

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Gormanston Wood Nursing Home
<b>Centre ID:</b>	OSV-0000131
<b>Centre address:</b>	Gormanston, Meath.
<b>Telephone number:</b>	01 841 4566
<b>Email address:</b>	gormanston@trinitycare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Costern
<b>Provider Nominee:</b>	Keith Robinson
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	86
<b>Number of vacancies on the date of inspection:</b>	3

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 November 2016 10:00 To: 14 November 2016 18:45

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This monitoring inspection of the centre was unannounced and took place over one day. The inspector spoke with residents and staff members and reviewed documentation and practices. Progress with completion of the ten action plans following the last inspection in March 2015 was also reviewed on this inspection. The inspector found that all actions were completed with the exception of an action referencing non-compliance with the layout of one twin bedroom and staffing levels. Although the findings on inspection confirmed that staffing levels and skill mix was reviewed since the last inspection, further review was required to ensure residents' needs were met. The collective feedback from residents spoken with was of satisfactory in relation to care, the staff team and the service provided to meet their needs.

The inspector found there were measures in place to ensure residents were protected from abuse. Staff interactions with residents as observed by the inspector were respectful and supportive. The centre accommodated residents with complex

care needs, including residents with dementia.

The inspector found that the centre was cleaned, decorated and maintained to a good standard. There was evidence of ongoing work to further improve the comfort and accessibility of the environment for residents with dementia. Residents' views and feedback was sought and valued in this process. The layout and variety of internal and external safe garden areas was found to provide a comfortable, pleasant and interesting environment for residents.

Overall the inspector found that there was substantial compliance with the requirements of the regulations in most areas. Residents' healthcare needs were met in practice, however improvement was required to ensure residents' needs were comprehensively assessed and that person-centered interventions were documented and kept up to date. Arrangements in place to ensure the activation needs of residents were met including review of staffing resources in this area required improvement. While there was a system in place for monitoring the quality and safety of care, this required review to ensure that all areas of non-compliance with the regulations were highlighted for improvement.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.

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: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose document contained all of the information as required by the Regulations. The document was recently revised to reflect changes in the management structure and deputising arrangements. A copy of the statement of purpose was available in the centre's reception area and was accessible to residents. The statement of purpose clearly described the range of needs that the designated centre intended to meet and outlined the services provided.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the governance and management structure was clearly defined. Lines of authority and accountability and reporting arrangements were evident

from the inspector's observations and speaking with staff on the days of inspection. Systems and structures were in place to ensure the centre was effectively governed and managed. There was evidence of meetings convened by the management team with staff grades to ensure comprehensive inter-team communication. These meetings were minuted and actions identified were followed through. There were adequate resources provided to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function. A number of new staff including a new assistant director of nursing was appointed to ensure the staffing compliment in the centre was maintained. The new assistant director of nursing had a master's degree in dementia care and experience working in older person care. Her role involved deputising in any absence by the person in charge

There were systems in place to monitor the quality and safety of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were analysed identifying areas for improvement and learning. However, the inspector found that some areas of care were not sufficiently monitored as non-compliances identified on this inspection were not highlighted by monitoring systems in place. For example; deficits in assessment and care planning documentation and development of activity programmes to reflect the interests and capabilities of some residents were found on this inspection.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2015. A copy was available for review on inspection. This report was also made available to residents.

**Judgment:**  
Substantially 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:**  
A resident's guide document was available to residents and accurately described the services provided.

Each resident had a contract of care. The inspector reviewed a sample of residents' contract documents and found that most contracts reviewed were in compliance with the requirements of the Regulations. Agreement was not evident with recently increased

additional fees in one resident's contract in the sample reviewed. The cost of the accommodation fee and services provided were detailed for each resident. Contracts of care and service were signed by the resident themselves in some cases or on their behalf by their representative.

**Judgment:**  
Substantially 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:**  
There were appropriate measures in place to safeguard and protect residents from being harmed or suffering abuse. A policy document was available to inform staff on identifying and responding to any suspicions, allegations or incidents of abuse. Staff training records evidenced attendance by all staff at safeguarding training. Staff spoken with demonstrated sufficient knowledge regarding the different forms of elder abuse, reporting procedures and was aware of their responsibility to report.

There were a small number of residents with responsive behaviours related to their dementia. The majority of staff had attended dementia training. The inspector saw that assessments had been completed and behaviour support plans were in place for residents with responsive behaviours. There were no incidents of responsive behaviours observed on this inspection indicating that residents with behavioural and psychological symptoms of dementia (BPSD) were supported by staff. Staff spoken with discussed triggers to individual resident's responsive behaviours and the person-centred interventions they used to de-escalate behaviours. The inspector observed that staff approached residents with behavioural and psychological signs of dementia in a sensitive and compassionate manner. Residents were observed to respond positively to the techniques they used. However, documentation of information referencing individual triggers and de-escalation interventions required improvement to inform a consistent approach to care of residents with BPSD. This finding was demonstrated in behaviour support care plans reviewed by the inspector being generic in the absence of documented person-centred interventions. This finding is actioned in outcome 11.

The inspector reviewed the use of restraint in the centre. Findings demonstrated that restraint use was closely monitored. Residents using bedrails had assessments

completed to inform their safe and appropriate use. There was also evidence demonstrating that efforts were made to reduce bedrail use. Some residents used equipment to enable their mobility while resting in bed as an alternative to a bedrail. The person in charge discussed work she was undertaking to provide less restrictive bedrail enablement equipment for residents who requested bedrails to support their feelings of security.

There was a transparent and secure system in place to manage residents' finances and property. Records of transactions was maintained and co-signed by the resident and a staff member or two members of staff. Residents could choose to securely store their valuables in their room if they wished. The inspector viewed records of residents' money kept in safekeeping and checked a sample of residents' finances for which balances were accurate. Residents had access to their money as they wished.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

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

**Findings:**

The health and safety of residents, visitors and staff was promoted and protected and risks identified during the last inspection in the centre in June 2015 were satisfactorily completed.

A safety statement for the centre was available and had been updated for 2016. The centre had policies and procedures available relating to health and safety management in the centre. There was a comprehensive risk management policy which reflected the requirements of regulation 26. Arrangements were in place for investigating and learning from incidents/adverse events involving residents or others. Training records evidenced attendance of all staff at moving and handling training. The inspector observed a small number of incidents where staff performed underarm lifting to assist a resident to a standing position and a resident into a wheelchair. This finding did not reflect best practice lifting technique.

Call-bells observed by the inspector were accessible and placed within residents' reach by their bedside. However, the cord on one emergency bell in a communal room was broken and as such inaccessible. While the extraction fan in the smoking room required manual activation, the room was adequately ventilated on the day of inspection. The smoking room was equipped with appropriate cigarette ash receptacles, fire blanket and



smoking apron. Keys to the medication trolleys were held by the staff nurse responsible for administering medications. The medication trolleys were securely locked when not attended during medication administration to residents. The centre was visibly clean. Sluice rooms were locked to prevent unauthorised access. Satisfactory procedures were in place for the prevention and control of healthcare associated infections.

There were satisfactory precautions in place against the risk of fire. Residents had evacuation risk assessments completed and a copy was held at reception for information for emergency services if necessary. All staff had attended fire safety training. Staff had opportunity to participate in fire evacuation drills. There was adequate means of escape and fire exits were unobstructed. Residents who wished to have their bedroom door open had a fire alarm sensor device fitted. The procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. Fire safety management checking procedures were in place and recorded. Staff spoken with were aware of the procedures to follow in the event of the fire alarm sounding. New staff to the centre were provided with in-house outline fire safety training pending more comprehensive training by an external training company.

**Judgment:**  
Substantially 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:**  
Residents were protected by safe medication management practices. A policy document was available to inform practice. The inspector observed administration of medication to residents and found that practices reflected professional guidelines. The staff nurse signed the medication administration record sheet once she was satisfied the resident had taken the medication. The inspector observed good hand hygiene practices in between dispensing each resident's medication.

Nurses transcribed residents' prescriptions. The signature records to validate this process were recorded. The instruction to 'crush' some residents' medications was detailed on prescriptions seen by the inspector. The format of the administration record sheet provided sufficient space to enter anomalies such as refusal to take medication or a rationale for withholding administration of medications.

The storage of residents' medications was found to be in line with professional guidelines. Medication storage trolleys were observed to be locked and secured to the

wall as appropriate. Storage and record keeping of medications controlled under misuse of drug legislation met requirements. There was a procedure in place for removal of out-of-date or unused medications from stock and return to the pharmacy. The pharmacist was facilitated to meet their statutory obligations to residents including availability to discuss their medications with them. Medication audits were completed and were made available to the inspector.

**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:**  
A record of all incidents and accidents to residents that occurred in the centre was maintained and, where required were notified to the Chief Inspector. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of September 2016 including use of restraint. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding accidents and incidents.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were 86 residents in the centre on the day of inspection. 36 residents had assessed maximum dependency needs. 17 had high dependency needs, 24 had medium and nine had low dependency needs. 31 residents had a diagnosis of dementia and a number of other residents had symptoms of dementia.

The inspector found that the healthcare needs of residents were met. Residents had good access to a choice of GPs, allied health professionals, palliative care and psychiatric services. Out-of-hours GP service were also available to residents in the centre. Residents' records confirmed they had timely access to these specialist services as required in addition to support to attend out-patient appointments. The inspector found on this inspection that arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and thereafter using validated risk assessment tools which informed completion of care plans to direct care interventions to meet each residents' identified needs. However findings indicated improvement was required in documentation of interventions in residents' care plans to direct staff regarding their care. While residents' healthcare needs were met in practice, some interventions documented in care plans were generic and did not inform person-centred care. Daily progress notes were completed and were generally linked to care plans.

Some residents had evidence of unintentional weight loss. A dietician and speech and language therapist attended the centre as necessary and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. Recommendations made were not consistently documented in some residents' care plans reviewed. Residents' weights were checked on a monthly basis or more often if necessary and records were trended to inform timely interventions and track progress for each resident at risk. Reference sheets were available outlining residents' special diets including diabetic, modified consistency diets and need for thickened fluids. Arrangements were in place for communication of residents' dietary requirements to the kitchen.

The inspector found that residents' pain relief needs were met. While an assessment tool was available to assess residents' pain levels, there was evidence of inconsistent application of this tool and care plan development to inform pain management. Arrangements were in place to ensure care plans were reviewed on a four-monthly basis or more often in response to changing needs. However, there was inconsistent documented evidence that residents and their relatives were involved in care plan development and reviews thereafter.

Residents were each assessed on admission and regularly thereafter to identify their risk of falling. Resident falls were monitored as a key indicator of quality and safety in the centre. Analysis and trending of data was done with learning gleaned from review procedures of individual fall incidents implemented into practice. There were seven incidents of residents falling and sustaining an injury requiring hospital treatment, five of which involved a bone fracture reported to HIQA as part of the statutory notifications

required since the 01 January 2016. Residents at increased risk of falling wore hip protectors and were provided with increased staff supervision, support equipment, sensor alert alarm equipment, low level beds and floor mats.

The inspector was told that two residents had pressure related skin ulcers, one of which developed in the centre. The inspector reviewed pressure ulcer preventative procedures and wound care procedures in the centre. Procedures to prevent pressure related skin ulcers were satisfactory. Assessment of risk of skin breakdown was completed with equipment such as pressure relieving mattresses and cushions in addition to care procedures including repositioning used appropriately. Wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan. Tissue viability, dietician and occupational therapy specialists were consulted as necessary to support staff with management of wounds that were not healing or deteriorating.

Staff were trained to provide subcutaneous fluid administration to residents with acute hydration needs if necessary. This negated their need for admission to hospital for this procedure.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

The location and design of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way, Residents in the centre were accommodated in four separate units over two floors. The units are known as Elm, Cedar, Beech and Laurel. One of these four units is dedicated to providing care for residents with dementia. Each unit was self-contained providing single or twin room en-suite bedroom accommodation and separate dining and sitting areas. Each unit had access to a safe and secure garden space. Entrance to individual units was controlled by means of an electronic key coded system to protect residents assessed as being at risk of leaving the centre unaccompanied. Other residents could

have the lock code if they wished to exit the unit they were accommodated in or to exit the centre independently.

Additional rooms were available in some units and in close proximity to the reception area, where residents could meet their relatives and other visitors in private if they wished. The communal room in the reception area opened out into a garden area and was used by residents for social and recreational activities, special celebrations and religious services including weekly mass.

Findings requiring improvement identified on the last inspection in the centre in June 2015 were satisfactorily completed with the exception of the layout of a one twin bedroom. The inspector observed that inadequate space was available to facilitate access by one resident in this bedroom to their wardrobe or drawer unit. Some areas of corridor with ramped flooring in place were fitted with handrails to support residents' mobility.

There was adequate equipment to meet the assessed needs of residents including hoists, mobility aids, handrails and grab-rails. Adequate storage was available for residents' equipment.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a policy and procedure in place for the management of complaints, including details of the appeals process. A summary of the complaints procedure was displayed and was also detailed in the Residents' Guide document. The person in charge was nominated to deal with complaints.

A complaints log was maintained in the centre, which was made available to the inspector on the day of the inspection. There was evidence of complaints being recorded, including the details of complaints and the action taken. Complainants' satisfaction with the outcome of complaints was recorded.

A review of concerns and complaints was carried out every quarter as part of the governance and management procedure for the centre.

**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:**

Residents were consulted with and supported to participate in the organisation of the centre. Residents' forum meetings were held at regular intervals and were minuted. There was evidence of consultation with residents and their feedback influenced decisions made. For example, residents were given opportunity to select colour schemes for their bedrooms. They were given samples of paint colour cards, wallpaper and swatches of fabric for quilt covers and curtains. Their choice was respected and the inspector saw that each room was decorated to reflect residents' individual choices. An initiative was underway where residents' bedroom doors had a decorated overlay applied to them that made them look like front doors to domestic dwellings. Residents were afforded a choice of colour for their bedroom door. The inspector saw this project was completed in the dementia specific unit.

Residents' privacy and dignity was respected. Bedroom and toilet doors were closed during care activities. Privacy screening was available and used in twin bedrooms. Staff were observed to knock on bedroom doors before entering. Residents were also facilitated to exercise their civil, political and religious rights. Residents spoken with expressed their satisfaction at opportunities provided for them to practice their religious faiths and choices afforded to them in their day-to-day lives. The inspector saw that residents were offered choice regarding the time they retired to bed and got up in the morning. Residents were afforded choice of menu and where they ate their meals. Residents were also offered a disposable clothes protector and were also provided with napkins during mealtimes. Staff sought permission of residents before undertaking any care tasks and consulted with them about how they wished to spend their day. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well. Residents had access to independent advocacy services. There were no restrictions on visitors and residents could meet visitors in private if they wished. The inspector observed residents' visitors visiting them throughout the day of inspection.

Social care planning was undertaken by an activity coordinator. An activity schedule was displayed. Each resident had an assessment completed to determine their specific past interests and to inform the activities provided to meet their needs. However, improvement was required to ensure that residents were facilitated to participate in activities that reflected their interests and capabilities. The activity coordinator was committed to providing interesting and varied activities for residents and made efforts to schedule activities in each of the four communal sitting areas. However the inspector observed that the carer role or staff allocation was not fully utilised to ensure that opportunities were taken to facilitate activities for residents. During the inspection the inspector saw a reliance on television in some units while the activity co-ordinator was occupied with facilitating an activity for residents in another unit. A hairdresser attended the centre twice weekly.

**Judgment:**  
Substantially Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

Findings confirmed that staffing levels and skill mix had been reviewed since the last inspection in June 2015. However, further review was required to ensure there were sufficient staff available to assist some residents with eating and to ensure residents activation needs were met in all four units. A clinical nurse manager was on duty on each unit to ensure staff were appropriately supervised. An assistant director of nursing supported the person in charge in a supernumerary capacity. Annual staff appraisals were completed by the person in charge.

There was evidence that new staff had participated in induction training and there was an extensive training programme in place. They had up-to-date mandatory training and access to education and training to meet the needs of residents.

There were effective recruitment procedures that include checking and recording all of the information required in schedule 2 in relation to persons employed at the centre. The inspector examined a sample of staff files and found them to be complete. A record was maintained of staff nurses' professional registration details which were up-to-date. All staff were appropriately vetted.

There was evidence that regular staff meetings were held for staff at various levels, with actions from these meetings clearly indicated.

**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:***

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Gormanston Wood Nursing Home
<b>Centre ID:</b>	OSV-0000131
<b>Date of inspection:</b>	14/11/2016
<b>Date of response:</b>	20/12/2016

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

Some areas of care were not sufficiently monitored as non-compliances identified on this inspection were not highlighted by monitoring systems in place.

#### 1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

Each resident will have their assessment and care planning documentation and development of activities reviewed and will be reflective of the individual's activity interest and their social care needs.

All care plans are reviewed at least on a quarterly basis, 10% of care plans are audited on a monthly basis by Director of nursing or Assistant director of nursing ensuring there is a process in place for quality improvement. Action plans are devised and reviewed by Director and Assistant director of nursing and care plans are reviewed and re-audited.

**Proposed Timescale:** 31/03/2017

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Agreement with recently increased additional fees in one contract reviewed was not available.

**2. Action Required:**

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

A letter informing the resident/family regarding the increased additional fees in the contract reviewed was sent and there was an opportunity to contact the provider if they had a query regarding same. This letter is now attached to the back of the contract. The letter sent to the residents and their families assumed agreement unless residents and their families had an issue or query regarding the matter. Families were offered the opportunity to discuss the increase with the provider in relation to the matter. A number of residents and families responded to this offer.

**Proposed Timescale:** 09/12/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

There was a small number of incidents where staff performed underarm lifting to assist residents.

**3. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

All staff are trained in manual handling and all staff are up to date as per the training matrix.

Staff will receive additional training in the technique to be carried out whilst assisting a resident to a standing position and transfer of a resident into a wheelchair, also to use the "grab belt lift" to assist residents. All staff are supervised by nurses, CNM's Director and assistant director of nursing to ensure best practice.

**Proposed Timescale:** 30/12/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

There was inconsistent assessment and development of care plans to inform pain management.

**4. 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:**

A recording sheet is developed and placed with the MARS to assess the effectiveness of analgesia administered to the resident.

Each resident will have their assessment and care plan of pain management completed where necessary. This care plan will be reviewed on a four monthly basis or more frequently and will be reflective of the residents changing needs.

Other methods of pain assessment, especially for residents with cognitive impairments such as pain assessment boards are been reviewed.

**Proposed Timescale:** 31/03/2017

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Some care interventions documented in care plans were generic and did not inform person-centred care.

There was inconsistent updating of residents' care plans to reflect recommended interventions made by the dietician and speech and language specialists.

**5. 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:**

A meeting was held with Clinical Nurse Managers to plan a strategy to articulate and arrange care plan training and re-education relating to person centred care and updating of information from team notes in a timely fashion.

**Proposed Timescale:** 31/03/2017

**Theme:**

Effective care and support

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

There was inconsistent documented evidence that residents and their relatives were involved in care plan development and reviews thereafter.

**6. 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:**

All residents /families as appropriate will be invited to offer the opportunity to attend care plan development and reviews and this will be documented in the resident care plans highlighting their attendance.

**Proposed Timescale:** 31/03/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The layout of one twin bedroom did not provide adequate space to facilitate access by one resident to their wardrobe or drawer unit.

**7. 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:**

Re-organisation of the bedroom to accommodate the twin bedroom and its contents to allow for adequate space for the resident to access furniture.

**Proposed Timescale:** 17/11/2016

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

**Theme:**

Person-centred care and support

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

Improvement was required to ensure that residents were facilitated to participate in activities that reflected their interests and capabilities.

**8. 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:**

A comprehensive activities programme is in place to stimulate the residents mentally and physically to encourage social aspects and wellbeing of the residents within the home.

The activities co-ordinators will work further with healthcare staff to allocate, engage and entertain residents in activities that best benefit their individual needs and interests.

**Proposed Timescale:** 31/01/2017

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staffing levels and skill mix required review to ensure there were sufficient staff available to assist some residents with eating and to ensure residents activation needs

were met in all four units.

**9. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staffing levels are consistent with the Statement of Purpose. A review by the Director of Nursing and Assistant Director Of Nursing during mealtimes to ensure deployment of staff to assist residents during mealtimes. Supervision by the Clinical Nurse Managers to ensure sufficient staffing is available during mealtimes and activities.

**Proposed Timescale:** 16/11/2016