

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Centre address:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w.
Telephone number:	01 492 7624
Email address:	ros@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Ltd
Provider Nominee:	Seamus Brady
Lead inspector:	Deirdre Byrne
Support inspector(s):	Jim Kee;Shane Walsh
Type of inspection	Unannounced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 April 2016 09:30 To: 13 April 2016 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Inspectors met with residents, relatives and staff members and observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. This inspection also considered unsolicited information brought to the attention of HIQA and information received in the form of notifications forwarded by the provider. The unsolicited information was found to be unsubstantiated. This monitoring inspection was unannounced and took place over one day. There were areas of good practice and some areas of non compliance identified in the inspection.

There were 49 residents accommodated in the centre on the day of inspection. 17 of the residents were assessed as having maximum dependency needs, 12 had high dependency needs, 16 had medium dependency needs and four residents were assessed as having low dependency needs.

There were policies and procedures on the management of responsive behaviours and staff had received training in this area. There were policies on the use of restrictive practices to assess, monitor and review practice. There were adequate systems in place to safeguard residents from the risk of abuse. There were measures

in place to document and investigate complaints. Staff were familiar with the residents and interacted with the residents in a respectful and patient manner with them.

Inspectors identified areas where improvements were required to enhance positive outcomes for residents, and these related to:

- the review of residents' responsive behaviours in line with the policy,
- the residents right to exercise choice,
- progress in achieving a restraint free environment,
- aspects of medication management and,
- care planning.

The areas of non compliance and good practice were discussed in with the person in charge, the provider nominee and senior management following the inspection. The action plan at the end of this report identifies where improvements are required 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:

There was a statement of purpose made reference and included the requirements of schedule 1 and regulation 3 of the regulations.

The statement of purpose described the services and facilities, the management structure, staffing levels and the way in which care was to be provided to residents. The admissions criteria to the centre were not clearly described. Inspectors discussed how residents were deemed suitable for admission to the centre with the person in charge and the group operations manager during the inspection.

The person in charge stated a robust pre-admission assessment was completed, that all residents were then deemed eligible for admission to the centre by this process which is completes for all new residents.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy on the management of responsive behaviours in place. However, it was not fully implemented in practice. For example, evidence based tools were not utilised to record when some residents had incidents of responsive behaviours. This is outlined in more detail in Outcome 7 (safeguarding).</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>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.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found systems were in place to protect residents from being harmed or from suffering abuse. However, improvements were required in the management of behaviours that challenge and the use of restrictive practices.</p> <p>There was a policy on the use of restrictive practices in the centre which also referenced policy and the principals of the National Policy 2011 "Towards a Restraint Free Environment". The implementation of the policy was work in progress and it required improvement. Of the 49 residents living in the centre, there were 22 who required the use of bedrails. This was discussed with the provider.</p> <p>The use of restrictive practices related primarily to the use of bedrails. Inspectors reviewed the files for some residents who had bedrails in place. In terms of bedrails, there were detailed risk assessments completed on a regular basis, there was evidence of the alternatives considered and confirmation those residents or their representatives had been consulted with. There were documented records that confirmed the regular monitoring when bedrails when in place. An area of improvement was identified where residents' medicines were administered in a disguised or covert way. For example, there was no evidence of an assessment, the alternatives considered or care plan (see</p>

Outcome 9).

Inspectors reviewed a comprehensive policy on the management of responsive behaviours. It contained detailed information to guide staff practice. However, it was not fully implemented in practice. For example, evidence based assessment tools called antecedent-behaviours-consequence (ABC) forms were not consistently completed for some residents. These tools are utilised where a resident exhibits behaviours that challenge and helps form an overview of what are the triggers to the behaviours demonstrated. Inspectors read of incidents of responsive behaviours involving residents in the complaints log or nursing narrative notes but, the ABC tool was not used. See outcome 5 (documentation). Following the inspection the person in charge provided an update that outlined the action she had taken. There were care plans developed for residents however, they did not consistently guide practice. For example, the behaviours, the triggers, and the action to take to mitigate the behaviour. See outcome 11 (healthcare). Inspectors spoke to staff who were very familiar and knowledgeable of the residents, and what action they would take to mitigate any behaviours.

It was evident in the course of the inspection that some residents' behaviours had been having a negative impact on some residents living in the centre. Inspectors spoke to residents who said they were not happy with some of the interventions being put in place. These matters were discussed with the person in charge and the provider during and at the end of the inspection. Inspectors were assured by the provider and person in charge that any interventions were in the best interests of the residents and any interventions were part of the day to day running of the centre.

There was a safeguarding of vulnerable adults policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. Alongside the policy was a copy of the Health Service Executive (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014.

The person in charge was familiar with the policy regarding and how she would investigate an allegation of abuse. Records read confirmed all staff had received training in the protection of vulnerable adults, and the training was facilitated by the person in charge. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

There had been allegations of abuse notified to HIQA prior to the inspection. The provider had completed an investigation in the incidents. It was evident that timely action had been taken and the procedures to investigate the allegations of abuse had been implemented. The provider was in the process of completing the investigation reports and updated inspectors on these during the inspection. He informed inspectors the reports would be submitted to HIQA on their completion.

All residents spoken to said that they felt safe and secure in the centre.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors observed that 'can disguise medications' was documented at the top of a number of the prescription sheets for residents. There were no associated resident specific care plans in place to provide further guidance to staff on the administration of medicines to the residents concerned. (See outcome 11).

There was no further authorisation indicated on each line of the prescription sheet to indicate that the prescriber had authorised each medicine to be crushed or the manner in which the medicines were to be administered.

There was no documented evidence available to indicate that full written assessment of the residents had been performed prior to the decision to administer medicines in a covert manner. The person in charge submitted an assessment of the process regarding the decision making to administer these medications on the 30 May 2016.

There was no documented evidence that alternative measures had been trialled or that the rationale for the use of covert administration had been made following a multidisciplinary agreement that this practice was in the residents' best interests. (See outcome 7).

Judgment:

Non Compliant - Moderate

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:

Inspectors found residents received a good standard of nursing care from nursing staff that were familiar with the residents' healthcare needs. There was good access to general practitioner (GP) services and a range of allied health professionals. There were improvements required in the documentation of care plans.

Inspectors reviewed a sample of residents' care plans during the inspection. There was evidence that residents were regularly assessed for a range of clinical needs. There was evidence of consultation with the residents or their representative where required in the review of their care plans. However, the documentation of care plans required some improvement. For example:

- some care plans were not completed for all residents' healthcare needs such as the risk of developing pressure sores.
- Some care plans developed did not consistently guide practice for example, behaviours that challenge.

Inspectors found good practices in the management of nutrition, falls and wound care. There was evidence of regular assessments and care plans were put in place to ensure a consistent and standard approach of care. Staff were familiar with the residents healthcare needs of these residents and the interventions to be carried out.

The residents' healthcare needs were supported by the services of a GP, and residents could also choose to retain their own GP if preferred. There was good access to allied health services. Inspectors read letter of referrals and records of visits from a range of allied health professionals such as physiotherapy, speech and language therapist, occupational therapist, dental, optical, and dietician.

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:

Inspectors found there were policies and procedures in place for the management of complaints.

There was a complaint's management policy in place that met the requirements of the Regulations. A complaints procedure was displayed at the entrance of the centre, and it included the appeals process that was accessible and objective.

Residents who spoke to inspectors said they would have no problem making a complaint if they needed to. During the inspection a resident made a number of complaints to inspectors. These were reported to the person in charge and the provider who assured inspectors they would follow up the matters and investigate them if required. An update was submitted to HIQA after the inspection.

A complaints log was maintained and a sample of records were reviewed by inspectors. There was evidence of the details of the investigation carried out, the action taken, and the satisfaction of the complainant. There was a record for each complaint that confirmed each complainant had been responded to in a timely manner.

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:
Inspectors found the systems in place to facilitate residents to exercise choice and control over their life required improvement. There were processes in place to consult with residents in how the centre was being organised.

The practice regarding the consultation with residents in the use of specific clothing required review. Inspectors read about the use of specific clothing for a resident. Inspectors were told the specific clothing was used to support the resident when they behaved in a manner that posed a serious risk to the resident. However, there was no documented information on the rationale for the clothing. It was not evident if the clothing was based on evidence based practice or had been assessed by a professional. There was no record of consultation with the resident or a representative in the decision to use the clothing. An independent advocate had not been made available to support the resident in the decision making process. Inspectors received different information

from staff as to the rationale for the clothing which was for different purposes to that told to inspectors. A care plan was not in place to guide staff on the use of the clothing. This was discussed with the provider and the person in charge during the inspection. The person in charge submitted documentation to HIQA on the 30 May 2016 that outlined a risk assessment process and control measures in relation to the specific clothing.

Inspectors found confidential information about residents dietary requirement was publicly displayed in one sitting room. The provider and the person in charge assured inspectors it had only recently been put up but it would be removed.

There were good systems in place to meet and discuss the running of the centre with residents. A residents' committee was in place. The minutes of the most recent meeting were read, and these were displayed for residents on an information notice board in the sitting rooms. Inspectors spoke to residents' who attended the meetings. They confirmed they had raised issues and that these had been actioned. The person in charge oversaw any issues that were raised at the committee by residents and took action to address any issues being brought up.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

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

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

There was a recruitment policy that met the requirement of the regulations. Inspectors

reviewed four staff files and found recruitment practices were in line with the regulations. There was no agency staff employed by the provider, who stated all staff working in the centre was directly employed. There was a low turnover of staff in the centre, with most staff in employment for a number of years.

Inspectors reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

There was education and training available to staff in a broad range of areas. Inspectors read a training programme for 2016 which outlined the planned training for the year. All staff had completed up to date training in mandatory areas such as the prevention of abuse, fire safety and behaviours that challenge. Other training completed by staff included movement and handling, hand hygiene, infection control, continence promotion, food hygiene, and cardio-pulmonary resuscitation (CPR).

At the time of the inspection there were no volunteers working in the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Deirdre Byrne
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 report¹

Centre name:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Date of inspection:	13/04/2016
Date of response:	12/08/2016

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The implementation of the responsive behaviours policy required improvement

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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 plan relating to this resident has been reviewed and includes an ABC plan

Proposed Timescale: 15/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was progress required in the implementation of the National Policy "Towards of Restraint Free Environment".

The assessment, and consideration of alternatives in the use of covert (as disguised) medications required improvement.

2. Action Required:

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

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

Continued progress is being made in regard to the implementation of the National Strategy although the overall number of residents using bedrails remained static due to needs of some new residents to our Nursing Home and these improvements will continue to be monitored.

Documentation regarding the alternatives considered in the use of covert medications has also been reviewed

Proposed Timescale: 01/05/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

There were crushed medications not consistently prescribed individually by a medical professional

3. 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:

The doctor has reviewed his prescriptions to ensure that any medication crushing is on a line by line basis for his resident.

Proposed Timescale: 20/04/2016

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:

Care plans were not developed for residents' at risk of developing pressure sores.

The care plans for residents' with identified responsive behaviour's did not consistently guide practice.

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:

The care plans have been amended to allow a larger area for inclusion of all relevant information including actions to be taken

Proposed Timescale: 16/04/2016

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:

Residents' privacy was not respected in the management of records and personal information.

5. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

The dietary preference sheet which was in a public area has been moved to a non public area.

Proposed Timescale: 14/04/2016

Theme:

Person-centred care and support

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

A resident was not enabled to make an informed choice about a type of specialised clothing in the management of their care.

6. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

The resident was not in a position to decide on the use of a one piece night clothing but it was discussed and agreed with her family as her advocate. Such consultations will be included in the residents' care plans going forward

Proposed Timescale: 14/04/2016