Centre name: Glengara Park Nursing Home
Centre ID: OSV-0000044
Centre address: Lower Glenageary Road, Dun Laoghaire, Co. Dublin.
Telephone number: 01 280 6168
Email address: rosec@glengarapark.com
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: Beechfield Nursing Homes Limited
Provider Nominee: Ciaran Larmer
Lead inspector: Nuala Rafferty
Support inspector(s): None
Type of inspection: Unannounced Dementia Care Thematic Inspections 2015
Number of residents on the date of inspection: 63
Number of vacancies on the date of inspection: 3
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 November 2015 11:30  
To: 09 November 2015 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Not applicable</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had completed a self assessment tool on dementia care earlier in the year and had assessed the compliance level of the centre as substantially compliant with the exception of the premises. The findings of this inspection are broadly in agreement with the provider’s assessment.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents’ needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents’ safety in a low key unobtrusive
The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to premises and care planning process.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care. Residents had access to GP services. In conversation with residents and their relatives, the inspector was told that they were facilitated to keep their own GP on admission to the centre. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by palliative care speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed, these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.
Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents’ assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need. But it was noted that every part of all assessments were not completed and did not provide assurance that a comprehensive assessment of need had been carried out. Examples included nutrition and wound assessments.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required.
On a small sample of care plans reviewed, it was noted that some were not detailed enough to guide staff on the appropriate use of interventions to manage the identified need.
For example, where residents exhibited aspects of behaviour that challenged, the care plan did not identify potential triggers of the behaviour; the form of behaviour demonstrated or whether the behaviour escalated, neither did it include positive behaviour strategies staff were to use to manage the behaviours. The plan did not guide staff in the steps to be taken to manage the behaviour in a consistent manner using recognised de-escalation techniques prior to resorting to the use of prescribed anxiolytic medication. Although it is acknowledged that regular staff were familiar with and using recognised de-escalation techniques it was found that the basis for the decision to use the medication and the consistency of the use was not clear.

Although care plans were reviewed and updated on a regular basis and as needs changed it was found that the reviews did not include a determination of the effectiveness of the plans to manage the needs identified.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and eating and drinking care plans were in place that outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed were required. A diet sheet was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles and even a little singing. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Conversation was limited however and centred predominantly on the meal and although staff were considerate to their residents the inspector found this was a missed opportunity to chat to residents about their families, interests or discover how they were feeling.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents and follow appropriate administration practices. It was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded. It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

Judgment:
Substantially Compliant

**Outcome 02: Safeguarding and Safety**
**Theme:**
Safe care and support

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

**Findings:**
There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. Inspectors spoke with a number of relatives during the inspection who were satisfied with the overall level of care being provided, and stated that any concerns they raised were addressed. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing challenging behaviour as part of dementia care training. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their GP, and there was access to psychiatric services for further specialist input.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the large open plan sitting room which was bright and spacious with soft comfortable furnishings.
Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents said they could vote in national referenda and elections with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on suggestions for a quarterly newsletter, ideas for improving internal activities and external outings and feedback to chef on the quality and variety of the menu. There were several suggestions made by residents including; more music, flower arranging and access to Sky sports, more opportunities to go for a walk outside on the pier and trips to the Theatre and Powerscourt Gardens.
But there was no evidence that any or all of these were tried, were successful or not or that the trips to the suggested venues took place. In conversation with residents they continued to express their preference for more opportunities to go out for a walk although all agreed that there was a great variety of things to do within the centre but that there were few opportunities to go on outings to various places. The residents said there was only one trip this year to the Mansion House and this was confirmed by staff who also wanted to improve the frequency and variety of outings.
Some feedback on the variety of food on the menu, level of noise at night and occasional problems with laundry were repeatedly raised by the residents at some of these meetings. But again there was no evidence that these were taken on board by the person in charge and her staff team to try to resolve them, although in conversation with all residents and relatives, they assured the inspector that any difficulties brought to the attention of the person in charge were quickly resolved to their satisfaction.
All residents spoken too were not fully clear on the purpose of the meetings being held and some were not aware of them. It was also noted that although they were consulted and involved in the running of the centre, this was primarily in relation to the activities and other aspects of life in the centre were not discussed and their views were not sought such as; renovations or refurbishment or staffing.

All communal areas were supervised and apart from short periods at least one staff member was present to ensure resident safety. An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, card games, exercises and relaxation therapies. On the day of inspection, a small group of residents were enjoying a pottery class in the morning and there was fit for life exercise activity.
Residents also had access to holistic therapies such as aromatherapy and reflexology provided by an external provider who visited the centre on a weekly basis, and staff reported that many of the residents with dementia or cognitive impairment enjoyed these therapies. The activities co-ordinator also informed the inspector that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities, and that this time was used for sensory stimulation through using a memory/texture box with textured materials, aromatherapy oils and condiments such as cinnamon/coffee powder and vanilla or providing hand massages. Other dementia relevant activities were included in the programme such as reminiscence and sonas.

**Judgment:**
Substantially Compliant

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
All lines of enquiry were not reviewed on this inspection. Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that the majority were regular in an effort to maintain consistency of care. Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place. Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents’ condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in communication with persons with dementia, nutrition; consent and capacity; management of behaviour that challenges; medication management and care planning was also provided.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the centre were in line with the statement of purpose. This nursing home was not purpose built, and consisted of a converted former large Georgian boarding school with accommodation provided over three floors, with a lift available to transfer residents between the floors. There was no dementia specific unit within this nursing home.

The premises were found to meet the needs of the residents at the time of the inspection. The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising.

The centre consisted of 62 single bedrooms with toilet only ensuites and two twin bedrooms one of which had a toilet ensuite. There were sufficient numbers of accessible shower/bathrooms.

The inspector observed that most residents bedrooms were personalised with items
including photos and paintings and many had brought in items of furniture with sentimental value such as armchairs dressing tables and occasional tables.
Communal facilities were available on all floors including two large sitting rooms; activity room; library; conservatory with access to a small enclosed patio and garden area. The premises and grounds were clean and well maintained. Grab rails and hand rails were installed were required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

But it was noted that signage using lettering and pictures to identify toilets and/or direct residents towards various parts of the centre was not in place. The inspector discussed this with the person in charge and provider and also the possibility of using contrasting colours to make toilets and bathrooms more easily identifiable to residents with dementia or cognitive impairment. The bedroom doors did not have photos or any other personalised features to make them more easily identifiable to residents with dementia.

**Judgment:**
Substantially 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:**

Nuala Rafferty
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>Glengara Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000044</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09/11/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25/11/2015</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: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All care plans were not detailed enough to guide staff on the appropriate use of interventions to consistently manage the identified need.

1. 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.

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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:
The Care plans of residents such as those with behavioural and psychological symptoms of Dementia will be completed by staff nurses with senior clinical support and coaching. This review will be conducted to ensure that the care plans contain adequate detail to reflect best practice and positive behavioural strategies used to meet the resident’s care needs.

Proposed Timescale: 20/12/2015
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
A formal review of the care plans of all residents will be completed to include consultation with the resident and /or their family. Furthermore, a schedule of ongoing reviews will be established to maintain regulatory compliance in the matter.

Proposed Timescale: 28/02/2016

Outcome 03: 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:
Opportunities for residents to participate in community based activities and outings were limited.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
To date there has been a focus on providing activities to residents in-house. These
activities will continue to be planned and provided. There will be a focus on providing and offering opportunities for residents to participate in community-based activities in 2016. We intend to provide a minimum of 6 outings in the year. Suggestions will be sought from residents and their families. Following this, we will compile a programme for the year which will be published by 28th February.

### Proposed Timescale: 28/02/2016

**Theme:**
Person-centred care and support

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Evidence that residents were consulted on all aspects of life in the centre was not available. Where residents were consulted, evidence that issues raised by them were acted upon or resolved was not documented.

4. **Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
We will create pro forma template to record minutes from the Resident's council meetings which will include an action plan. Issues raised will acted upon or resolved by the Director of Nursing in a timely fashion. All actions taken will be recorded and will be made available to our residents.

### Proposed Timescale: 09/12/2015

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvements to design features within the centre such as signage and colour schemes to support residents with dementia or cognitive impairment were required.

5. **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:
Personalised door signage for residents living with Dementia will be created through the
support of all staff including the activities coordinator in conjunction with the resident and their families.
Signage will be sourced to direct residents internally. The signage will take into account the special needs of residents living with Dementia and will be placed at a suitable height.

**Proposed Timescale:** 31/03/2016