Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Sheila McKevitt
Support inspector(s):	Emma Cooke
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	83
Number of vacancies on the date of inspection:	1

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:	To:
04 August 2016 09:30	04 August 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes and followed up on five outcomes from the last 18 outcome monitoring inspection which took place in September 2014. There were 83 residents in the centre 57 had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit.

Prior to this inspection the provider had submitted a completed self-assessment document to the Authority along with relevant polices and inspectors reviewed these documents prior to the inspection. The judgments in the self assessment stated five were in compliance and one in substantial compliance with the six outcomes. Inspectors found the provider was both in compliance and substantial compliance with three outcomes.

Inspectors found the care needs of residents were being met to a high standard. There was a decrease in the use of restraint and behaviours that challenged were well managed with no use of psychotropic medications. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. The choice of activities was wide and varied and met the needs of dementia residents. The management of complaints was robust.

The staffing levels and skill mix was good. Staff had received training which equipped them to engage and care for residents who had dementia. However, some staff required training in the safeguarding of residents. The premises met the needs of residents. The continuation of implanting additional signage and the consideration of access to the garden would enable residents with dementia maintain their independence for a longer period of time.

The action plans at the end of this report reflect where improvements need to be made.

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Inspectors found that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical, health and social care. Residents had access to members of the multi-disciplinary teams and inspectors saw evidence that there was no delay in sending referrals and residents being assessed. There was noted improvement in the nursing documentation since the last inspection such as the updating of care plans post a change in the residents condition and the person centred content. However, there were still some gaps in the nursing records reviewed.

Inspectors reviewed four residents' files in detail. The person-in-charge or her deputy completed a pre-admission assessment on each resident prior to their admission to the centre. A comprehensive and personalised assessment of each resident's health and social care needs was undertaken on admission. A range of evidence based tools were used to assess and identify any changes in areas such as nutrition and hydration, dependency, skin integrity, oral care and risk of falls. All assessments were reviewed within a four month period. However, areas such as end of life were not always assessed in detail and where the resident had refused to discuss this topic this was not documented. Others identified as having advanced dementia and had their death and dying preferences recorded did not have these needs reflected in an end of life care plan. Each need identified on assessment on the whole had a detailed person centred care plan in place to reflect this need. There were a few gaps noted where a resident did not have a care plan in place to meet the need identified. For example, a particular care plan did not reflect the current status of the resident in relation to the management and evaluation of skin integrity.

There were five staff responsible for coordinating activities each day, with one on duty until 8pm. Inspectors saw that a wide variety of activities were available to residents'. The activities schedule was displayed on the notice boards in each of the three main sitting rooms. These notice boards large and visible to residents. Inspectors noted that the times that activities were taking place was not displayed there. An addition could

enable residents to plan their day independently of staff. During the inspection there were a range of activities taking place. Weekly Mass was organised for the afternoon of the inspection. Inspectors observed one to one activities such as reading the paper, walking and talking. During the week there were a range of activities including music, discussions and art. An activities programme was displayed on the resident's notice board that outlined the activities planned for the week. Records of activities provided and attendees were recorded in residents individual records. Inspectors did a formal observation during the day including mealtimes and activities. Activities staff remained in the main rooms throughout the morning. Inspectors saw that staff worked to involve residents in the activities taking place, promoted independence but respected their decisions not to engage if they chose not to.

Inspectors was satisfied that resident's were provided with meals that were nutritionally wholesome and in accordance with their assessed needs. A menu was displayed on a white board on the wall that outlined the choice of meal for the day. Fresh fruit and access to drinking water was easily accessible for residents throughout the day around the centre. Inspectors spent time with residents in the dining room at lunchtime and residents voiced that mealtimes were a nice and enjoyable experience. A number of residents who spoke to inspectors expressed their satisfaction with the quality of meals served and choice they had. Tables were pleasantly set and residents were served as they sat. Inspectors observed meals were presented and served by staff who asked residents if that was what they wanted. Staff were familiar with the special dietary requirements and preferences of residents' and were knowledgeable of the residents' assessed needs. The residents were discreetly and respectfully assisted with their meals if required. However, inspectors noted large cloth aprons were used on the majority of resident's in the dining area to protect clothing form spillages and food. When asked about the need for this for all residents and the choice behind such a noticeable item that may compromise the dignity of residents, staff voiced that residents requested to use these cloth aprons. Inspectors were informed that the centre will look into alternative options so that the dignity of residents will not be compromised.

An alternative dining arrangement was offered to residents that found the main dining room to be too busy and distracting. This smaller, quieter dining room had a staff member present during meals at all times to assist residents. There was a communication folder in place for staff in the dining area 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 assessments of residents using a malnutrition universal score test (MUST) assessment tool. Residents were weighed monthly and malnutrition universal score test (MUST) recorded on a three monthly basis any deterioration in nutritional status was promptly escalated to dieticians and medical practitioners. However, inspectors noted that recommendations for accurate food and fluid recording were not always fully implemented as there were gaps in the food records of a nutritionally compromised resident.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. A thorough review of all incidents, accidents and complaints was reviewed monthly to observe trends and actions put in

place. There was evidence of appropriate action consistently being taken. Where residents had fallen there were post falls assessments and incident forms were completed. During the time inspectors were in the centre, they saw evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting.

Inspectors were satisfied that each resident was protected by policies and procedures for medication management. Inspectors observed the morning medication round and spoke with nurses regarding medication management practices. Practices observed were in line with guidance from Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). The maximum dose for PRN (as required) medications was not always completed. This was brought to the attention of the nurse in charge at the time of the inspection. The person in charge confirmed that the use of (PRN) medications was not required to manage any behaviours that may challenge. There was a comprehensive psychotropic medication policy in place to support this practice if required.

There was regular reviews of the residents medications general practitioners and the pharmacy service. Medication audits were carried out by the pharmacist and action plans were in place following these audits. The person in charge took responsibility for implementing these actions and communicated audits and actions with staff via email and staff meetings.

This outcome was judged to be substantially compliant in the self-assessment, inspectors also judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures to protect residents with dementia being harmed or suffering abuse were in place. Residents spoken with stated they felt safe in the centre. The front door was managed by a receptionist where all visitors were asked to sign the visitors book.

There was a policy and procedures in place for the prevention, detection and response to abuse which reflected the National Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse" 2014. Staff spoken with demonstrated a good knowledge of what constituted abuse although not all had up-to-

date refresher training in place.

Staff managed petty cash on behalf of a small number of residents'. Inspectors saw that the system in place was robust. A sample were reviewed and the sum of cash held was equal to the balance recorded. Records included all expenditures for which receipts were held.

There was a policy which reflected the use of restraint in the centre. It referenced the National Policy 2011 "Towards a Restraint Free Environment" on the use of restraint. Practice observed reflected policy. The provider had invested in alternative equipment used as an alternative to restraint this included fall sensor mats for resident beds and chairs and low beds. A small number of residents with dementia had bed rails in use. There were no residents on as required psychotropic medications. Residents with bedrails had assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded and where the resident had refused to trail alternatives this was recorded. Assessments reviewed reflected a multi- disciplinary approach to completing making a decision that a form of restraint was in the best interest of the resident. Residents' using bedrails as a form of restraint had a care plan in place.

The policy to manage behaviours that challenge reflected the care provided. Inspectors were informed that there were no residents' displaying behaviours that challenge at the time of this inspection.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as being substantially compliant.

Judgment:
Substantially Compliant

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:
Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents' privacy and dignity was respected. There was a policy providing staff with information on how to communicate with residents with dementia. They had access to meaningful activities and had choice in relation to how they lived their life.

Inspectors were informed that resident meetings were facilitated by an independent advocate and minutes of these meetings were available for review. There was evidence

that issues raised were feedback to the person in charge and addressed where necessary. Residents had access to independent advocates. There contact details were displayed on the residents' notice board.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to the inspectors and inspectors observed staff treat residents with the utmost respect. Staff appeared to know the residents well and they took time to communicate with them in a kind and patient manner. Inspectors observed the interactions between staff and residents' for a period of time in two different communal rooms and found interactions to be positive and inclusive of all residents' including those identified as having dementia.

Residents privacy was respected. They received personal care in their own bedroom or behind privacy screening in multi-occupancy bedrooms. Bedrooms and bathrooms had privacy locks in place.

There were no restrictions on visitors and residents could receive visitors in private. There were two private visitors rooms, one on each floor. As mentioned under outcome 7, the front door was manned by a receptionist during the day and all visitors were requested to sign it. Residents and visitors had access to a kitchenette on the each floor.

All residents were offered the choice to register to vote and a number of residents had chosen to do so. They were facilitated to vote within the centre. Residents said the rosary daily in the main sitting room and the local parish priest said Mass in the centre each Thursday. Residents spoken with spoke positively about this service.

Residents had access to the daily newspapers a number were seen reading them. Staff facilitated residents' with communication difficulties to keep up-to-date by discussing the daily newspapers each morning. They had access to a hand held computer and a wireless internet service was available throughout the centre.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant

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:

There was a complaints policy in place which met the regulatory requirements. A copy was on display at the front of the centre and on each floor.

Residents with dementia told inspectors that they would complain to the person in charge or any of the staff caring for them. A review of the complaints recorded over a two year period showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process, however none on file had been appealed.

The provider nominee overviewed the complaints process ensuring they were all addressed as per the complaints policy.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There was appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre.

Records reflecting registration details of staff nurses for 2016 were available for review. Staff had up-to-date mandatory training in place. Staff had completed on-line training on a number of topics such as first aid, infection control and on food hygiene. Staff nurses had completed training on the use of syringe drivers, care planning and provision of stoma care. Staff and relatives had attended a dementia specific awareness evening held in the centre in September 2015. Staff had also received training on how to manage responsive behaviours. This was evident in the manner staff interacted with residents with dementia and included them in all aspects of their care.

There was an actual and planned staff roster which reflected the staff on duty. Staff told inspectors that they had appraisals completed with their manager each year and they attended staff meetings every 2-3 months. Minutes of these meetings were reviewed.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

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 location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre was clean tidy, well light and heated. Residents bedrooms contained all the furniture they required including adequate individualised storage facilities. They were encouraged to personalise their bedrooms and inspectors saw that most residents did so. Multiple occupancy bedrooms were situated close to bathrooms and toilets. The communal areas were decorated in a homely manner. They were available on the ground and lower ground floor.

The corridors were wide and had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre. The sanitary wear, wall tiles, flooring, handrails and toilet seat cover were all decorated in plain colours. Wooden toilet seats were used to enable those with dementia to remain independent when using their bathroom. The bathroom on the first floor had a privacy lock installed since the last inspection.

Inspectors were shown new personalised bedroom door signage which were in the process of being purchased for residents' who choose to use them. They were already in place on some residents bedroom doors. New bathroom and toilet door signage were also in the process of being installed. These new initiatives would enable residents' with dementia to maintain their independence for longer periods of time.

Residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure relieving mattresses, high-low beds, low low beds and hoists had been serviced within the past year. Inspectors observed that some equipment such as hoists were being stored in communal bathrooms. Inspectors were informed that a storage space for equipment was being provided in the new extension which was in progress. This extension also included provision for three single bedrooms.

Residents' had access to an enclosed, safe and secure courtyard and a larger garden. However, residents with dementia could not independently access these areas as access doors were key coded, one had to enter the code to release the door.

Risks identified on the last inspection including the storage of linen in bathrooms and risks associated with residents' who smoked had been addressed and were not seen as a risk at this inspection. There was a risk register in place. Inspectors saw that the fire extinguishers were serviced on an annual basis and a service had been last completed in June 2016. The fire alarm was serviced on a quarterly basis and was last serviced in June 2016, the emergency lighting was last serviced in February 2016. Staff were knowledgeable about what actions to take in event of a fire and they practiced mock fire drills on a monthly basis, using evacuation aids including a dummy (purchased for practising purposes by the provider) and evacuation sheets.

The five, three bedded bedrooms and the high dependency unit remained unchanged since the last inspection. They appeared to meet the needs of those currently living in them.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

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:

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Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Glenaulin Nursing Home
Centre ID:	OSV-0000041
Date of inspection:	04/08/2016
Date of response:	12/09/2016

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:
Resident assessments were not always completed to reflect residents end of life preferences. The system for gathering residents religious and spiritual preferences required improvement.

Care plans were not consistently completed for each identified need for example, the management and evaluation of skin integrity.

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

Food charts were not completed in detail as requested by a visiting multi disciplinary team member.

Consider displaying the times activities are taking place at to enable residents to make independent choices.

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.

Please state the actions you have taken or are planning to take:
• On admission we inform residents that we would like to discuss their End of Life preferences and this is documented in their comprehensive assessment. We will aim to have all End of Life Care Plans completed on new admissions within 6 months of their admission. All new Staff Nurses will have training in "What Matters to Me" by 30th November 2016.
• Assessment & Care planning education is to be completed for all new Staff Nurses by 30th November 2016.
• We have introduced monthly audits on our fluid and food charts so to identify how to improve the completion of them on a daily basis by Care Staff. At our next Care Staff meeting on 13th September 2016 we will discuss and identify with Care Staff the education they require regarding documentation.
• Times of activities are now displayed on our activities boards to enable resident's to make independent choices.

Proposed Timescale: 31/12/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum dose of as required medications was not consistently stated on the residents prescription chart.

2. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
• We have spoken with our pharmacy and the maximum dose of as required medications will now be checked as part of our quarterly audit completed by pharmacy.
• We have spoken with our G.Ps and asked them to ensure that they document the maximum dose required on the resident's prescription chart.

Proposed Timescale: 30/11/2016

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff did not have up-to-date training on prevention, detection and response to abuse.

3. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
• All staff that do not have up to date training in prevention, detection and response to abuse will have it completed by 30th November 2016

Proposed Timescale: 30/11/2016

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:
Equipment was stored in resident bathrooms.

4. 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:
• As discussed with the inspectors on the day of inspection, we are including increased storage facilities in our new extension

Proposed Timescale: 31/12/2016