



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Glenashling Nursing Home
Name of provider:	Garry Gavigan
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 May 2019
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0026782

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24 hour nursing care to people with following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose built facility. Accommodation consists of 51 single rooms and 12 twin rooms. 44 beds have en-suite facilities. There are 13 communal rooms available to residents which include an oratory and a hairdresser. The centre's stated aims are to provide evidence based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	75
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
09 May 2019	09:00hrs to 19:30hrs	Manuela Cristea	Lead
09 May 2019	09:00hrs to 19:30hrs	Sheila McKeivitt	Support

## Views of people who use the service

Residents and relatives conveyed that the management in the centre was approachable and available whenever they needed and that they worked hard to ensure a good quality of life was being provided to all. Residents who communicated with the inspectors were positive with regard to the control they had in their daily lives and the choices that they could make. The residents expressed satisfaction regarding food and mealtimes, their accommodation and the support and assistance provided by staff. Some mentioned that staff were very busy, but that they always made the effort and answered the bells quickly. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. Inspectors spoke with a number of relatives on the day who said that they were consulted about residents' care and kept up to date when there were changes.

## Capacity and capability

The findings of the inspection confirm that there were day-to day systems in place to monitor the quality and safety of care, however some of these were ineffective. This inspection had been prompted by a rising trend in the number of falls, behaviours that challenge and incidents of alleged abuse between residents as well as unsolicited information received by the Office of the Chief Inspector. Inspectors were satisfied that all allegations had been managed appropriately and there were good processes in place to ensure residents were protected from abuse. The action plan from the previous inspection had been completed. Nevertheless, some of the unsolicited information received in relation to residents' rights was substantiated. Significant improvements were required regarding appropriate monitoring systems to ensure safe and effective services for residents.

The management and governance of the centre was being directed by a team of dedicated members of staff who facilitated the inspection process and displayed a positive attitude to the regulator and the findings of this inspection. The person in charge had recently started in the position and was found knowledgeable regarding her role, the management of the centre and the clinical condition of the residents. She was well known to staff, residents and relatives and provided good leadership to the team. She was supported by a clinical nurse manager (CNM) and was working very closely with the registered provider representative, who was actively involved in the daily running of the centre. They met on a daily basis and despite not formalising their meetings with minuted agendas, inspectors were satisfied that there was close collaboration and oversight of the running of the centre.

There was an on-going audit system in place for monitoring performance and ensuring that the service delivery was safe and effective. Several areas were audited such as falls, accident and incidents, nutrition, behaviours that challenge, use of restraints, pain audits, complaints, medication, wounds, infection control and end of life care. These were trended and followed up by quality improvement action plans which were regularly communicated to staff. Inspectors saw minutes from monthly nutrition reviews and monthly falls prevention meetings, which were comprehensive and well attended by staff. However, while there was good oversight in some areas, significant improvements were required in relation to risk management, food and nutrition, residents' rights, premises, infection control and the delivery of evidence based healthcare which will be discussed in the quality and safety section.

There were no staff vacancies at the time of inspection. Inspectors reviewed a number of staff files and found that recruitment was in compliance with equality legislation, including the appropriate vetting procedures. No agency staff was used in the centre and staff covered for each other in event of sickness or absence, which ensured continuity of care. A review of rosters confirmed that the numbers on the roster matched that staff available on duty. However, this number was insufficient. Throughout the day, inspectors observed deficits in supervision arrangements for residents, with many instances where high dependency residents were left unsupervised in communal areas. Inspectors also noted that there was no clear differentiation between healthcare staff's role: for instance care staff provided personal care as well as doing activities, assisting with catering and laundry.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had their mandatory training up to date and performance appraisals and supervision occurred on a yearly basis. Staff were knowledgeable and skilled for example in fire safety procedures and safe moving and handling of residents.

The residential service had a publicly available statement of purpose that described the services provided.

### Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who had authority in consultation with the registered provider representative and was accountable and responsible for the provision of the service.

She had started in the role at the beginning of February 2019. She demonstrated that she was familiar with the statutory responsibilities of the person in charge, had good knowledge of the legislation and standards and was familiar with residents' care needs.

Judgment: Compliant

## Regulation 15: Staffing

Given the layout of the centre, the number of residents, the mixed age groups and the staff's overlapping role and responsibilities, the inspectors were not satisfied that there were sufficient number of staff on duty to meet the needs of the residents. This was particularly more evident in the older wing, where supervision arrangements were noted to be inadequate. Inspectors noted more than six occasions throughout the day where residents were seen unsupervised.

The centre employed one full time activity coordinator who provided an activity schedule on a Monday to Friday basis. This was insufficient to ensure that the needs of each resident were met on a daily basis, particularly for residents who could not participate in group activities. There was at least one registered nurse on duty at all times. All staff nurses had their registration valid and up to date.

Judgment: Not compliant

## Regulation 16: Training and staff development

There was a system of training programme and records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling, responsive behaviours and safeguarding vulnerable persons. The staff also had access to a range of clinical education courses to enable them to provide quality care to residents. Staff development was high on management's agenda with courses in leadership provided, and robust staff supervision arrangements, yearly appraisals and regular staff meetings. Staff spoken with displayed good knowledge and reported high morale and satisfaction in the workplace. New staff were supported through induction processes and a 'buddy system'.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents resided, services to be provided and the fees charged. However, the contracts did not contain information on the number of occupants in the room as required by the 2016 regulations.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in the centre which had been reviewed and revised in the last year as per regulatory requirements. It outlined the services, provided details about the management and staffing and described how the residents' well being and safety was being maintained. However further information was required in relation to the facilities available, such as a detailed narrative description of each room in the centre (in relation to its size and primary function) as per the floor plans submitted to the Office of the Chief Inspector.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents and quarterly returns were brought to the attention of the Office of the Chief Inspector in a timely manner. Where a serious incident occurred, effective governance arrangements ensured that they could maintain the safety and welfare of the residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as per Schedule 5 were in place and available to staff. They had been reviewed within the last three years as per regulatory requirements. Most policies were adopted and implemented in practice with the exception of risk management and infection control which will be actioned under Regulation 26 and 27.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure with identified lines of accountability and responsibility for the service, which was well known to staff, residents and relatives. However the overall level of governance was not evident on the roster as the working hours of the senior management such as the person in



charge were not available. This was addressed on the day of inspection.

Systems were inadequate to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example, the current quality assurance systems focused on key clinical areas which meant that there were gaps in the general oversight arrangements of the service. As a result the improvements required in areas such as risk management, infection control, premises and the serving of food which were identified during this inspection had not been previously identified by the provider.

Inspectors were not assured that resources in the designated centre were appropriately managed to ensure the effective delivery of safe and appropriate care in accordance with the centre's statement of purpose. This was evidenced by issues in relation to supervision of residents, the overall maintenance and décor of the building and the use of bedding equipment which was not fit for purpose.

An annual review report for 2018 was available, prepared in consultation with residents and had a quality improvement plan and strategy for 2019. This covered a range of areas, for example, admission and discharges of residents, end of life, complaints, prevention of falls and restrictive procedures.

Judgment: Not compliant

## Quality and safety

While some areas of good practice were noted, improvements were required to ensure residents' needs were being met, and to ensure the delivery of care was person-centred.

Overall, inspectors found that there was a good level of compliance in areas such as care planning, end of life, behaviour that challenge and the use of restraints, including psychotropic medication. However a range of substandard nursing practices that were not evidence based were also observed. These relate to the inappropriate use of fabric protectors such as non-slip seat covers and plastic sheets, which posed a risk to residents' pressure area care.

Inspectors also spent time observing resident and staff engagement. While many interactions were courteous and respectful, inspectors also noted task-oriented care behaviour. For example, inspectors observed several occasions where staff placed aprons to protect residents' clothing during meal times without talking or engaging with the residents and assistance at mealtimes provided while standing up next to the resident. Practices in relation to the serving of food, the use and reuse of cloths for personal care, the re-washing of unlabelled disposable underwear demonstrated a culture of task-oriented care which did not place the resident at the heart of service delivery.

The centre was registered as a designated centre for older people and provided care to residents of all dependency levels and with various conditions. However, more than a third of the residents admitted were under 65 years of age. The group social and recreational programme was relevant and meaningful to some residents but not all residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities.

The design and layout of the residential service was suitable for its stated purpose and most rooms were personalised with residents encouraged to bring in personal furnishings and photographs. The centre was divided in two buildings which were interconnected. A newly refurbished wing accommodated 25 residents over two floors. The new extension was spacious with very good signage in place to aid way-finding. It was clean, well maintained and nicely decorated with black and white portraits of old people showing positive ageing. Rooms had track ceiling hoists systems in place.

The laundry facilities did not comply with standards for infection prevention and control. The segregation of laundry was ineffective in the laundry room where contaminated linen and clothing were placed on the floor, and located within the vicinity of clean dry laundry. The storing of domestic cleaning items on open shelves in the dirty room used by cleaning staff also posed a risk to health and safety. Appropriate sluicing facilities were in place. However inspectors noted that clean items were stored exposed in the domestic household room, which was not in accordance with best evidence practice in infection prevention and control.

All residents had a comprehensive assessment on admission and personalised care plans were in place which were regularly reviewed and provided sufficient information to meaningfully inform care delivery. Information was also available in respect of residents' social care needs. Validated assessment tools were used to inform care planning and clinical observations were recorded. Inspectors reviewed end of life care plans and found that they were very person centred and detailed conversations with the residents in relation to their end of life wishes, their religious and cultural needs and family involvement where appropriate.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspectors were informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told inspectors that they felt safe in the centre. From ongoing correspondence with the Office of the Chief Inspector it was evident that safeguarding investigations were comprehensive and protected residents.

The old wing was divided along two corridors and accommodated 50 residents. The old wing required refurbishment as a number of corridors did not have grabrails to assist mobility and there was chipped paint on doors and skirting boards. The communal spaces in the old wing had an institutional layout and appearance. In panoptic style, the nursing station was centrally located within a glass structure that allowed all round supervision of the three communal areas surrounding it. These

shared spaces were not conducive to a relaxing atmosphere, due to noises and high traffic of people moving around in this circular space. Each room had chairs and sofas placed along the walls with a large fireplace mantel as the centrepiece in the room. However, a large Tv set was placed on the floor in front of the fire place. This was unsafe as it posed a trip hazard and could lead to neck strain injuries for residents. The sofas were low, sagging from wear and tear and the use of plastic sheet covers to protect them from damage impacted on residents' dignity. There was inadequate lighting along the corridors which posed a falls risk to residents. While all radiators had protective covers, the heating was not regulated to comfortable levels. Inspectors noted 27°C recorded on a thermometer in a communal area with more than 10 high dependency residents, which increased their risk of dehydration and discomfort.

Storage was also an issue throughout the premises. Hoists and assistive mobility equipment were stored in a dark corridor, which posed a falls and fire evacuation hazard. In residents' bathrooms there were no shelving units, which meant that residents' toiletries were unhygienically stored on top of the toilet basins. In the twin rooms, residents' toiletries were unlabelled which made difficult identification of personal items such as toothbrushes. In the activities room, there was clutter with items stored in black bags in a corner. The nurses clinical room was cluttered with boxes which obstructed free access to the hand washing basin.

The smoking rooms were equipped with equipment such as call bells, metal ashtrays and smoking aprons, however due to a large number of residents who smoke, the ventilation system in the room was not adequate to clear the air as smoke could be seen and smelled through the main corridor.

The residential service arrangements in place to manage risk were not sufficiently robust as many hazards had not been identified by the provider. Where risk was identified, there were risk assessments with control measures in place, however they were not always implemented in practice. For example, the inspectors noted glove boxes were left within reach on the grabrails in corridors, despite a risk assessment stating they could pose risk to residents. There was an emergency plan and an up to date safety statement. There were procedures in place to guide and inform staff on how to manage varied risk situations. Inspectors reviewed the risk register and found it contained the measures and actions to control the risk, including specified risks of abuse, accidental injury to residents, staff and visitors, aggression and violence and self-harm. However the risk register was not live and maintained up to date and inspectors saw many examples throughout the day, some of which required immediate action by the provider: for example, exposed wires in a corridor from a missing piece of electrical equipment.

The management of clinical/ hazardous waste as well as the linen and laundry system in place was ineffective. Inspectors observed overfilled clinical risk bags in bins without a close lid mechanism, inappropriate use of alginate bags, the storing of clean linen next to exposed soiled laundry and re-washing of disposable items. In one room, inspectors saw a bed mattress which was not fit for purpose. It was a sponge mattress without protective cover for cleaning purposes, with a large plastic sheet placed on top. An immediate action plan was issued to the provider to remove

it as it posed a health and safety risk to the resident. This was actioned by the end of inspection.

In accordance with local and national policy, there was a low level of restraints used in the centre, which aimed to provide a restraint free environment. The restraints were regularly reviewed and appropriately assessed and alternatives such as low low beds, crash mats, sensor alarm mats, wander tags were effectively used. Residents with responsive behaviours (how people with dementia may communicate physical and psychological discomfort) had appropriate and personalised plans in place to inform care delivery which contained background personal information to assist communication. There was a policy and procedure available to guide staff on meeting the needs of residents with responsive behaviours and staff were knowledgeable of residents' needs and provided positive behavioural interventions and supports.

### Regulation 13: End of life

The end of life care provided in the centre met residents' needs. There was evidence of family involvement with resident's consent and a person-centred approach to end of life care. Where decisions had been made in relation to advance care, such decisions were recorded. When residents died, staff engaged in a reflective review on the life and death of that resident in the centre.

Judgment: Compliant

### Regulation 17: Premises

As a follow up from the last inspection there was good signage throughout the centre. However, inspectors noted some inaccuracies as one twin room had a sign indicating a single room.

Appropriate assistive equipment to meet resident's needs such as hoists and specialised beds was available. There were systems in place for routine and other maintenance. However further improvements were required in the general maintenance and upkeep of the premises, particularly in the old wing.

As referred to in the main body of the report the following issues were identified:

- some corridors in old wing did not have handrails
- a number of doorways, walls and skirting boards in the old wing were chipped and damaged
- no shelving in the bathrooms to allow storage of personal items
- inadequate storage facilities
- inadequate ventilation, heating and lighting

- bedding and seating equipment not fit for purpose
- inadequate laundry facilities

Judgment: Not compliant

### Regulation 18: Food and nutrition

Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. The nutritional status of residents was closely monitored with appropriate interventions in place to assist residents in controlling their weight.

Each unit had dining areas which were suitable in size and layout for the number of residents. Inspectors observed meals being delivered to the units and served hot and on time during lunch and tea time. However inspectors were not assured that the food served was at the required temperature as the hot box had been left open and unattended for a period of time before being served to residents. Similarly, yogurts stored at room temperature since morning were observed to be offered at lunch time. The serving of food required full review to ensure safe food handling practices protected the residents and the staff.

While choices of food were widely advertised in the centre, in both written and pictorial format, inspectors noted that some residents on soft modified diets were served the same food both at lunch time and dinner time. This was confirmed by staff and chef. Minutes from residents' meetings showed that residents reported that the food was good but would like more variation.

There was a sufficient supply of food and drink in the centre for residents, including snacks and sandwiches available throughout the day. Sufficient staff was available to assist residents at mealtime, however inspectors observed institutional practices in the way the food was served.

Judgment: Not compliant

### Regulation 20: Information for residents

A residents' guide was available, which contained information on the visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to the residence in the centre. Information leaflets were also on display and available to read on various

topics of interest.

Judgment: Compliant

### Regulation 26: Risk management

Although the risk policy contained the requirements of the regulation and had been appropriately reviewed in the last three years, inspectors found that it had not been fully implemented in practice. The risk register was not kept up to date and under review by the management team as several risks and hazards were identified during inspection as described in the Quality and safety section.

Inspectors were not satisfied that there was a proactive approach and good oversight of risk management in the centre. For example, electrical equipment such as toasters and microwaves were placed near the sink and drainage board in one area and on unstable surfaces in another room.

Judgment: Not compliant

### Regulation 28: Fire precautions

The emergency plan and evacuation procedures were prominently displayed and staff were knowledgeable and had attended up to date mandatory training. The fire register and residents personal emergency evacuation plans were up to date. Fire-fighting equipment was serviced annually and there were quarterly checks of fire alarms and emergency lighting. Inspectors observed that escape routes were unobstructed, automatic door close and appropriate fire-fighting equipment was in place and intact. Fire drills occurred regularly, including night time and records showed that they contained comprehensive information for practice development purposes with specific learning and action plans in place.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Prior to admission residents were assessed to ensure their needs could be met in the centre. On admission a more detailed assessment was completed setting out the residents' health and social care needs. The care plans were personalised, detailed and effectively guided the care delivered. They met the regulatory requirements and were responsive to the residents' identified needs based on comprehensive

assessment of the health, personal and social care needs.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were not satisfied that a high standard of evidence based nursing care in accordance with professional guidelines was provided to the residents. Whereas excellent care was noted in some areas, substandard and non evidence based practices were also observed throughout the day, as described in the quality and safety section. Residents had access to their own general practitioner and also a variety of allied health professionals such as physiotherapists, occupational therapists, dieticians, community Psychiatry services, palliative and dental services, some of which were available on site. Out of hours GP services were also available.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Care plans and other records for residents who had been identified as having responsive behaviours set out the details of how they may respond in different situations, what may trigger them to become anxious or upset, or how to respond and de-escalate a situation. A toolbox for positive engagement was successfully utilised for residents with responsive behaviours which used a colour coded mood tracking system. Staff's knowledgeable of residents and the continuity of care supported residents' behaviour.

A culture of promoting a restraint free environment was in place, with records indicating that restraint was only used following a risk assessment.

Judgment: Compliant

### Regulation 8: Protection

There were reasonable measures in the centre to protect residents from abuse and policies and procedures were fully implemented.

Staff were trained and knowledgeable in respect of their responsibilities to ensure the residents were protected, and also of the requirements to report to management. They were able to describe the signs of abuse to be vigilant for, and the ways they may become aware of concerns. The provider did not act as a

pension agent for residents. The inspectors reviewed a sample of financial transactions records and found they were accurate. All residents reported to feel safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted, had access to advocacy services and their civil, religious and political rights were respected. They had access to televisions, radios, CDs, internet and newspapers. The centre had a dog, two cats and two donkeys which were popular with the residents. The inspectors observed that residents were well dressed and personal hygiene and grooming was attended to by care staff. An oratory was available to residents and their families for private prayer and for the weekly religious services. Visitors were welcomed and encouraged to participate in residents' lives. Advocacy services were available when required.

Inspectors saw many examples of good practice. There was a residents' group that met every three months with minutes displayed on noticeboards. The centre had its own bus and several outings took place on a weekly basis, which were very popular. Residents had created a recipe book in the previous year and were planning a poem and prayers book for this year. A book of memories contained photos of recent events such as trips to cinema, barbeque, Easter egg hunt and Valentines' day.

While there were arrangements in place to ensure that residents' rights were respected improvements were still required. Particularly in relation to the serving of food and the choices available for residents on modified diets. Residents' dignity was not always upheld due to task-oriented care practices such as the storing of pads on trolleys in the corridor, the communal use of rewashed unlabelled under garments and cloths for personal care.

The daily social programme run by the activity coordinator revolved around group activities such as bingo, board games, films, live music, breakfast group, bus trips, SONAS (a sensory therapeutic programme for people with dementia). Residents were supported by staff to attend the sessions they enjoyed however not all residents had daily opportunities to participate in activities in accordance to their interest and capabilities, as staff were busy to attend to personal care needs. No activities were scheduled at the weekend apart from the Sunday mass. Activities at the weekend and one to one engagement for residents with maximum dependency needs were unstructured and provided by the care staff.

Judgment: Not compliant

### Regulation 27: Infection control



There was an up to date policy available to guide staff on how to deliver care based on best available evidence. However, inspectors were not satisfied that the procedures consistent with standards for infection prevention and control were implemented in practice. For example inappropriate use and overuse of alginate bags, poor waste segregation practices with overfilled clinical risk waste bags disposed in inadequate bins.

Improvements were also required in relation to the arrangements in place for linen and laundry management including handling, segregation of clean and used linen, washing, drying and storage in line with best practice.

Nevertheless, a recent influenza outbreak in the centre had been appropriately managed, contained and controlled. Personal protective items such as gloves and aprons were available in each unit, and hand washing facilities and hand gels were available throughout the centre

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Not compliant

# Compliance Plan for Glenashling Nursing Home OSV-000040

Inspection ID: MON-0026782

Date of inspection: 09/05/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Our Person in charge has reviewed the daily allocation of staff taking into consideration skill mix and the needs of the residents. This allocation of staff is being updated and revised to enhance the supervision of residents within each area within the home. Staff will be supported through small focus group training sessions to enhance the quality of their practice in effective supervision pertaining to the resident’s individual needs.</p> <p>Our Person in charge is currently reviewing the roles and responsibilities of staff within the home and creating clear guidelines.            The introduction of mini handovers will be led by the Nurses who will be supported closely by the Clinical Nurse Manager and Person in Charge to assume a more assertive responsible role and strengthen communication among the team.</p> <p>Our Person in charge in conjunction with the Activities Coordinator has reviewed the individual needs of each resident in relation to Activities. Information gathered from this review will inform the development of a practical activity tool to guide staff in meeting the individual needs of each resident on a daily basis. Refresher sessions on documenting activities and one to one interaction’s will be arranged.</p> <p>Our Person in Charge will monitor closely the impact and outcome of these quality and change initiatives by taking a Qualitative approach. Data will be gathered in a narrative format through feedback from Residents and staff. This feedback will guide in determining the impact and outcome of above initiatives and identifying areas for improvement.</p> <p>Our Person in Charge and Registered Provider will formally review Activities monthly with the Activities coordinator at a scheduled Activities review meeting.            Recruitment, retention and development of staff will remain on the agenda at Clinical Governance meetings to ensure sufficient staffing levels are maintained to meet the</p>	

resident's needs.

Our Person in Charge will take the lead on these change initiatives in close consultation with the Provider.

An additional 8-2 shift will be allocated Monday – Friday and an 8-6 shift Saturday and Sunday. The 8-6 shift at the weekend will be responsible for Coordinating Activities. This additional staffing will be incorporated in the new allocation template.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The contracts have now all been updated to include information on the number of occupants in the room i.e. single / double occupancy.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose now includes a detailed floor plan.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Our Person in Charges hours and those of the Registered Provider are inputted, and will continue to be inputted, onto the roster.

The Nursing Homes management team continue to have regular coordination and contact daily with scheduled and more formalized and minuted meetings being held fortnightly.

The Nursing Homes Health and Safety committee has been revised and training has taken place for newly appointed Health and Safety representatives within the staff team. The process around Health and Safety checks has been reviewed and a new system of daily and weekly checks of all areas within the Nursing Home has been implemented. The schedule of audits has been updated to incorporate an auditing tool for Health and safety checks with a focus on Risk management.

The Registered Provider will arrange further Health and Safety in-house training to support staff in promoting a consistent ethos of good health and safety and risk management practices within the Nursing Home.

We have conducted a review of the Infection Control Practices and Laundry practices within the Nursing Home as outlined in Regulation 27 infection control in this compliance plan.

The Registered Provider and our Person in charge are reviewing practices in relation to the serving of food as outlined in regulation 18 Food and Nutrition in this compliance plan. Two monthly chef meetings have been added to the schedule of meetings.

Ongoing refurbishments, maintenance and décor of the Nursing Homes building will continue over the summer months. A refurbishment plan had already been established prior to the inspection and the Registered provider is currently working with relevant contractors. Works commenced last week. The Registered provider and our Person in charge will be closely overseeing the schedule of works to ensure it is completed in a timely manner with minimal disruption to our residents.

Bedding equipment has been reviewed and resources are available at hand to maintain and replace bedding as required. A revised mattress auditing tool has been implemented to incorporate standard mattresses.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: All bedrooms within the Nursing Home now reflect correct and appropriate signage and the matter involving the description of one door within the Nursing Home has been addressed.

As outlined in Regulation 23 Governance and Management in this compliance plan a schedule of works had been established within the Nursing Home prior to inspection.

This incorporates;

- Fitting of new grab rails in areas identified – in progress
- Painting of internal area's in the old wing – presently securing contractors

- Fitting of new protective panels on doorways – in progress
- A revamp of our internally accessed patio’s providing two new safe and secure outdoor seating areas accessed from our communal sitting room’s in the old wing – in progress
- New soft furnishings including curtains and pelmets in communal, dining and entrance areas in the old wing – Ordered
- Continued re-upholstering of seating and Sofa’s as needed - ongoing basis.

We, of course appreciated the Chief Inspectors commitment and focus to uphold the rights and privileges enjoyed under the regulations by all our Residents within the Nursing Home as occupiers of the Nursing Home. The Registered Provider will ensure that all refurbishments of the Nursing Home will be carried out in a safe and appropriate way with the knowledge and consent of the Residents during the period of forthcoming refurbishments. We will continue to keep the Resident Occupiers updated on the progress of refurbishments at monthly meetings, and the Registered Provider will rely on this regulatory compliance plan in our ongoing efforts to uphold and vindicate the rights of the Resident occupiers of the Nursing Home.

We can confirm that we conducted a review of storage within the Nursing Home and we are committed to a reorganization of storage areas. New shelving has been ordered and is in situ for many areas within the home.

Some works have already commenced and as already informed the Registered Provider is working with contractors to secure start dates for remaining scheduled works. Refurbishment progress will be monitored closely to ensure completion by identified end dates.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

As part of the review referred to in Regulation 23 Governance and Management of this compliance plan our Person in Charge and will use the Health Information and Quality Authorities Action – audit tool that is; Food and Nutrition Self-Assessment questionnaire to audit our practices in relation to food and nutrition within the Nursing Home and implement any necessary changes to ensure compliance is achieved and maintained. A relocation of the food serving equipment is currently being trialled.

Our Person in charge has reviewed the choices for residents on modified diets and streamlined the process to ensure choice continues to be readily available daily. A new method of serving modified diets is also being trialled.

These trialled changes will be reviewed as part of the Food and Nutrition Self - Assessment. Our Nutrition and Hydration Policy will be reviewed as part of this process. Following this Self -Assessment and implementation of any change initiatives required a quarterly Food and Nutrition Audit will be added to the Schedule of Audits already in

place to ensure compliance is maintained.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Risk Management and Health and Safety Practices within the home have been reviewed. Health and safety training took place within the home this month with representation from a range of staff across our Nursing Home team including maintenance, laundry, Care staff, Nursing staff and Management in attendance. Following this, a new system of Health and Safety Checks with a focus on Risk Management was created and implemented. This system will also be audited monthly once fully established and staff are being supported through the process of this new monitoring system. The Registered Provider will organize further in-house training for all staff as identified in Regulation 23 Governance and Management of this compliance plan.

The Safety Statement and Risk assessments have been reissued to all staff to reiterate the importance of risk management practices. Staff are being encouraged to get involved in proactive Risk management and support the Nursing Homes management team to maintain a robust system of Risk management. The combination of new Risk focused Health and Safety Checks, recent and upcoming Health and Safety Training and the monthly auditing system will ensure the Nursing Home achieves and maintains compliance under this regulation.

Risks as outlined in the Quality Section of the report were reviewed by the Registered Provider and the Person in Charge. The Tv set in question will be suitably adjusted to a higher level. Lighting throughout the corridors will be left on to ensure an appropriate level of lighting is maintained with plans to input a sensor lighting system. Staff are reminded to log maintenance issues as they arise.

Excess items of equipment that were placed along one corridor have been removed and hoists are stored away from the main thoroughfare of the corridor.

New storage units have been purchased and placed in all en-suite bathrooms and bedrooms that required more storage. The Activities Room and Nurses Station have been reorganized to ensure the perception of clutter is addressed.

The ventilation in the smoking room identified during the inspection which is a female smoking room and used only by a small number of Residents has been assessed and a repair to the door seal will be carried out.

The fitting of grab rails in corridors identified by the Inspectors has been commenced and will be completed in the coming weeks.



The Provider and the Person in charge are committed to ensure Risk Management systems are effective within the Nursing Home and subject to regular review at Clinical Governance meetings.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
The Person in charge has collected all necessary information in relation to the use of non-slip seat protectors and will issue guidelines to staff in relation to their use. When used as per the guidelines evidence would suggest that they do not negatively impact on the pressure care of our residents. Staff as always will continue to monitor the pressure care of residents closely.

Plastic sheets as referred to in the Quality and Safety section have been removed.

The Person in charge will encourage and support continuous professional development of staff to maintain a high standard of evidence based nursing care in accordance with professional guidelines.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The Registered Provider and Person in charge are committed to upholding the rights of the Resident occupiers of the Nursing Home.

The food choice in relation to modified diets has been streamlined to ensure a choice is both available and offered daily. The Food and Nutrition Self-assessment tool will further ensure compliance in relation to this regulation for our Residents.

The storage of incontinence wear has been reviewed and already actioned with the purchase of more discreet storage for these items.

The Registered Provider has attended to the purchase of additional new washcloths and personalized them. Undergarments have also been checked for labelling and renewed as required for each individual resident.

As outlined in Regulation 15 Staffing of this compliance plan an extra 8-6 shift on Saturdays and Sundays will be allocated to co-ordinate activities at the weekends. This will ensure breakfast club is ran over 7 days of the week and will provide more structure

to the activities at the weekend ensuring there is protected time for this staff member to co-ordinate weekend activities.

A review of activities has already been undertaken with some additions to the weekend schedule and plans to facilitate some self -directed activities for residents who are able and prefer not to join group activities.

A trial of a 'sport's tv' session and 'matinee movie' recently proved really successful and was enjoyed by many of our residents. Feedback will continue to be sought from our Residents at our monthly Residents forum.

Our activities coordinator has been liaising with our local community library over the last few weeks about upcoming courses and activity programmes suitable for some of our Resident occupiers. Four of our residents recently took part in activities hosted in the library which were thoroughly enjoyed by all involved.

As already outlined in Regulation 15 Staffing in this compliance plan a practical activity tool will be developed to guide staff in meeting the individual needs of each resident on a daily basis with an extra focus on one to one sessions.

The introduction of a formal Activities review monthly along with regular resident feedback will ensure compliance is achieved and maintained under this regulation.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The Registered Provider and Person in Charge understand the importance of having effective Infection Control practices within the Nursing Home and are committed to achieve this.

The current infection control training system will be supplemented with an online training module and Staff will all be asked to complete this. Staff will also be requested to complete Clinical Hand hygiene online training and this will be added to the schedule of mandatory training. Infection control audits will continue as per the schedule of audits with hand hygiene spot checks.

A risk waste bin identified by the inspectors was replaced by a more appropriately sized bin.

We have completed a review a quantities of alginate bags stored in Residents Rooms and actioned a change.

A full review of the laundry practices including handling, segregation of clean and used linen, washing, drying and storage is in progress.

New covered linen trolleys have been ordered and more linen baskets purchased. There has been a reorganization of clean linen storage.

A new laundry policy is being developed with clear guidelines on the management of

laundry with a particular focus on infection control.

Staff will be issued with a handout to refresh and guide their practice in relation to laundry management with a focus on infection control practices.

A weekly inspection of laundry rooms has been incorporated into the new system of Health and Safety checks.

The National Standards for infection prevention and control in Community services has been closely referenced throughout this review of infection control practices to ensure compliance is achieved and maintained.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/08/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2019
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	05/07/2019

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	31/08/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Not Compliant	Yellow	13/06/2019

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/08/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/08/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2019
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	13/06/2019

	a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	05/07/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other	Substantially Compliant	Yellow	31/08/2019

	residents.			
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