<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Glenashling Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000040</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Oldtown, Celbridge, Kildare</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 627 2694</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gavigang@iol.ie">gavigang@iol.ie</a></td>
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<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>Garry Gavigan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Garry Gavigan</td>
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<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>75</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.
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**

<table>
<thead>
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<th>From</th>
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<tr>
<td>02 December 2014 10:15</td>
<td>02 December 2014 18:30</td>
</tr>
<tr>
<td>03 December 2014 10:30</td>
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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**

This monitoring inspection was carried out in response to an application to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed. The feedback provided in these questionnaires indicated that residents and relatives were happy overall with the care provided.

The inspector found issues of non compliance identified at previous inspections had
been addressed. A good level of compliance with the requirements of 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 was now demonstrated. There was evidence of improved governance and management systems in the centre which resulted in some improvements and positive outcomes for residents.

The arrangements for the post of person in charge fully met with the requirements of the Regulations. A system of internal audit was in place. The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Residents had opportunity for meaningful social engagement during the day.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. The number and skill mix of staff was appropriate to the needs of the residents.

Some areas of improvement were identified. The arrangements for administering PRN “as required” chemical restraint medications required improvement. The recording of the complaints and the statement of purpose also required review.

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 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 which provided detailed information about the premises, however some improvements were required.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described aims and objectives of the service provided in detail. However, the statement of purpose did not address some key requirements of the Regulations. For example, part of the premises was used as a domestic dwelling and the statement of purpose did not describe this. It also failed to address safety requirements such as access to the dwelling and the management of fire safety associated with this dwelling. The provider undertook to address this.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.
The role of person in charge was no longer fulfilled by the provider, who had previously been carrying out the dual roles of provider and person in charge. The inspector found that this provided for improved oversight and governance arrangements.

The management structure was clearly set out and reporting relationships were understood by the staff, residents and relatives. The person in charge and together with the provider monitored key performance indicators closely and this information was used to identify any trends or areas where further resources needed to be focussed. The inspector reviewed the minutes of the clinical governance committee which showed that key performance indicators were regularly discussed at this forum. Incidents and care needs pertaining to individual residents were also discussed at these meetings.

The inspector found that the centre was appropriately resourced in order to deliver care in accordance with the aims and objectives set out in the statement of purpose. There was appropriate equipment and staffing to meet the needs of residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

There was a system of auditing system in place which was implemented and led by the person in charge and the clinical nurse manager (CNM). The system was aimed at monitoring and improving the safety and quality of care. The inspector was shown a number of audits which had been carried out in areas such as pressure care, meal times and medication. The audit system was focussed on improvement. For example the person in charge had introduced a new medication supplier and new medication management system in order to improve safety and documentation. The person in charge discussed plans to further to develop the audit system.

**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:
Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they provided residents with a satisfactory level of information about the services which they could expect to receive and the fees payable. The contracts reviewed by the inspector had
been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. Charges for additional services not included in the weekly fee were also indicated.

The provider had developed user friendly guide to the centre which was available to all residents. This guide was written in an easily-understood way and included information on the accommodation provided, the fire safety measures in the centre and complaints process.

**Judgment:**
Compliant

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**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:**
This outcome was met in full. The arrangements for the post of person in charge fully met the requirements of the Regulations.

The new appointed person in charge demonstrated clinical knowledge and professionalism throughout the inspection. An interview was held with the person in charge where he demonstrated a thorough understanding of his roles and responsibilities as person in charge. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. He had particular experience in the area of caring for residents with acquired brain injury, physical and intellectual disabilities and this was relevant to the care of residents in the centre. He started working in the centre in October 2014 and in that time he had gained good insight into the clinical conditions and social care needs of the residents.

The person in charge had maintained his continued professional development and had attended a number of courses in relevant clinical areas such as nutrition, gerontology and palliative management. He was in the process of completing a Masters qualification in gerontology.

The person in charge was supported in his role by the CNM. The CNM participated fully in the inspection process and was spoken to by the inspector. She demonstrated a professional and competent approach during the inspection and knew the residents very well. The CNM demonstrated a strong knowledge of her roles and responsibilities under the Regulations.

**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 found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Residents’ records were maintained up-to-date and were stored securely. These records were retained for seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to guide practice. The policies and procedures had been kept under review and they were found that they were centre specific. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of satisfactory insurance cover was seen by the inspector.

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. 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:**
The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse. All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the staff if they had any concerns. However, it was not demonstrated that the use of PRN “as required” chemical restraint was in line with evidence based practice.

The inspector noted that some residents were prescribed PRN psychotropic medications in relation to behavioural support needs which they presented with such as agitation. Staff members, spoken to by the inspector, were aware of the requirement to use this medication, only in controlled circumstances and after attempting to use relevant alternatives in the first instance. It was also noted that in the case of one resident the frequency of administration of this medication had been significantly reduced as a result of staff getting to know the likes, dislikes and preferred routines of the resident. However, it was not demonstrated that PRN chemical restraint was consistently administered in line with evidence based practice and in line with the national policy on restraint. For example, multi-disciplinary restraint assessments were not carried out and there no documentation of the alternatives offered prior to the use of PRN medication. The person in charge undertook to address this matter and discussed plans to introduce a system for monitoring the overall use and frequency of administration of PRN medications as restraint.

A policy relating to the prevention and detection of elder abuse was in place to guide staff. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and nursing staff demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event of any suspicions or that any allegation of abuse was made. Records were maintained indicating that all staff members had read and understood the policy and staff spoken to by the inspector demonstrated good knowledge and awareness in this area. Staff had up to date training in the protection of vulnerable adults.
Staff in the centre were not responsible for holding any money on behalf of residents. Documentation was in place to monitor and record any charges to residents such as charges for taxi fares. Clear and accountable records were maintained in relation to these charges.

Judgment:
Non Compliant - Moderate

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 that procedures were in place to promote the health and safety of residents, staff and visitors.

There was a risk management policy which addressed all the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. Improvements had been made since the previous inspection in order to fully implement the risk management policy. For example, a risk management and a health and safety committee had been established and had met. The inspector read the minutes of these meetings and found that relevant issues such as fire safety, audit checks and smoking. There was a safety statement in place and the associated risk register outlined the controls in place to manage areas of risk such as the fire and infection control.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. The staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that fire safety training had taken place for the staff in November 2014 and records were also in place to show that regular fire drills took place on a regular basis. The inspector also reviewed the records with regard to servicing of fire safety and prevention equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits, emergency lighting and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. In general records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. The inspector noted that a recent incident involving a resident had not been recorded in line with this system and brought this matter to the attention of the provider who undertook to address it. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent
The inspector saw that there was a proactive system of falls management system in place. Each resident’s falls risk was routinely assessed and risk reduction measures such as low beds, hip protectors and medication review were among the interventions used to keep residents safe while promoting independence. Residents who experienced a fall had a post fall assessment carried out in order to identify any possible new interventions. The inspector noted that this process involved an assessment by both the physiotherapist and occupational therapist. The inspector reviewed the records of a resident who had a recent fall. The resident had an appropriate care plan in place which was being implemented, a falls diary was in place and monitoring of balance and gait was carried out routinely.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative accommodation.

A small number of residents were smokers. A smoking room was provided and the inspector observed that smoking aprons and fire blanket were provided in this area. The inspector saw that residents who smoked had a care plan in place which described their supervision needs when smoking.

The training matrix showed that staff had up-to-date training in moving and handling. Residents’ moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were discretely displayed for staff.

**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:**
The inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.
A new medication management system had been introduced on the day before inspection. The person in charge stated that new system incorporated improvements and upgrades which would allow him to monitor medication safety more easily. Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy.

Staff had received training and regular staff competency assessments in medication were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out.

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:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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 was satisfied that each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Issues identified at the previous inspection in relation to care planning, wound care and continence management were found to have been addressed.

Improvements had been made in the assessment and care planning system since the previous inspection and this body of work had been overseen by the CNM and person in charge. Family meetings were held in order to consult residents and their families about the care provided and the development of care plans. The inspector observed that these meetings were ongoing over both days of inspection. The arrangements to meet each resident’s assessed needs were set out in an individual care plan.

Inspectors reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and found they were in accordance with evidence based practices and guided by the centre’s policies. Good practice was noted in relation to the management of physical restraint. Through the use of restraint assessment, education and training the staff had greatly reduced the use of bedrails. Only two residents were using bedrails at the time of inspection.

Residents had good access to their GP and to allied health professionals such as the dietician. Residents also had access to an in house occupational therapist and an in house physiotherapist both of whom were involved in providing assessment and therapeutic interventions to residents on a daily basis.

Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents’ interests and capabilities.

**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:
Effective care and support

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

#### Findings:
The inspector found that the physical environment was purpose built and met the needs of residents.

There were 51 single bedrooms and 12 sharing bedrooms for two persons. A large
number of these were provided with en suit facilities while the remaining rooms were located within close proximity to toilet and bathing facilities. The inspector visited a number of bed rooms and found that they were comfortable, well decorated and had been personalised with residents’ possessions such as family pictures. Call bells were provided and were within easy reach of beds. Residents and relatives, spoken to by the inspector, expressed a high degree of satisfaction with the standard of accommodation provided.

The inspector was satisfied that there was a variety of suitable and interesting communal and sitting areas for residents. The large seating area was nicely decorated with homely features and there were a variety of areas where residents could sit and observe visitors to and from the centre. There were a number of further sitting rooms where residents could meet guests in private. Two separate dining areas were provided. In addition an oratory was provided and residents stated that they greatly appreciated this facility. Grab rails and hand rails were provided in all communal areas. A high standard of hygiene was observed throughout.

In addition to the landscaped gardens which surrounded the centre there were two safe and secure patio gardens where were attractively maintained with raised beds and a the provider described plans to further develop these. Both were directly accessible to residents.

Appropriate assistive equipment was provided to meets residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were regularly serviced. The centre was on two floors. A lift was provided and the records showed that the lift was regularly serviced and maintained in good working order.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in these areas. Cleaning equipment was appropriately stored.

**Judgment:**
Compliant

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**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:**
Practice in relation to complaints required improvement.
The procedure for complaints was displayed for residents and it clearly identified the complaints officer. The procedure had been updated since the new person in charge commenced in the centre. Complainants who were not satisfied with the initial response to their complaint were directed to an appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints.

The complaints log recorded details of any complaints made. However, in the case of a complaint which raised a number of significant issues, including the details of the investigation made, were not recorded. The provider showed the inspector statements taken from staff which showed that the matter was being investigated however sufficient details were not maintained. The complainant’s level of satisfaction with the outcome of the complaint investigation was also not recorded in accordance with the requirements of the Regulation.

Residents and relatives said that they could raise any issue with the person in charge without difficulty.

Judgment:
Non Compliant - Moderate

**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 evidence that end of life care was well managed.

The inspector found, that staff members were knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. The inspector reviewed a number of resident’s files and found that end of life care plans had been developed for those residents who required them. There was consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents’ preferences with regard to end of life were recorded.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. Sufficient numbers of single rooms were available to support dignified end of life care and families were facilitated to stay overnight if necessary.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this.
**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:**  
The inspector was satisfied that there was good practice in relation to the management of resident’s nutritional needs.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice of main meal and residents said that individual preferences were readily provided for. The inspector visited the kitchen and noted that the chef prepared all meals including desserts, puddings and baked products using fresh seasonal produce. There were ample supplies of fresh fruit and vegetables. The chef described preparing fruit salads and fortified fruit drinks in order to promote the consumption of fresh products.

A documented system was in place to communicate residents’ dietary requirements and preferences to catering staff. The inspector found that the chef was aware of and knowledgeable about residents’ preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this. As well as adding milk and cream, residents offered additional desserts and milk puddings as appropriate. Residents who required assistance with their meals were aided in a respectful manner.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the speech and language therapist (SALT) for those residents who required this. The recommendations from these professionals were included in the care plans.

**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:**
There was evidence that staff respected the resident’s privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents’ religious and spiritual beliefs were respected. Weekly mass took place in the centre and the ministers from other faiths also visited the centre in accordance with residents requests. Residents had access to the oratory whenever they wished and daily prayers also included as part of the activities programme.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents’ preferences with regard to privacy and how they wished to be checked at night were clearly documented in the care plans. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous and respectful manner.

The inspector read the minutes of a recently held resident’s meeting. The meeting was well attended and allowed the residents to express their views on activities and maintenance issues in the centre. Residents’ feedback was acted upon. For example, residents had requested to an outing to the local library and residents showed the inspector books which they had borrowed during the inspection. The provider had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to news papers and television was provided in each bedroom. A computer with internet connection was provided for residents.

**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:**
The inspector found that adequate provision had been made for the management of residents’ personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

**Judgment:**
Compliant

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**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 found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and...
referred to the rosters and found evidence of satisfactory practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents’ needs. Some additional staff hours had been provided in response to the findings of the previous inspection and the inspector noted that the person in charge was keeping the matter under review.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Chnámhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. A large amount of continual professional training had been provided since the previous inspection in areas such as nutrition, infection control, continence promotion, medication management and end of life care. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff. Staff reported that they enjoyed their work in the centre and felt fully supported by the person in charge and other staff in the centre.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

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:

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>Glenashling Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000040</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>02/12/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/01/2015</td>
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</tbody>
</table>

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not address all of the requirements of the Regulations.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Revision of the Statement of Purpose was done by the Person In Charge to incorporate the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

Proposed Timescale: 15/01/2015

Outcome 07: Safeguarding and Safety
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The administration of PRN chemical restraint medications was not managed in accordance with evidence based principles.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
The Person In Charge had devised and implemented a Pharmacological Restraint Monitoring Tool incorporating the use of protocol in administering any PRN medication.

Proposed Timescale: 15/01/2015

Outcome 13: Complaints procedures
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A satisfactory record of all complaints was not maintained. Details of the investigations carried out and the satisfaction level of the complainant were not recorded.

Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaint that was mentioned in the report is still ongoing, the NOK requested a certain report from the Provider and same was given, the Provider is still waiting for feedback. The satisfaction level of the complainant will then be recorded.
As the new nominated Complaint Officer, the Person In Charge will be given all documentation which relates to all previous complaints, investigation including the outcome.

**Proposed Timescale:** 26/02/2015