a quarterly simulated evacuation using a dummy. The provider was aware to maintain detailed records to include the outcome and learning from these drills. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency.

The inspector found that there were measures and policies in place to control and prevent infection. Staff had received training in infection and appeared to follow best practice. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.

Judgment:

Non Compliant - Moderate

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:

The inspector was satisfied that each resident was protected by policies and procedures for medication management.

There were comprehensive policies relating to the prescribing, storing and administration of medicines for residents. There were policies in place on out of date and the disposal of medication. The inspector reviewed a sample of residents medication prescription and administration sheets and overall good practice was observed. Nursing staff spoken with were knowledgeable of the best practices to follow.

The inspector read procedure and observed good practice on the management and storage of medications that required strict controls (MDAs). A register of controlled medications was held, and two nurses checked the balance of the medications at the end of every shift. At the time of inspection no resident was self medicating however, procedures were in place to guide practice if required.

There was regular review of residents medication by a general practitioner (GP). There was a system in place for monitoring safe medication practices. The inspector read audits carried out by the pharmacy, and any recommendations made were acted on by the person in charge. The inspector saw records of medication errors that had occurred in the centre. The person in charge had investigated each, and there was evidence appropriate action was taken. Furthermore, the person in charged reviewed medication errors in detail every six months. She had identified areas of improvement and there was evidence she had taken appropriate action to address these matters.

The inspector saw training records that confirmed nursing staff completed medication management training. The person in charge also carried out competency assessments on nursing staff.

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 inspector was satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector.

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:

The inspector found residents had good access to GP services, and to a range of allied health professionals. There were regular assessments of residents health care needs and overall, care plans developed where a need was identified. The care was provided by staff who had a good understanding of the needs of the residents. However, some improvement was identified in relation to the management of falls and documentation of care plans.

The inspector found there were good practices in place for the prevention of falls. However, improvements were identified. Although there was a comprehensive policy in place, the post falls procedures outlined in the policy were not fully carried out. For example, there was inconsistent evidence that neurological observations were completed following an unwitnessed fall or suspected head injury. The inspector read care plans for residents who had experienced injuries from falls. However, care plans were not consistently updated following a fall, to outline the interventions and strategies to prevent future falls occurring. This had been an issue at the previous inspection and was not fully completed. There was evidence of regular assessments although post falls assessments were not consistently carried out following all falls. The inspector saw that controls measures were in place to protect residents such as hip protectors, alarm and crash mats.

The inspector found there were suitable arrangements in place for wound care, with an area of improvement identified. There was a policy in place to guide staff. There was one residents with a wound at the time of inspection. A care plan was developed that outlined the frequency and dressing type. A wound assessment chart was completed to track healing and photos were also taken. Residents were regularly assessed for the risk of developing pressures sores, although care plans were not consistently developed where a risk was identified. Furthermore, the setting for pressure relieving mattresses was not clearly outlined in care plans.

The residents' care plans were in electronic format and were reviewed by the inspector who was provided with access during the inspection. There was good practice was found and residents were regularly assessed using evidence based tools for a range of

health care needs. Overall, care plans were developed where a need was identified, with the exception of residents at risk of developing pressure sores. There was evidence care plans were regularly reviewed and updated, with an area of improvement identified in relation to falls, as outlined above. There was evidence residents were consulted with regarding their care.

The inspector found residents had a choice of retaining their own GP and there was evidence of regular review of residents medical needs. An on call arrangement was in place for out of hours and at weekends. There was access to a range of allied health professional services including dietician, occupational therapist, speech and language therapy, chiropody and physiotherapy. Where recommendations were made, these were recorded and residents care plans were updated

Judgment:

Non Compliant - Moderate

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:

Effective care and support

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

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

Findings:

The design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs, with an area of improvement identified.

There were five three-bedded rooms located on the second floor. These will not meet the requirement of the Standards. The five three bedded rooms were visited by the inspector. They were pleasantly decorated and laid out, with many residents adding their own personal touches such as photos and paintings. All residents had their own wardrobe and locker by their bed for personal items. There was sufficient space around each bed to access residents with a hoist if required. A bathroom was located in the hall close to the bedrooms. There was sufficient number of communal bathrooms and showers to meet the needs of the residents. These bedrooms were discussed with the provider and the board of directors. The inspector was informed there were no formal plans in place to reduce or reconfigure these rooms at present. The inspector was shown a presentation of proposed extension works for a further four bedrooms. A booklet of the presentation was provided to the inspector. It was explained planning

permission was not yet obtained, however, the board of directors were meeting the local county council to discuss the proposed plans.

In addition, a high dependency unit on the ground floor included one four bedded room and one three bed rooms. These bedrooms were visited by the inspector. There was 24 hour nursing care provided to residents in this unit. An action from the previous inspection in relation to the lack of natural light in the two bedrooms was addressed, and sky lights had been installed in both rooms. The inspector was satisfied with the level of natural light in these rooms on the day of the inspection. The remaining bedrooms were single and two bedded rooms.

The centre was kept clean, and was well maintained to a good standard of repair. There was a large, landscaped, garden around the perimeter of the centre that was directly accessible to residents. In addition, there was an internal, secure garden for more vulnerable residents. The inspector visited both gardens and spoke to residents sitting outside. The gardens were pleasantly landscaped, with shrubs and plants, and seating areas provided.

The centre was a period house with a number of extensions. It was laid out over three floors which were accessed by a lift.

Adequate private and communal accommodation provided, with an oratory, a number of sitting areas and smaller rooms for residents to sit in during the day.

All beds had an emergency call facility, and the inspector read records that confirmed these were regularly serviced.

There was provision of assistive equipment such as hoists and lifts. Servicing reports were read by the inspector and confirmed they had been recently serviced and were in good working order. Suitable storage was provided for assistive equipment.

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:

The inspector was satisfied that the provider and person in charge ensured a proactive approach to the management of complaints.

There was a detailed complaint's management policy in place that met the requirements of the Regulations. The complaints procedure was displayed throughout the centre, and it outlined the complaints process. An appeals process was in place, that was fair and objective.

Residents who spoke to the inspector knew the procedure if they wished to make a complaint, and said they would have no problem making a complaint if they needed to. They were able to name the person in charge who was the complaints officer.

A complaints log was maintained and a sample of records were reviewed. There was evidence that each complaint was appropriately responded to, with details of the investigation carried out, the action taken, and whether the satisfaction of the complainant.

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 this outcome was compliant as residents' received care at the end of his or her life that met their individual needs, with policies and and procedures in place to ensure each resident's end-of-life care needs were met. However, an area of improvement was identified in relation to recording residents wishes and preferences.

A detailed policy was reviewed which provided guidance to staff. There was one resident at end-of-life care on the day of inspection. The inspector reviewed the residents care plan which contained very detailed information of the residents physical needs, pain and symptom management. However, the residents spiritual and emotional wishes were not outlined in their care plan. This was discussed with the person in charge and the new link nurse overseeing end-of-life care. They explained meetings were being with relatives and their families to discuss the residents preferences. It was envisaged all residents would be met, and if not their relatives would be invited to attend a meeting at some stage during the year.

There was access to the local palliative care team who provided support and advice when required. There was evidence staff had completed training in end-of-life care, and the person in charge had completed a review of end-of-life practices, with a number of

actions to be completed. Included was a formal review of all end of life care plans before the end of the year which she explained would address any gaps in documentation.

A visitor's room was available for relatives and friends for privacy if required. A single rooms was available to residents approaching end-of-life if this was requested or required. As residents approached end of life, a discreet sign was displayed.

An oratory was available if families wished to use it. Staff and residents were informed of any residents passing. Residents were facilitated to attend the funeral of a recently deceased resident. This was confirmed by residents who attended.

Judgment:

Non Compliant - Minor

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:

The inspector was satisfied that resident's were provided with meals that were wholesome and in accordance with their assessed needs.

There was a comprehensive policy which provided guidance on the practice regarding residents nutritional and dietary needs. There were systems in place to ensure residents did not experience poor nutrition with regular assessments of residents using a malnutrition universal score test (MUST) assessment tool. The inspector saw care plans were developed to guide practice, along with monthly weights of each resident. Where residents were at risk the person in charge carried out increased monitoring, with more frequent weights, food balance sheets and referral to the GP and dietician. The inspector read that recommendations were followed up by staff for example, supplements were prescribed by the GP were required.

The inspector spent time with residents in the dining room at the lunchtime and evening meal. The residents were discreetly and respectfully assisted with their meals where required. A menu was displayed on a white board on the wall that outlined the choice of meal for the day. A number of residents who spoke to the inspector expressed their satisfaction with the quality of meals served and choice they had. Tables were pleasantly set and residents were served as they sat. The inspector observed meals were presented and served by staff who asked residents if that was what they wanted. The

breakfast menu was displayed in each unit. Residents could choose a hot, cold and healthy option breakfast.

There was evidence of choice for residents on a modified consistency diet. The staff were familiar with the special dietary requirements and preferences of residents' and were knowledgeable of the residents' assessed needs. The inspector met met chef and found he was knowledgeable of special dietary requirements of residents. The chef showed the inspector a list outlining each residents most up-to-date dietary requirements. A dietician had reviewed the menu and recommendations were acted on such as the inclusion of fortified milk at breakfast. The chef also was familiar with the types of consistency diets residents were on. To enhance the mealtime experience for these residents the chef used moulds and brightly coloured plates to present these meals in a pleasant and appetising way.

The inspector saw residents being offered a variety of snacks and fresh water, fruit juices and hot drinks during the day.

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:

The inspector found residents were consulted with and participated in the organisation of the centre, with opportunities to participate in activities appropriate to individual interests. The residents privacy and dignity was respected however, an area of improvement was identified.

Overall, residents received care in a dignified way that respected their privacy at all times. Although locks were provided on all bathroom doors, the inspector found one communal bathroom had no lock. This was brought to the attention of the provider and person in charge. The inspector was informed a new key pad lock would be provided before the end of the week. The inspector observed staff chatting and sitting with residents. The residents appeared comfortable and happy in their surroundings, and were observed reading the paper, listening and observing activities, taking part in bingo,

going on day trips and meeting family and friends during the inspection. The inspector spoke to a number of resident who expressed their satisfaction with the centre.

There were systems in place to ensure residents were consulted with about how the centre was planned and ran and to facilitate participation in the organisation of the centre. A residents' committee met regularly and the minutes of the last meeting held in September 2014 were read. Residents told the inspector they attended the meetings. The person in charge followed up on issues raised at each meeting, with evidence of action taken.

Voting rights were respected, and a polling booth was set up by the local council at each election or referendum. The details were outlined by the provider, who ensured residents details were provided to the council.

The religious of residents were respected. The majority of residents were Roman Catholic however, residents of all denominations were welcome and facilitated. An oratory was located in the centre and mass was celebrated each Friday by a visiting priest from the locality.

There were no restrictions on visits except where requested by residents. There were arrangements in place for residents to receive visitors in private and a visitors room was available.

The residents had access to a their own telephone and a centre phone. There were televisions provided and available in each bedroom. There were newspapers available each day including weekends.

There were adequate facilities for recreation with a number of sitting areas for residents to choose to sit in, including a large living areas on ground and first floors. A smaller, sitting room was located on the first floor.

The inspector was satisfied residents had opportunities to participate in activities that were meaningful and purposeful and in accordance with their interests. The inspector met the acting activities manager who outlined in detail the range of activities provided in the centre. She described a "life story book" that was in the process of being developed for all residents. The inspector was shown a sample of the story books, which provided a very detailed account of the residents background, family, interests, hobbies and likes, along with photos. These intimate portraits of each resident and their life to date were also adapted for some residents. One resident storybook was created to resemble a stall, which reflected her work in the past.

All activities were based on residents identified needs. A social assessment and care plan was completed also that ensured activities were appropriate to their needs, likes and preferences. The activities provided were overseen by a team of four activities coordinators who reported to the activities manager. Activities were focused on ensuring all residents needs were met. There was a programme for residents with a dementia diagnosis or cognitive impairment along with activities more suited to independent residents needs. The activities programme included bingo, news paper reading, reminiscence, art and crafts, knitting, doll therapy, percussion, music. In addition, art,

and "siel bleu" classes took place. Siel bleu is an exercise programme carried out in centre. every week. The residents were also facilitated to independently access the local community, events and day trips.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The inspector was satisfied that residents had adequate space for their personal belongings and their clothes were suitably laundered and returned to them.

There was a policy on residents personal property and possessions. There was a list maintained of each residents personal possessions which was up-to-date. This was an action at the previous inspection and completed.

Residents were encouraged to personalise their bedrooms. Many of the bedrooms were decorated with pictures and photographs. There was storage space for residents clothing and belongings.

There were adequate laundry arrangements in place, and a discrete labeling system to ensure residents own clothes were returned to them. The inspector spoke to residents who confirmed they were satisfied with the way in which their clothes were cared for.

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):

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

Findings:

The inspector was satisfied that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection.

The inspector found there were adequate staffing levels and skill mix provided on the days of inspection. At a minimum at any one time there were three nurses on duty, over a 24 hour period. A two week roster was read that accurately outlined the staff on duty.

There was a recruitment policy that met the requirement of the Regulations. The inspector reviewed a sample of staff files and found recruitment practices were in line with the Regulations. This had been an action at the previous inspection and was completed. The provider and person in charge completed staff appraisals on an annual basis. These were comprehensive reviews comprising of a work audit and meeting with the staff member. It was evident the objective was to improve and enhance the practices carried out by staff in the centre. There were no agency staff working in the centre.

The inspector reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014. The person in charge informed inspectors that there were no volunteers and external service providers working in the centre.

There was education and training available to staff in a broad range of areas. All staff had completed up to date training in mandatory areas. The inspector saw a detailed training programme in place, which included infection control, behaviours that challenge, cardio-pulmonary resuscitation, end-of-life and food hygiene.

A small number of volunteers and external service providers provided a valuable service to residents in the centre. There was evidence of vetted by An Garda Síochána and a written agreement of the role of the volunteer 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:

The inspector was satisfied there was a clearly defined management structure that outlined the lines of authority and accountability, with systems in place to review the quality and safety of life of residents.

The centre was governed by a board of directors who met regularly. The provider was based full time in the centre. There were regular management meetings between the provider, the person in charge and the directors of the board. Minutes read by the inspector confirmed meetings took place at frequent intervals and a range of issues were discussed regarding the operation of the centre, including residents health care needs, staffing levels and risk management.

There was a system in place to monitor the quality and safety of care and the quality of life of residents. The inspector reviewed documentation of both internal and externally carried out reviews. A range of audits were carried out and included complaints, medication management and restraint audits. In addition, the person in charge had completed end of life and nutrition assessments in preparation for thematic inspections carried out in 2014 by the Authority. A of the self assessments was carried out and recommendations made. There was evidence of the change and learning from the monitoring carried out. For example, an end-of-life care a link nurse was to be assigned and a bereavement leaflet was to be developed. These were both implemented in practice. The inspector met the link nurse and reviewed the information leaflet following a bereavement that was given to families.

While it was not evident that residents and families were involved or consulted with for feedback, this was discussed with the provider who said it would be addressed through the residents forum and the newsletter.

Judgment:

Compliant

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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:

Deirdre Byrne
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Glenaulin Nursing Home
Centre ID:	OSV-0000041
Date of inspection:	23/09/2014
Date of response:	29/10/2014

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The identification and assessment of risk required improvement for example, storage of linen in bathrooms and the assessment of residents who smoked.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

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

the designated centre.

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

The linen was placed in the bathroom in error while housekeeping duties were being carried out. This is not normal practice and the staff member was spoken to on the day of inspection.

Each resident who smokes has a risk assessment and care plan developed for their smoking abilities and supervision requirements. We are presently reviewing our smoking risk assessments and care plans to include the dangers of burns or smoke inhalation due to mobility, dependency, and capacity.

Proposed Timescale: 31/01/2015

Theme:

Safe care and support

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

The arrangements in place for the learning from adverse events involving residents required improvement.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Our Risk Management Policy was updated in September 2014 which includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents as per Regulation 26(1)(d).

Proposed Timescale: 30/09/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans were not consistently completed for identified needs for example, the prevention of pressure sores.

Some care plans lacked detail to guide practice for example, in the prevention of pressure sores.

Care plans were not consistently updated following a change in circumstance for example, following a fall.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

We are currently changing the formats of the resident's care plan and aim to have all new care plans completed by April 2014. The new format for care plans will ensure that they are consistently updated following a fall to outline the preventative measures in place to minimise the risk of recurrence and increase the detail of the care plans to guide practice for example in the area of pressure sores.

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

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

The management of falls required improvement.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Our Falls Prevention Policy was updated in August 2014 to include regulation 06 (1). Staff commenced implementing the policy in September 2014 with regard to the new formatting of care plans that we are developing presently.

Proposed Timescale: 30/04/2015

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:

The five multi-occupancy bedroom do not meet the requirements of the National Standards.

Action Required:

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:

We briefed the inspector at the feedback session in relation to the redevelopment plans for Glenaulin Nursing Home. We gave a hard copy of the plans to the inspector for our file. Currently, due to economic and planning constraints we are not in a position to make any change to the design and layout of Glenaulin. We will actively engage with the planning authorities and our financial institution with a view to materialising our development plans. Detailed plans will be submitted in the following 2 months.

Proposed Timescale: 21/12/2014

Outcome 14: End of Life Care**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system for gathering residents religious and spiritual preferences required improvement.

Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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

The end of life care plan that was reviewed by the inspector was ongoing. Our End of Life link nurse was awaiting outstanding information from the family member in relation to the resident's spiritual preferences.

We are currently changing the formats of the resident's care plan and aim to have all new care plans completed by April 2014. The new format for care plans will ensure that the religious and spiritual preferences of the residents will be included in their end of life care plan.

Proposed Timescale: 30/04/2015

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

There was no lock provided on one communal toilet on the second floor.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Lock was fitted on the 27th September 2014

Proposed Timescale: Completed