

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glebe House Nursing Home
Centre ID:	OSV-0000039
Centre address:	Kilternan Care Centre, Glebe Road, Kilternan, Dublin 18.
Telephone number:	01 482 4001
Email address:	ctuliao@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Designated Activity Company
Provider Nominee:	Seamus Shields
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	46
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.

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 February 2017 09:15 To: 08 February 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was full compliance with regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

As part of this inspection, the inspector met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. They also met the person in charge and assistant care manager who were able to provide clear information to the inspector when requested.

Inspectors found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents.

They completed relevant training for their role. Residents and relatives provided feedback to say they were well supported by the staff team who were kind and treated them respectfully. A review of residents records showed that relevant assessments were carried and where residents required support clear care plans gave instructions to staff about how it was to be provided.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the person in charge and the provider that the centre was providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and allocated to individuals to resolve. Satisfaction reviews were also carried out with residents and relatives. The system being operated was having a positive impact on the quality of care provided to residents in the centre.

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 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 set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It was kept up to date and revised in October 2016.

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 the quality of care and experience of the resident's was monitored by the provider to ensure residents needs were being met.

The provider informed the inspector that they felt the governance and management arrangements in the centre were effective, and that they were informed of relevant

information relating to the quality of the service being provided as it arose.

The effective systems included a clear management structure. The senior team consisted of the registered provider, a clinical director, facilities manager, HR manager and financial controller. In the centre there was the person in charge, assistant care manager, nursing staff, health care assistants, kitchen and housekeeping staff. Each had a clear job description, and was clear of their role in the day to day running of the centre.

A number of internal and external audits were carried out in the centre to ensure day to day practice followed the policies and procedures put in place by the provider. The clinical director also checked on key performance indicators linked to the quality of care provided in the centre. Using the results of these different checks, approaches had been put in place to reduce poor care outcomes for residents. For example the number of falls in the centre had reduced following a review of when and where they were occurring, and the types of support residents required. The centre had also recently received external accreditation for providing a service that met international resident safety goals.

There were regular management meeting where the person in charge met with the operations officer to discuss a range of topics including accidents, incidents, residents care needs, training and staffing levels. Records of these meetings showed good practice and areas for improvement were identified. Actions required for improvement were identified and clearly allocated to a staff member for action. This process provided assurance to the provider that the centre continued to be operated to ensure quality and safety of care. There was also an infection control protocol being followed in the centre that included staff had relevant training, vaccination, and monitoring the use of antimicrobial use. The strategies that had been implemented were seen to have had a positive outcome for the residents using the service.

The centre was found to be appropriately resourced during the inspection. The premises were maintained to a good standard, there was sufficient staff to meet the needs of the residents. The service provided was in line with the statement of purpose produced by the provider.

An annual report was available that was supported by a two year strategic plan. The report covered a summary of the main areas of practice for the centre including the findings from internal and external audits, incident reporting, and resources such as staffing and training. The report stated that staff had input to the report via their staff meetings, and the residents via their committee.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a full time person in charge of the centre, and the information submitted to HIQA showed that they had relevant experience and qualifications to undertake the role.</p> <p>The assistant care manager to covered the role when the person in charge was absent. This ensured seven day management cover in the centre.</p>
<p>Judgment: 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): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Satisfactory measures were in place to safeguard and protect residents from abuse. Evidence was seen that the provider was working towards a restraint free environment and there were systems in place to promote a positive approach to responsive behaviours (behaviour that is challenging).</p> <p>There was a detailed policy in place that set out the procedures in place for the prevention, detection and response to abuse. All staff who spoke with the inspector knew the procedure to follow in the event of an allegation, suspicion or disclosure of abuse, including who to report it to. They were able to describe the types of abuse older people may be at risk of and records confirmed all staff had up to date training in Protection from Elder Abuse, or were scheduled to complete it in the next month.</p> <p>There was clear guidance on how to carry out an investigation in to any allegations made in the centre. The document set out a clear step by step approach and provided relevant templates to support the manager in following the process fully.</p>

The inspector also reviewed the policies for management of behaviour that was challenging, and the use of restraint. Both followed national best practice. Some staff had completed training in managing responsive behaviours (behaviours that challenge).

Where restrictions were in place, such as the use of bedrails, there were clear assessments in place that assessed the most appropriate and least restrictive intervention for the resident. Where bedrails were being used there were risk assessments in place, and measures in place to mitigate risks, such as regular checks on the resident. Any restrictions in place were reviewed regularly.

Where psychotropic medications were being used to support residents as an 'as required' (PRN) medication the procedures followed national best practice. There was a clear protocol to follow. For example the care plan set out the types of behaviours to manage, approaches to de-escalation, and sign off from two staff was required before the medication was administered.

The inspector reviewed audits that had been carried out of any restrictive practice used, and the action taken to make improvements was clearly recorded.

Residents who spoke with the inspector said they felt safe in the centre, due to the security arrangements and having staff around to offer support to them. Questionnaires sent to HIQA completed by residents and relatives confirmed the same.

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):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was seen to be promoted in the centre.

There were risk management policies and procedures in place. The policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. There were risk registers in place for the organisation, the centre, and for individual residents. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up to date

health and safety statement available signed and dated on behalf of the provider.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures, which included four stages, the fourth being full evacuation. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to describe their role in evacuation when the inspector spoke with them. Staff had completed annual refresher training in fire safety procedures, or were booked to do so in the following month. A record of fire drills showed they were carried out monthly, and the facilities manager explained this was to ensure all staff, including night staff, had been involved in a drill. Day and night shift drills had been practiced.

There were procedures in place for the prevention and control of infection and the centre clean and well presented. Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Arrangements were in place to manage infection control in the laundry with a colour coding system. This was seen to be operated effectively during the inspection.

Judgment:
Compliant

Outcome 09: Medication Management

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

Theme:
Safe care and support

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

Findings:
The medication policy gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

The inspector observed staff following the policies in the centre and relevant professional guidelines. Nursing staff were also able to clearly explain the procedures for different medications, and associated procedures.

A sample of resident's records were reviewed. They provided clear information on the medication prescribed and administered to residents. They were signed by the nurse

following administration and showed drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing. Resident's medication was reviewed every four months by their general practitioner.

Nurses kept a register of controlled drugs, and storage was seen to be secure. They were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Storage arrangements in the centre met with There was an effective system in place to manage the return of out of date and unused medication, with records providing a clear audit trail and storage while waiting for the medication to be returned to the pharmacy.

There was a process for assessing whether a resident was able to manage their own medications that included a risk assessment. At the time of the inspection no residents had opted to do this.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Resident's were supported to maintain their health and social care needs by a staff team with the relevant skills and experience.

The inspector reviewed a selection of resident's records. Evidence was seen that a pre-admission assessment was carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. The care plans were person centred in their approach, focusing on the impact of the resident's needs. Each plan detailed the resident's preferred approach to care and support, and clear instructions to guide staff in their practice. The plans were seen to be implemented effectively in practice by staff who knew the residents well.

Care plans were also reviewed at least four monthly by the resident's key worker. Residents and families were involved in reviews if they chose to attend. Records signed by the residents and relatives detailed the discussion during the review meetings.

Where resident's had healthcare needs, records showed there were links with relevant medical professionals. Where resident's needs had changed records showed contact was made quickly with a general practitioner (GP). Where recommendations were made for treatment records showed it was provided, for example in relation to physiotherapy, or nutrition. The correspondence stored in residents files showed that residents were in contact with a range of hospitals and consultants for specific healthcare needs, with an appointment book managed by the nursing staff to ensure appointments were kept.

A range of evidence based nursing tools were being used to assess residents needs. This supported the nursing staff to monitor healthcare conditions, and reduce the risk of others developing. Where residents were identified as being at risk in relation to a particular healthcare need records showed action was taken to reduce that risk. For example where residents were identified as being at risk of falls, a holistic approach was taken to reviewing the resident's needs considering their medication, nutrition, physical ability, cognitive awareness and any aids or adaptations that may reduce the risk. The approach implemented in the centre had seen a reduction of the falls occurring in the centre, and therefore better outcomes for the residents.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

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

Findings:
All complaints were being recorded in centre, responded to in a timely way, and the outcome was reported to the person making the complaint.

There was a complaints policy in place in the centre which outlined the steps to be

followed in order to manage complaints. It outlined a nominated person to manage complaints and the business manager was in charge of overseeing the management of complaints. A suitable appeals process was also detailed in the policy. There was a complaints procedure on display throughout the centre which outlined how residents or relatives could make a complaint.

The inspector reviewed the complaint records and found they included details of each complaint, the actions taken and the satisfaction of the complainant.

A survey had been carried out in the centre to assess the satisfaction of residents and relatives with the service being provided. The summary report of this showed that people understood the complaints process and who to complain to. This was also confirmed in the HIQ questionnaires that were completed by relatives and residents. There was an overall satisfaction with how complaints were dealt with in the centre.

There was no evidence to suggest that anyone was adversely affected from making a complaint

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:

Arrangements were in place to consult with residents in the organisation of the centre.

There were regular resident's committee meetings. The most recent was in November 2016. The topics discussed at the meeting included upcoming HIQA inspection, staff leaving the centre and residents issues. The minutes recorded discussion on care practice, cleanliness, meals and mealtimes, activities and laundry. An action plan was in place to cover areas where resident's suggested improvements.

There were a range of activities in the centre including exercise, flower arranging (run by a resident) aromatherapy, reminiscence, and a range of music activities. The programme of activities was discussed with residents and suggestions were made for

different things to be included. An example was seen that suggested that rugby games be included in the activity programme so people knew when they were coming up. It was observed that the activity programme for the week of the inspection included the Six Nations games and the times they would be shown.

There were visitors to the centre, for example clergy to read Mass and to carry out a Church of Ireland Service. There were also trips out in a minibus every other week.

Residents were seen to be making choices about how they spent their time in the centre. Some residents were going out with family and friends. Others were choosing to spend their time in their rooms, or the different lounges in the centre. There was a corridor in the dementia unit that supported those who wanted to walk around in a safe environment, with items of interest along the way, and seats for resting if required. Residents could freely access the enclosed garden, and the sun shining on the day of the inspection encouraged people to go and sit outside.

The inspector observed that there were choices for meals, drinks and snacks throughout the day. There were two dining rooms, and residents were seen to enjoy the social nature of mealtimes. Visitors were encouraged to say and enjoy a meal with the person they were visiting, and a few were seen to have taken up this offer. There were facilities to make hot and cold drinks, and snacks were available where they could be picked up by the residents.

There were a lot of people visiting on the day of the inspection, and feedback provided to HIQA in the questionnaires said the relaxed approach to visiting was very much appreciated and supported people to maintain strong links with their relatives and friends. There were visitors lounges in the centre, but people were encouraged to sit where it suited them best, for example in the main dining area, or in their rooms, or outside in the gardens.

The clinical director explained that some residents voted by attending their own polling station, and others voted when a polling officer attended the centre.

Throughout the inspection staff were seen to treat residents with dignity and respect. Resident confirmed the staff were considerate and supported them well. Where residents had specific communication needs, the inspector saw care plans in place that set out their communication needs, and aids or adaptations required to support them, and they most effective way to engage with them. For example if a resident has sight loss, the type of loss was described, and instructions were given about the best way to approach them and offer them support.

There was access to TV, DVDs, Wi-Fi, radio and newspapers and magazines.

Judgment:
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):

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

Findings:

There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents.

The staffing levels took in to account the layout of the centre. Since the last inspection the number of nursing staff had been increased from one to two at night. It remained at two during the day. The nurses were supported by Health Care Assistants to meet the needs of the residents. The person in charge and the assistant care manager worked the full week between them, and were usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There was also a senior management team that contributed to the running of the centre, covering clinical overview and building management responsibilities.

The inspector spoke with residents and family members throughout the day of the inspection, and all were positive about the staff team. Resident gave examples of how they had been supported to maintain their privacy and dignity in the centre. A number of 'thank you' cards from families were reviewed and some HIQA questionnaires that had been completed by relatives. There was a strong theme of family members being grateful for the care and compassion shown to their relatives during their time in the centre, and at end of life.

The provider had implemented a policy that required staff in the centre to complete, and repeat at agreed intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, infection control and care for people with dementia. Staff were also encouraged to undertake other courses to support them in their role in the centre. A detailed training plan was in place that covered the next 12 months, and it was seen to include all staff that needed to attend refreshers of courses.

Staff who spoke with the inspector confirmed they had completed all the training required by the provider, and received reminders from the human resources team when they were due to attend further courses.

The centre was set out in three units. One was a unit specifically for people with dementia. The provider had developed a policy that required staff in that unit needed to

have completed relevant training to be rostered to work with the residents who lived there. This was seen to be effective to ensure the resident's needs were met by staff skilled in supporting people with dementia.

There were effective recruitment procedures in place in the centre. Staff files of the four most frequent recruits were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland

All volunteers working in the centre had appropriate checks, including garda vetting prior to commencing their role 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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority