<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Anna Gaynor House</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000465</td>
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<tr>
<td>Centre address:</td>
<td>Our Lady’s Hospice &amp; Care Services, Harold's Cross Road, Harold's Cross, Dublin 6w.</td>
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<tr>
<td>Telephone number:</td>
<td>01 406 8700</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:info@olh.ie">info@olh.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Our Lady's Hospice Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Audrey Houlihan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill (day 2 only)</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>83</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
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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 2 day(s).

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

From: 28 September 2017 09:00  
To: 28 September 2017 18:00  
29 September 2017 09:00  
29 September 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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**Summary of findings from this inspection**

This inspection sets out the findings of an announced inspection carried out as part of the centre's application to renew it's registration. As part of the inspection the inspectors met with residents, families and members of staff. They observed practices and reviewed documentation such as care plans, incident records, complaints and policies and procedures. The inspectors also considered information received by the Authority in the form of notifications and other relevant information.

The actions required from the previous inspection related to the multi-occupancy rooms in the designated centre and the lack of storage space for equipment. During the inspection the Inspectors found that some of the actions had been addressed and that the centre had reduced nine of the four bedded rooms to three beds. One multi-occupancy room was still occupied by four residents who did not wish to change their current accommodation. The lack of storage available for equipment had not been addressed.
Inspectors found that the centre had clearly defined lines of authority and effective governance systems in place to ensure that the care and services provided for residents were safe and appropriate. There were adequate staffing levels and skill mix to meet the assessed needs of residents. There was a rigorous staff recruitment process in place.

The inspectors found that the designated centre provided a good standard of care and services to the residents. Staff were observed to be responsive to individual residents' needs and displayed genuine empathy and respect in their dealings with residents and their families. Staff knew individual residents well and on admission used the centre's comprehensive assessment tool to gather information about each resident’s past life, their interests and their preferences for care and daily routine. As a result, the care was found to be person centred.

Residents had good access to a range of in house medical and specialist health and social care services and timely referrals helped to ensure that individual residents had access to the health and social care that they needed. Services provided in the centre included physiotherapy, occupational therapy, speech and language therapy, dietician, social work team, pharmacy, an in house medical officer and a specialist older person’s consultant. Specialist mental health services were also made available for residents who needed to access them. Staff from the range of disciplines worked well together and there was a clear multidisciplinary approach to planning and providing care and services. The inspectors noted that this was a particular strength of the service.

Care was found to be enabling and residents who spoke with the inspectors expressed high levels of satisfaction with their care and support describing improvements in their mobility, general health and well being since their admission. One resident showed the inspectors the equipment that had been provided to them through the centre's occupational therapy department and how this had enabled them to improve their communication with family and friends and keep up to date with local and national news and media.

The centre was laid out over four units with a common central foyer described as the Red Square. All of the units had a mixture of single and twin en-suite rooms. Two units in the original building had five four bedded rooms on each. At the time of the inspection nine of these units had been reduced to three bedded rooms. The person in charge (PIC) told the inspectors that the four residents in the remaining multi-occupancy room had requested not to change their accommodation. Residents and families were encouraged to bring in small items of furniture and artifacts from home in order to personalize their private space. As a result many of the rooms were very individual which created a homely welcoming atmosphere. There were adequate bathrooms and toilets all of which were accessible for residents with mobility needs. The centre had an extensive range of equipment and adaptations to support residents.

Communal areas were carefully arranged to provide adequate social spaces where residents could participate in the activities and entertainments provided by the centre. A number of smaller quiet seating areas were provided in the central foyer.
and corridors and these were well used by residents chatting together or meeting with their visitors. Each unit had a comfortable dining room and residents chose whether they wanted to eat in the dining room or take their meals in their bedroom.

The centre has a number of garden areas and courtyards which can be accessed by residents. Some bedrooms rooms had direct access onto the courtyard areas. The centre is located in the grounds of the hospice and residents and their families could also access the hospice gardens for walks and relaxation.
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 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:**
There were effective management arrangements in place to monitor the quality and safety of the service.

The inspectors found that there was a clearly defined management structure in place.

The designated centre was overseen by a board of directors with meetings held every two months. The provider was based full time on site. There were regular meetings between the provider, the person in charge and the senior nursing management team. The person in charge (PIC) was available on site Monday to Friday. The PIC was supported by the assistant director of nursing who worked full time in the centre. Each of the units had a clinical nurse manager (CNM) who provided support and supervision to the nursing and care staff. Other members of the multidisciplinary team were managed by the relevant in house supervisor for example the occupational therapist team (OT) were managed by the OT supervisor. Housekeeping and catering services were similarly managed by their in-house supervisors. The organisational structure helped to ensure that staff were appropriately supported and supervised in their work. Staff who spoke with the inspectors told them that they were clear about who to raise any issues with and that managers were approachable and available to them.

Documents showed that a range of staff and management meetings were held in the designated centre. Meetings included quality meetings. Health and safety meetings, residents’ meetings and general staff meetings with staff from each of the departments. Minutes of the meetings showed that they were well attended and that they helped to ensure effective communications between line managers and their staff and between the departments in the centre.
Care and services provided were found to be in line with the designated centre's statement of purpose and its ethos of care. There were a range of systems in place to monitor care and services, helping to ensure that safe and effective care were provided. Clinical oversight was available through the Hospice patient safety and quality management committee which had senior management representation from the designated centre.

The inspectors reviewed a range of audit documentation which included audits of accidents and incidents, complaints, medication management and tissue viability and found that relevant staff were informed about the findings and that clear action plans were in place to address areas for improvement. For example an action plan in relation to medication management had been implemented which introduced a locked cabinet for the safe storage of medications that were brought in by respite residents.

Feedback from residents and relatives was actively sought through residents’ meetings, a suggestion box and the annual survey. Residents were also consulted through the care planning and review processes and consultation with management staff about changes to the environment. For example residents had been consulted about the refurbishment of the Red Square area in the central foyer and their decisions to retain the colour scheme of the foyer and to change the usage of the bar area were being implemented in the planned refurbishment.

The inspector found that the designated centre had sufficient resources in place to ensure care and services were provided to meet the needs of the residents who lived at the centre.

**Judgment:**
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:**
The inspectors found that there was a guide to the centre and that it was made available to residents.

A review of the documentation showed that each resident had a signed copy of the contract for care which was agreed with the resident on their admission to the centre. The contract set out the services to be provided and the fees to be charged. There was a resident's guide to the centre that met the requirements of the Regulations.
Judgment:
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:
The inspectors found that procedures were in place to safeguard and protect residents from abuse and that measures were in place to ensure a positive approach towards residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There was a policy in place that set out clear procedures for the prevention, detection and response to elder abuse. The staff training records documented that staff had attended training on safeguarding and elder abuse during induction and ongoing training in the designated centre. However, the inspectors found that some staff had not attending the required update training in line with the centre's own policy. This was addressed during the inspection and dates for upcoming training were provided to the inspectors.

The inspectors spoke with staff and found that they were able to articulate the policy and procedure to follow in the event of an allegation, suspicion or disclosure of abuse. Staff were also clear about who to go to report concerns regarding abuse. The inspectors were satisfied that the person in charge and their deputy knew how to respond to an allegation of abuse if it was reported to them. Residents who spoke with the inspectors told them that they felt safe at the centre. One resident told the inspectors that they "trusted the people who ran the place" and that "staff know that I am on my own and take good care of me."

The inspectors reviewed the designated centre's policy on the management of responsive behaviours. The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. Staff had attended training on the management of responsive behaviours. Staff interviewed by the inspectors knew the residents who might display responsive behaviours and were able to describe the triggers for such behaviour and the most
Appropriate way to respond to reassure and support the resident. A review of resident’s records showed that this was documented in individual resident’s care plans. During the inspection staff were observed using a gentle approach to calm and support residents who became agitated.

There was a policy in place setting out the procedures relating to the use of restraint (physical, chemical or environmental). On the occasions where restraints had been used, the inspectors found that a risk assessment had been completed that identified the risks and the options that had been tried prior to the decision to use restraint. Records showed that residents and their families had been involved in the decision to use restraints. All as required medications were clearly prescribed by the designated centre's medical officer. The administration of as required medications were recorded and reviewed monthly or more often if a resident’s needs changed. The designated centre carried out regular audits of as required medications.

The inspectors found that there was a clear policy and procedure in place to safeguard residents’ money and possessions. The designated centre had clear systems in place in relation to resident’s finances.

**Judgment:**
Compliant

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**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):**

**Findings:**
The designated centre maintained a health and safety statement and risk register which described potential hazards in the service and actions and control measures taken to mitigate these risks.

The centre had a comprehensive range of health and safety policies and procedures in place including fire safety and a major incident plan. Staff who spoke with the inspectors were aware of the health and safety policies and procedures relating to their work. Inspectors observed staff following good health and safety practices for example in moving and handling and infection control. Accidents and incidents were recorded appropriately and formed part of the designated centre’s patient safety and quality monitoring systems.

The premises was free of major hazards and obstructions to egress in the event of an evacuation. External certification and servicing of fire safety equipment, means of
escape, the fire alarm system and emergency lighting were well documented. The designated centre carried out regular in-house checks of fire safety equipment and fire escapes which were recorded and made available to the inspectors. Staff who spoke with the inspectors were familiar with their role and duties in response to a fire alarm, and from whom they would take instruction. The fire alarm was activated on the first day of the inspection and staff responded appropriately and were clear about what to do. The designated centre held multiple announced and unannounced fire drills throughout the year which included staff working at night. The service kept a signed list of staff members who participated in each drill. Improvements were required in how these drill records were recorded to ensure that response times and areas for improvement were included in the record. Personal emergency evacuation plans had been generated for each resident and were updated weekly. The provider assured inspectors that this information was readily available to the person tasked with leading and directing staff in the event of an evacuation from each unit.

A comprehensive in-house maintenance programme included regular water temperature checks and the flushing of seldom used outlets as part of the cleaning staff’s routine, and regular samples of water were sent for analysis to detect bacteria such as Legionella.

**Judgment:**
Substantially Compliant

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### 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:**
There were appropriate management systems in place to ensure safe medication practices.

Inspectors found that there was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. The designated centre completed monthly medication administration audits and a comprehensive pharmacy audit.

A sample of medication records was reviewed. Inspectors found that the records included the name of the drug and the time of the administration and that the nurse
signed the medication record after each administration. The drugs were administered within the prescribed timeframes. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the designated centre's medical officer as suitable for crushing and liquid alternatives had been sourced where possible. Staff administering medication were seen to follow appropriate medication management practices in line with relevant professional best practice guidance. Residents' medication was reviewed regularly by the medical officer.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspectors checked a selection of controlled drug medication balances and found them to be correct. Medications that needed to be stored in the fridge were stored as directed. Opened medication was labelled with date of opening.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

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:**
Inspectors were satisfied that a record of all incidents was maintained and that incidents requiring notification to the Chief Inspector were submitted to the Authority within the appropriate timeframe.

**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:
Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and their families.

Inspectors found that there was a comprehensive policy in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre. The policy also described the review processes in place to ensure that resident’s needs were reviewed three monthly or more often if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of residents’ records was reviewed which showed that each resident had a pre-admission assessment completed prior to coming into the designated centre and that following admission, nursing and therapy staff worked with the resident and or their family to complete a comprehensive multi-disciplinary assessment of the resident’s needs and preferences for care. Assessment and care plan documentation included actual and potential risks such as weight loss, falls or responsive behaviours. Where health or social care needs were identified, a multi-disciplinary care plan was drawn up and agreed with the resident and or their family.

Care plans were found to provide clear information to all staff providing care and support for residents and reflected the resident’s current needs. However inspectors found that some improvements were needed as a record of care given for one resident did not reflect the care that had been delivered to the resident at that time.

Care plans were person centred and often included residents’ preferences for care and support, for example, what time they liked to get up and retire at, and what they liked to wear.

Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote residents’ independence and self-care abilities where possible.

Specialist advice from the range of therapy staff available in the designated centre was seen to further enhance resident’s independence and choices; for example the 'On the Move' initiative which provided specialist motorized wheelchairs for residents.

Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietician or speech and language therapist and passive exercises prescribed by the physiotherapist.

Inspectors found that residents had good access to medical services and specialist teams such as the palliative care team, community mental health services and
Residents and their families reported high levels of satisfaction with the care and support provided in the centre "Nurses are very committed and provide excellent care" and "The OTs [occupational therapists] are very helpful and caring." Residents and families who spoke with the inspectors said that they were informed and consulted about any changes in their care or services. "I make all the decisions about my life" and "My brother is kept fully informed about his health and care needs."

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

**Judgment:**
Compliant

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**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 matters arising from the previous inspection related to the multi-occupancy bedrooms and inadequate storage facilities for equipment such as wheelchairs and hoists. The provider had responded to the previous inspection report with an action plan to reduce four bedded rooms to three bedded rooms with a net loss of ten beds. A funding application had been made to address the storage issues.

At the time of the inspection the designated centre had reduced occupancy in nine of the multi-occupancy rooms to three residents and one room accommodated four residents who did not want to change their accommodation. Equipment such as hoists, shower chairs and wheelchairs continued to be stored in the bath and shower rooms.

The designated centre is purpose built and occupies a large ground floor site within the grounds of Our Lady's Hospice. The building is laid out over four units with a common
central foyer. Each unit has a communal lounge, dining room and kitchen area with ample accessible bathing and shower facilities and toilets. There is a nurses station and a clinical room on each unit and a clinical nurse managers office.

In addition to the units the centre has a large reception area and a communal foyer known as the Red Square. There are a range of smaller seating areas in the foyer and along the corridors where residents can sit and chat together or meet with their visitors. There is also a small prayer room, a spacious community room and a large therapy suite available for residents. Residents were seen mobilizing around the centre and making good use of the communal areas on both days of the inspection.

Bedroom accommodation consists of 49 single rooms, five twin rooms most of which have en-suite facilities. The remaining bedrooms consisted of ten 4 bedded room’s, nine of which were occupied by three residents. These rooms do not have en-suite facilities although there are ample wheelchair accessible bathrooms and toilets close by. All residents have their own wardrobe and bedside locker with lockable space available if they wished to use it.

Residents and families were encouraged to bring in small items of furniture and artefacts from home in order to personalize their private space. As a result many of the rooms were very individual which created a homely welcoming atmosphere.

The centre has an extensive range of equipment and adaptations to support residents with mobility and other needs however storage facilities are inadequate and the inspectors found that a number of hoists and wheelchairs continue to be stored in communal bath and shower rooms. The inspectors reviewed the equipment servicing records and found that equipment was well maintained and serviced regularly in line with manufacturer's instructions. Staff who spoke with the inspectors told them that equipment failures were dealt with promptly and that all equipment in the designated centre on the day of the inspection was in working order.

Inspectors found that the designated centre was clean and well maintained. There was adequate heating and light throughout the building.

The outside space contains a number of garden areas and courtyards which can be accessed by residents. The garden areas are well thought out with wheelchair access, pleasant landscaping and small seating areas at regular intervals. The inspectors observed that residents and their families were enjoying the outside spaces on both days during the inspection. A number of bedrooms have direct access onto the courtyard areas. One resident whose mobility was limited told the inspector how much they enjoyed sitting out on their courtyard balcony in the fine weather. The centre is located in the grounds of the hospice and residents and their families have access the hospice rose garden for walks and relaxation.

**Judgment:**
Non Compliant - Moderate

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**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 has a comprehensive a complaints policy which is reviewed regularly. There was a complaints person identified in the policy and they were available on site. Staff who spoke with the inspectors were familiar with how to respond to complaints.

Verbal complaints were resolved locally and were recorded on each unit in line with the designated centre’s complaints policy. Formal complaints were forwarded to the complaints officer and managed through the complaints process. Inspectors noted that informal complaints information was not progressed to the complaints officer and were not included in the complaints monitoring information. This was discussed with the person in charge (PIC) and provider who agreed to review the processes.

Inspectors found that formal complaints were documented clearly and included detail of the complaint, correspondence between the complainant and the provider, and a record of the complainant’s level of satisfaction with how the complaint was managed.

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:
The inspectors found that there was a person-centred approach to providing care and services in the designated centre that respected individual resident’s rights and privacy and promoted their independence and autonomy.
Residents who spoke with the inspectors told them that they were consulted about how the centre was run and were given the opportunity to provide feedback about the service. This process was facilitated through well run residents’ meetings, regular contact with the members of the management team and through feedback processes such as the suggestion box and the annual review. The inspectors found evidence of changes being made in response to residents’ feedback, for example in the daily routines and activities in the centre and in the planned refurbishment of some communal areas.

Residents had access to independent advocacy services as needed. Information about independent advocacy services was available on the resident notice boards and in the resident information guide. Residents had access to the in house social work team.

Residents were supported to attend religious activities of their choice. A televised daily mass was available for residents through their televisions in their bedrooms or in the communal areas. Communion and the Rosary were also available in the centre.

Residents who spoke with the inspector said that they were able to exercise choices in a variety of ways including when to get up and retire, what activities to participate in, how to spend their down time and where to spend their time in the centre during the day. The inspectors found evidence of preferences for care and routine recorded in individual resident’s records. Where residents were not able to express their preferences the inspectors found that the residents were still consulted and offered choice and that staff often worked with the resident’s family to put together a routine that suited the resident.

The centre provided a range of activities and entertainments for residents. These included group and one to one sessions. On the days of the inspection the activities included music, aromatherapy, quiz sessions, healthy eating activities as part of the national Healthy Ageing Week and a bingo session being run by volunteers and the local secondary school’s TY students. Feedback from residents and their families reported a high level of satisfaction with the activities and entertainments that were available in the centre.

The designated centre had processes in place to ensure that residents who wished to could exercise their voting rights. The inspectors were assured that residents were able to exercise their civil and political right as they wished.

All residents had access to TV, radio and newspapers and magazines. The inspectors observed staff talking with residents about local and national issues. Residents were able to access the range of facilities on the Hospice site which included the coffee bar and restaurant and a small shop.

Residents were able to make telephone calls in private and had access to Skype and the internet through the centre's free WIFI.

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):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed the staffing levels at the designated centre and found that there were sufficient staff with the required skills to meet the needs of the residents in the centre.

A sample of personnel files for different categories of staff was reviewed and found to contain all of the information required by Schedule 2 of the regulations. Nurses had evidence of active registration with the Nursing and Midwifery Board of Ireland. The provider assured inspectors that all staff and volunteers active in the centre are vetted by An Garda Síochána and that nobody commences employment in the centre until the garda vetting process has been fully completed.

The designated centre worked with a large cohort of volunteers to assist with support and social engagement for residents. Inspectors found that there was a robust structure for recruiting and coordinating these volunteers. Each volunteer had a file specifying their duties and documenting their Garda clearance. There was a rigorous orientation and training programme which was completed before the volunteers start working with the residents. Volunteers were managed by experienced volunteer coordinators and their work with residents was supervised by nursing and therapy staff.

The designated centre had an established workforce with a low turnover of staff. There was a bank of care staff to provide cover when required. If agency staff were used the designated centre had a service level agreement with the agency and when possible used the same staff in order to provide continuity for residents.

Inspectors found that there was adequate staff on duty to meet the needs of the residents and observed that that staff were prompt to respond to residents who needed care and supervision. However inspectors noted that during staff breaks response times for call bells and resident’s requests were extended as a number of staff had left the unit at one time. This reflected feedback from some of the resident and family
questionnaires that were returned to the inspectors. This was discussed with the person in charge and the provider at the feedback meeting.

The designated centre had an extensive staff training programme and those staff who spoke with the inspectors reported that they had good access to training opportunities. Mandatory training included manual handling, fire safety and safeguarding vulnerable adults. Staff were also trained in end of life care, managing responsive behaviours and in dementia care.

Training records showed that some staff were overdue for mandatory training updates in fire safety, safeguarding of vulnerable adults and manual handling. Upcoming training dates were scheduled for these staff.

**Judgment:**
Substantially Compliant

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**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:**

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Anna Gaynor House</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000465</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/09/2017 and 29/09/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31/10/2017</td>
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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 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:
Information recorded from fire drills required review to ensure they serve to raise staff awareness of planned and actual evacuation times, and learning to mitigate potential delays to efficient egress in the event of an emergency.

1. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
The in-house risk manager has reviewed the documentation and information relating to fire drills as per HIQA inspector recommendation on the day of the inspection. This information will be fed back at monthly the health & safety meetings. The revised documentation now includes the following information to satisfy the requirements:
- Date of drill
- Time drill commenced
- Time drill stood down
- Planned evacuation time
- Actual evacuation time
- General observations of drill
- Barriers identified during drill
- Strengths identified during drill
- Lessons learned.

**Proposed Timescale:** 24/10/2017

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**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 centre has not completed the action plan to ensure that the ten multi-occupancy meet the requirements of the Regulations.

There is inadequate storage available for equipment.

2. **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:**
- The final four bedded unit will be reduced to three bedded as soon as possible. Current resident preferences prevent this from happening at this time.
- Curtain rails from empty bed spaces will be removed as per Inspectors recommendation during inspection.
- The PPIM has discussed with PIC and Registered Provider the option of removing unused bathrooms in three wards available in the centre to create additional store rooms.
- The fourth ward will retain their bathroom but as it is a large space this bathroom will
be halved to create a storeroom on one side. There are two separate entrances into this bathroom space so equipment will not need to be brought through the bathroom.

- PPIM to source funding for essential works to be carried out to remove bathrooms and fittings. In the absence of Capital funding from the HSE this is the only viable option currently available to the centre.

**Proposed Timescale:** 28/02/2018

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff members were out of date in mandatory training in safeguarding of vulnerable adults, fire safety and manual handling.

**3. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
- The PPIM has discussed with all ward managers the requirement for staff to recommence Protection of Older Persons training for all staff in the designated centre due to the lack of availability of HSE Safeguarding Vulnerable Adults training to ensure staff has up to date training.
- Any outstanding staff is being given the opportunity and time to complete the online Protection of Older Persons training.
- Risk Officer has been notified of outstanding staff in relation to fire training. Additional fire training sessions is being provided to outstanding staff.
- An additional 7 manual handing instructors are currently completing their training which will allow the centre to increase the frequency of training. This will ensure that staff have access to appropriate training with increased frequency of manual handling as soon as instructors signed off to commence teaching.

**Proposed Timescale:** 30/11/2017