



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

Name of designated centre:	Greystones Nursing Home
Name of provider:	Greystones Nursing Home Limited
Address of centre:	Church Road, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	29 May 2018
Centre ID:	OSV-0000045
Fieldwork ID:	MON-0020763

## About the designated centre

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

The centre is based in a town and is close to shops, and local public transport networks. The designated centre provides care and accommodation to male and female residents over the age of 18. It provides a service to residents with a wide range of needs including intellectual disability, palliative care, dementia care, acquired brain injury and physical disability. The provider offers long-term and short-term accommodation, respite and convalescence care.

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

Current registration end date:	20/03/2020
Number of residents on the date of inspection:	53

## How we inspect

To prepare for this inspection the inspector or 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
29 May 2018	09:45hrs to 16:45hrs	Helen Lindsey	Lead
29 May 2018	09:45hrs to 16:45hrs	Leone Ewings	Support

## Views of people who use the service

Residents who spoke with inspectors were positive about their experience of living in the centre and felt they could choose what they did each day, including where they took their meals and what activities they took part in. Residents were also very positive about the quality of the food provided in the centre, confirming drinks and snacks were always available and there were different choices available at every meal. They also commented that the visiting arrangements were good, and they had quiet spaces where they could meet people in private.

Inspectors observed that staff were communicating well with all residents, and were providing discreet support to residents where required. All residents were being engaged by staff in a way that was meaningful to them.

## Capacity and capability

The centre was well managed and had a range of governance and management arrangements in place to make sure standards of care were maintained.

The management team supervised the staff by observing practice, and having regular meetings to discuss relevant areas of practice. They also carried out annual staff appraisals and the information from these meetings was used to plan the training needs for the following year. Clear records were maintained of the training completed by staff members. All staff had completed safeguarding of vulnerable adults training, and fire safety. There were also a range of other courses completed by staff depending on their role. For example supporting nutritional intake, manual handling and data protection.

To ensure residents' needs were being met a range of audits were carried out. The records of each audit confirmed if any improvements were identified then action was taken to ensure they were made. The person in charge was able to take any issues to the provider, and examples were seen where action had been taken to respond to any area of risk identified. For example, an increase in evening staffing levels. The provider kept staffing levels under review, and had a system to ensure there was sufficient staff to meet the needs of both units in the centre. Residents said the staff were quick to respond when they needed them, and inspectors also observed they were responding to requests for support and were answering alarm bell calls quickly during the inspection.

The engagement between the staff and residents was seen to be positive. Staff

knew the residents well, and where residents needed full support staff were clear on their preferences and how they would communicate any concerns about their comfort to the staff.

### Regulation 15: Staffing

There were sufficient numbers of staff with the appropriate skills to meet the residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, and were appropriately supervised by the management team.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff spoken with were clear of their role. Management systems were in place to review the quality and safety of the service being provided and if improvements were needed following audits, records showed they were made.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints policy and procedure in place, and a copy was available in communal areas in the centre. Any complaints made had been

investigated promptly.

Judgment: Compliant

## Quality and safety

Residents' health and social care needs were being met by a staff team who knew them well and were respectful of their choices and routines. There was good access to healthcare, and clear systems in place to monitor residents' safety, including the use of restrictive practice and clear safeguarding procedures. Meals and mealtimes were a pleasant experience, and good infection control measures were in place in the kitchen and other areas of the centre. While good practice was noted, some improvements were required in relation the process for returning unused medication, and care plans for residents with epilepsy.

Residents' records showed there were clear processes for assessing residents prior to admission to ensure their needs could be met in the centre, and then for completing a comprehensive assessment on admission. Staff had developed care plans for each identified need that reflected residents' needs, choices and preferences. The majority provided clear guidance to the staff of how residents' needs were to be met, for example those with diabetes, skin and wound care, and elimination. One area required review to ensure care plans provided clear instructions. This related to residents with epilepsy and ensuring directions were clear on how care was to be delivered including the use of emergency rescue medication.

There was good access to a range of healthcare professionals, and where assessments had been carried out the recommendations had been included in the residents' care plans. For example where the speech and language therapist had recommended a modified diet this was clearly documented, the kitchen were advised, and staff made sure the resident got the appropriate meal. A general practitioner visited the centre regularly, and examples were seen where there had been a quick response to changes in a residents' needs. Inspectors observed meals being served to residents in a range of places in the centre. Resident who spoke with inspectors confirmed they could eat in different places including their rooms, and enjoyed the flexibility. Meals served were well presented, a choice was available for all residents, and feedback was positive about the quality of the food served.

There was good practice in the centre relating to the management of residents' medication. Staff carried out regular refresher courses in medication management, and those observed were seen to be following the national guidelines. There were regular reviews of residents' prescriptions to ensure they remained appropriate to the residents needs. A regular audit was carried out, and good levels of practice were identified. There were appropriate arrangements for the storage of medication,

including controlled drugs. One area that required review was in relation to returning unused medication to the pharmacy, and the records detailing what was returned. The policy also required updating to reflect the national legislation in relation to the return of unused medication.

There were arrangements in place to ensure residents were protected from the risk of abuse in the centre. There was a clear policy in place that was clear and easy for staff to access. The assistant director of nursing provided training for new staff, and carried out annual refresher training for all of the staff team. Staff spoken with were very clear of the procedure they needed to follow when they suspected or witnessed abuse or had it reported to them. Where a restriction was identified as being in the best interest of a resident, for example the use of bedrails, there was a clear process in place to assess the risk of using the equipment and safety checks were carried out to ensure their safe use. Appropriate arrangements were in place where the provider was a pension agent.

Residents were enjoying a range of activities during the inspection in a designated room and in other areas of the centre. The activities room provided a pleasant environment with a wide range of activities carried out there, including art, music, relaxation and baking in the recently fitted kitchette. Some residents were able to actively take part in activities, and were enjoying a new programme of games and events in the evenings. Where residents required more support, staff were seen to spend time with them individually and engage in activities they enjoyed such as walks outside, music sessions and hand massage. Residents said they enjoyed the activities and felt the staff were good at involving people.

### Regulation 18: Food and nutrition

Residents received wholesome and nutritious meals at reasonable times. Drinks and snacks were available on request. Where residents required support in eating and drinking there were sufficient numbers of staff who provided support in a discreet way, taking account the preferred pace of the resident.

Judgment: Compliant

### Regulation 27: Infection control

Infection control measures were in place in the centre, and national guidance was being followed.

Judgment: Compliant



## Regulation 29: Medicines and pharmaceutical services

Residents were able to identify their own pharmacist if that was their choice. There was a clear process in place for ordering, receipt, and administration of medication in the centre and staff practice was seen to follow expected standards. The policy and practice required review in relation to returning medication to the pharmacy to ensure it was in line with the regulations.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

There were arrangements in place to assess residents' needs before and on admission to the centre. Care plans set out each resident's individual needs and staff practice was seen to follow the directions in the plans. While overall care plans were clear and would direct practice, improvement was required in those relating to epilepsy.

Judgment: Substantially compliant

## Regulation 6: Health care

There was good access to appropriate medical and healthcare.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff had up-to-date knowledge and skills to respond to residents who were identified as having responsive behaviour. The use of restraints, such as bedrails, was being monitored and reviewed to ensure it remained the least restrictive option available.

Judgment: Compliant

## Regulation 8: Protection

Reasonable measures were in place to protect residents from abuse, including having a clear safeguarding policy in place, regular training sessions for staff, and a management team with experience of taking appropriate action where allegations were reported. Appropriate arrangements were in place where the provider was a pension agent.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre was operating in a way that had regard for each resident's religious and cultural background. They were able to undertake activities in private, had access to media and were able to vote if it was their choice to do so. There were facilities to support a programme of activities relevant to the residents.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Greystones Nursing Home OSV-0000045

Inspection ID: MON-0020763

Date of inspection: 29/05/2018

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Full review of current policy has being undertaken and it now reflects best practice with regards to returns of medications. We are fully compliant with the returns of all Controlled Medications through the use of our Controlled Drug Register, which details the return of all unused Controlled Medications and is signed by the pharmacy at the time of the return. The return of unused Schedule 2 (CD) drugs are handled as per policy which reflects current legislation.  In addition the "return to pharmacy" medication book will be completed for non controlled medication returns.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Full review of all careplans is ongoing as the standard reviews fall due – the specific careplans mentioned in the report have been addressed and are comprehensive, person centred and complete. These will be subject to the standard 4 monthly review or sooner if required through any change occurring.	

## 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 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	02 July 2018
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	29 June 2018