

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St. Gladys Nursing Home
Centre ID:	0686
Centre address:	53 Kimmage Road Lower
	Harold's Cross
	Dublin 6
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Willoway Ltd.
Person in charge:	Ros O'Byrne
Date of inspection:	17 and 18 November 2009
Time inspection took place:	17 Nov. Start: 09:00 hrs Completion: 17:00 hrs 18 Nov. Start: 09:00 hrs Completion: 17:00 hrs
Lead inspector:	Eileen Kelly
Support inspector(s):	Angela Ring
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

St. Gladys is a 56 bedded two-storey private residential centre which opened in December 2008. The building is a nineteenth century period property and many of its original features have been maintained throughout. Two extensions were added to the original building forming the main bedroom accommodation. On the ground floor there are seven single rooms and four twin rooms, all with en suite facilities. The kitchen and the main dining room are on the ground floor and there are three communal rooms. The room on the lower ground floor is used primarily by the more dependent residents who also dine in this room. On the first floor, there are 14 single rooms, 12 with en suite shower rooms and 11 twin rooms, 9 with shared en suite facilities. There is one assisted bathroom and there is lift access from three points between the ground and first floors.

Outside there is an enclosed landscaped garden area with a patio and hazard free pathways. There is adequate parking to the front of the building.

Location

St. Gladys Nursing Home is located in Harold's Cross and is within three miles of Dublin city centre. It is serviced by the 54a and 19a bus routes.

Date centre was first established:	December 2008
Number of residents on the date of inspection	51

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	32	15	4

Management structure

The centre is owned by the Harvey Healthcare Group. The Providers are Seamus Brady and Derry Shaw. The Person in Charge is Ros O'Byrne and she reports directly to the Director of Care for Harvey Healthcare, Noeline Kinnear. The nurses, care assistants and housekeeping staff report to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	9	2	3	0	0

Summary of findings from this inspection

This was the first inspection by the Authority, it was an announced inspection and took place over a two day period. Inspectors received documentation from the provider in advance of the inspection and this included a pre-inspection questionnaire, the statement of purpose, the most recent staffing rota and the organisational chart. This information informed the inspection process.

The inspection findings were positive. Inspectors found that residents at St Gladys received a good quality of service. Residents were consulted about the running of the centre and their independence was actively promoted. There was flexibility and choice in everyday routines and staff provided care and support in a warm, friendly and genuine manner. In particular, the person in charge provided a high standard of healthcare as well as general care to residents. The policies and procedures were comprehensive, clear, up-to-date and accessible to staff and used to guide practice.

There were two main areas requiring significant improvement. Staff records did not fully comply with the requirements under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and staff training for the specific care of residents with dementia needed to be addressed. Other improvements and recommendations include the review of staff communication with residents with cognitive impairment, the provision of an independent appeals process in the complaints policy and issues such as the privacy and dignity of residents.

All of the above issues are addressed in the action plan at the end of this report.

Residents' and relatives' comments

In preparation for this inspection, the Authority sent questionnaires to the residents and relatives asking them to comment on the quality of the service. These questionnaires were not distributed. Instead, inspectors were invited to view the findings of a sample of resident surveys conducted by the provider. While the inspectors commended the seeking of the views of residents and relatives, the person in charge and the providers were informed that the surveys were not a substitute for the questionnaires which had been sent by the Authority on 30 October 2009, with the clear expectation that these would be distributed.

On the day, inspectors viewed the findings of these 20 resident/relative surveys. Sixteen of these were not dated and four were dated for varying days in October 2009. The survey findings indicated that both residents and relatives were extremely positive about the quality of care at St Gladys. This view was largely reflected in the findings on this inspection. Residents and relatives spoken with on the day reported high levels of satisfaction with life at the centre.

Inspectors spoke with 13 residents and 7 relatives and with other residents throughout the day. Many opinions expressed were positive. Comments included: "The staff are very kind", "It's fantastic", "The care is super", "I feel safe here", and "The staff are respectful". One resident said: "I am having a lazy life and I like it - it's marvellous here". When asked by inspectors who they would talk to if they had a concern or a complaint, residents identified the person in charge and one of the senior nurses. One resident commented: "I tell the person in charge, and things are fixed immediately". Another resident said that the person in charge "is very kind - I would speak to her if I had a problem". Another resident said "They look after me if I'm not well".

Relatives also shared their positive views such as "I'm happy with the care here", and "We went to other nursing homes before here and this is very good". One relative said she was "very pleased" with the care her sister received. Another said "We are always made feel very welcome". A further relative expressed her praise for a senior nurse commenting that her care is "above and beyond the call of duty". Inspectors spoke with the grandchild of a resident who visits several times each week. She said that she enjoyed visiting and inspectors observed her doing her homework in one of the day rooms with the help of her grandfather.

Residents' comments on the food varied and included: "The food is good - I've put on half a stone since I came here" and "The food is okay", "It's mostly fish or chicken". One resident asked about having pasta or rice sometimes instead of potatoes.

There were a range of comments about the activities available: "I like to read and do crosswords, I don't find the days long" and "There is bingo, but just not enough for me personally". Another resident said "I sometimes don't know what to do with myself - I used to cook and sew". One relative said "There used to be live music here but it has stopped". Another relative said she would like the residents to have "a

better social life." Inspectors found that there was a need to develop a more person-centred assessment of residents' interests.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

There was evidence of committed leadership and strong management involvement in the day-to-day running of the centre. Both the providers and the person in charge were present throughout the inspection and displayed a keen interest in participating in the process. Inspectors observed open communication between the person in charge and the providers. They met on a formal basis once per week and held monthly meetings with other directors of nursing, as well as the director of care within the Harvey Healthcare Group and minutes were made of these meetings. They demonstrated a good understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The person in charge was an experienced qualified nurse with a keen interest in gerontology and worked full-time. Satisfactory deputising arrangements were in place. Senior nurses provided cover in the absence of the person in charge. The director of care also provided an on call service in the absence of the person in charge.

There was an up-to-date and comprehensive safety statement and a recently developed statement of purpose which met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The residents' register was reviewed and inspectors noted a recent entry for the admission to hospital and return of a resident.

There was a visitors' book in the hallway and visitors were actively encouraged to use it. Next to the visitors' book was an invitation to relatives to join a proposed advocacy group and three people had indicated their interest in participating. The centre's complaints policy, mission statement, fire safety certificate, residents' charter of rights and certificate of insurance were displayed in the reception area.

There was a complaints policy in place and a complaints' book was used to track and monitor complaints. There had been no official complaints since the centre opened in

December 2008. The person in charge had dealt with two complaints from relatives who did not want the issues to be officially recorded. These related to staff communication with relatives. The person in charge had made notes about these issues. One complaint was resolved and one issue was still being monitored. The person in charge was open in her discussion of complaints and demonstrated an interest in the potential for learning and improvement gained as a result.

All of the residents managed their own finances with the assistance of relatives. However, there was a secure safe available to residents if they wished to store any valuables or money. An appropriate system was in place to monitor this practice and residents' possessions were adequately insured.

Inspectors viewed satisfactory documentation on the maintenance and servicing of equipment. Fire safety policies and procedures were in place and there was a Fire System Certificate displayed in the hallway with an expiry date for 14 October 2010. Two staff members are designated fire safety representatives and staff displayed a good understanding of fire safety. Walkways were checked daily to ensure they were clear and an audio check of the fire alarm system was carried out each week. The most recent fire training took place on 08 December 2009. The person in charge had developed a good working relationship with the local fire department and had scheduled a day for a simulated fire evacuation drill on 12 January 2010.

Inspectors looked at the incident book, which mostly contained data about residents' falls. The person in charge demonstrated a commitment to continuous learning by collecting relevant information on residents' needs, the use of the resident surveys, the planning of an advocacy forum for residents and relatives and the establishment of menu planning meetings between residents and staff. Inspectors noted that there was little variation in an alternative option if a resident did not want the standard traditional meal. One menu meeting had taken place to-date and the minutes of this meeting were displayed on a notice board. Inspectors observed a resident who had participated in this meeting bringing her copy of the minutes to a member of staff to arrange more copies for other residents. The staff member responded warmly and positively to the resident and immediately made extra copies for her to distribute.

Staff spoken with demonstrated a good understanding of elder abuse. The person in charge had identified a link nurse to lead on elder abuse education amongst staff.

Some improvements required

While the person in charge took responsibility for the collation of relevant data in relation to critical incidents and risk management, there was no formalised system in place to audit the data and monitor trends and patterns to promote best practice for the benefit of residents.

The complaints policy did not include an independent appeals process in line with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors were satisfied that residents enjoyed a relaxed, flexible daily routine. Breakfasts were served to residents in bed if they wanted and they were given choices as regards times getting up, personal care, resting during the day and retiring at night. Inspectors observed some residents having breakfast in their rooms at 9.30 am and two residents having breakfast in the dining room at 10.00 am and some staff were also having a coffee break at the same tables. During the afternoons some residents were seen having tea and reading newspapers in the dining room.

The staff demonstrated warmth and friendliness towards residents. Staff sat and talked with residents and displayed a respectful and caring attitude. Some staff members displayed a good awareness of residents' histories and life stories.

Inspectors observed the lunchtime meal. Meals were served in the main dining room and also in one of the day rooms for more dependent residents who required assistance with dining. Residents who wished to dine in their rooms were able to do so. The menu was displayed in the main dining room and on the day the choice of main course for lunch was roast lamb or chicken. For the evening meal there was a choice of smoked salmon or egg mayonnaise. In the main dining room, tables were set attractively with individual napkins, condiments and flowers. Portions were adequate and residents were asked whether they wanted second helpings. A choice of soft drinks was served and residents were asked if they wanted any flavourings or sauces. Residents requiring soft or pureed diets were also offered choices for their main meal and this food was presented attractively. Lunch was an unhurried occasion and there was lots of talk and laughter amongst residents and staff in the main dining room. Lunch in the day room was calm and unhurried and staff spoke with residents as they dined. Residents who wanted to get up and walk about between courses or take a break from the table were able to do so. Residents told inspectors that they enjoyed their meals. Inspectors sampled the food and found it pleasant to taste.

Relatives visited frequently. One relative had donated a piano to the centre. On the day of the inspection there were several relatives present including children. The Harvey Healthcare Group employs a full-time activities coordinator who visits each of the centres on a weekly basis and activities were organised for residents. Residents

were aware of the activities on offer which included aromatherapy, hand massage, crosswords, gentle exercise, songs, music, bingo and art. Some of the residents' artwork was displayed on the walls. Over this two day inspection inspectors saw residents participating in gentle exercise, a quiz and artwork.

Residents were supported to participate in the community. They participated in mass on a monthly basis and many residents went out to church with relatives as well as other outings. All residents were Catholic at the time of the inspection. The person in charge organised day trips, mostly in the summer period, to visit local parks and city museums. Two residents still went to a local day-centre which they had attended prior to moving to St Gladys. During the inspection two social care students from a local college were visiting as part of their learning over a two week period. Inspectors saw the students and residents talking and enjoying each other's company. Inspectors were also told that transition year students visit from a local secondary school.

Significant improvements required

In the lower lounge some staff members stood while assisting residents to dine. This was insensitive to those individuals. Inspectors observed that some of these residents sat waiting for lunch wearing napkins at a bare table and noted that there was minimal engagement by staff with residents during this time.

Minor issues to be addressed

Some residents said that that they would like the opportunity to participate in mass more frequently than once per month.

Although some good practice was observed, in relation to activities and opportunities for meaningful engagement, some residents told inspectors that they would like to go out more and have a wider variety of things to do.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors read a sample of care plans which were considered to be comprehensive and reflected the assessment findings of residents' needs. There was also strong evidence of regular monitoring of residents' healthcare needs, such as weight checks. The care plans set out in detail the action to be taken by staff to ensure that all aspects of the health and social care needs of residents were met. For example, residents at risk of falling had care plans which contained a suitable falls assessment. Records were made of any falls experience and a post falls assessment was carried out. Records reviewed showed appropriate actions were taken in response to falls and a copy of each incident form was shared with the residents' general practitioner (GP) upon the next review. Inspectors observed that residents' independence was actively promoted. Inspectors saw several residents using assistive aids to move around and noticed staff encouraging residents to remain as independent as possible. Residents who required supervision while walking were also encouraged to remain active and were accompanied by staff on supervised walks.

Inspectors observed the administration of medication and found that staff adhered to procedures for the safe administration of prescribed drugs. Prescription charts were reviewed regularly by visiting GPs and were formally evaluated every three months. At this point, a new chart would be written up for use in the day-to-day administration of medicines. Drugs were delivered daily by a local pharmacy in individually labelled blister packs. The pharmacy provided an accompanying book identifying the special features of every drug which the nursing staff could refer to for reference.

The person in charge identified the use of link nurses to provide a focus for health and social care needs. For example, one senior nurse provided lead advice and support on continence promotion and another on nutrition. Residents were referred to services such as chiropody, dietician and audiology by nursing staff and they paid directly for some, such as physiotherapy and audiology services. Chiropody services were provided on a three-monthly basis. The person in charge acknowledged that physiotherapy services could be difficult to access. In some instances, the person in charge sought physiotherapy consultation for advice and support regarding residents' needs. Three residents received support from specialist mental health services for older people.

Inspectors observed the excellent care provided in the management of percutaneous endoscopic gastrostomy (PEG) feeding for a resident. Appropriate staff training on PEG feeding had been provided for nurses. This high level of care and attention to safe practice minimised the risk of infection for this resident and promoted her health and comfort.

Another resident, who was prone to pressure ulcers, had an appropriate clinical risk assessment and a suitable alternating pressure-relieving mattress was provided for the resident's care and comfort.

Significant improvements required

Although care plans were reviewed, there was little evidence on the care plans of meaningful and regular consultation with residents in drawing up a suitable and appropriate plan of care.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The standard of cleanliness throughout the premises was very good. Cleaning staff demonstrated a clear understanding of their roles and responsibilities and showed regard for residents' privacy and dignity. Bedrooms were spacious with adequate storage facilities. One resident told inspectors that she had wanted a second locker and this had been provided. Bedrooms were decorated with personal photographs and possessions. Inspectors viewed the day rooms, dining room, laundry, kitchen, bathrooms and sluice room. The dining room and day rooms were sufficiently spacious. Two of the day rooms were comfortable and homely with suitable seating and paintings on the walls. One room had a fireplace and the other had substantial book shelves and a piano. Inspectors viewed the laundry and sluice room and all were considered to be satisfactory. A visitor's room was located on the first floor with chairs and a coffee table.

Equipment and assistive aids such as hoists and wheelchairs were well maintained with up-to-date servicing records. Maintenance staff were employed for general repair work and a system of logging and tracking maintenance requests was in use.

Inspectors visited the kitchen and spoke with the chef and some catering staff. The kitchen was clean and well organised and staff were appropriately trained in areas such as food hygiene, fire safety and infection control. It was noted that care staff paid attention to infection control issues by wearing disposable protective aprons when entering the kitchen. The most recent environmental health inspection took place on 20 March 2009 and the kitchen was found to be in compliance with health and safety legislation.

Waste was seen to be well managed; general waste was separated from clinical waste and collected regularly. Clinical sharps were disposed off safely in accordance with best practice.

Laundry services were provided on-site, inspectors reviewed the service. Both bed linen and residents' personal laundry were laundered. However, the residents' information booklet strongly encourages relatives to launder their relatives' clothes at home and inspectors met several relatives who did this. Two relatives told inspectors that they are happy to do this to prevent clothes going missing.

Some improvements required

All bedroom doors had viewing panels. The provider and the person in charge explained to inspectors that this was a health and safety measure so that vulnerable residents could be checked particularly at night. They also added that one resident had requested that the panel on his door be covered at night time to avoid light coming into the room and his wishes were respected. Inspectors verified that this request was written into the resident's care plan. On the day of the inspection, residents did not identify the viewing panels as an infringement of their privacy. However, one resident told inspectors that he could look in all of the panels as he walked along the corridors. Residents were not consulted with about these panels and no consent was sought for their use. Inspectors found the panels to be an infringement of residents' privacy.

Although call bells were located in residents' bedrooms and within reach of residents, there was a delay of ten minutes before a bell was responded to when inspectors triggered a bell in the bedroom of a dependent resident.

The centre has an audio system to alert staff to telephone calls. Inspectors found this system to be excessively loud and disturbing for residents with dementia, when an announcement came over the system to inform the person in charge of a telephone call requiring her attention.

There was no bed pan washer available in the sluice room which meant that all bed pans were washed by hand. Although the bed pans looked clean, inspectors could not be sure that they had been suitably decontaminated.

Minor issues to be addressed

There was no garden furniture for residents to sit on in the garden. The person in charge told inspectors that garden furniture had been ordered and would be in place soon. There was an awning from the patio which is understood to be used in the summer time but there was no permanent shelter for residents who wished to smoke outdoors. There was no indoor designated smoking area.

The main front door was not accessible by wheelchair and arrangements were made for access via one of the side fire exit doors. One relative informed inspectors that she often has had to wait outside this door while staff arranged access.

While many residents were seen by GPs in their own individual bedrooms, some residents shared bedrooms. Inspectors noted that the treatment room had no bed for clinical examination.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors found that there was a comprehensive set of policies which were in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There were informative policies in relation to clinical risk management and most policies had a list of staff signatures to indicate that staff had read them. Policies and procedures were generic to the Harvey Healthcare group and were presented in a format specifying their use at St Gladys with implementation and review dates available.

Information such as the mission statement, the information booklet, complaints policy, planned structured activities and contract of care were made available to residents and relatives. Residents had easy access to newspapers, books and television. They also had access to the centre's mobile phones to make personal calls and three residents had their own telephone landlines in their bedrooms.

In order to enhance communication on a day-to-day basis, staff used an allocation book to identify tasks and goals for the day. A communication book was also used by the day and night staff in order to highlight any issues for attention, particularly in relation to premises and equipment, storage or supplies of essential items, for example. Communication about residents' personal care needs took place at handover meetings between staff shifts.

Sensitive information regarding residents' needs was communicated discreetly. For example, staff were aware of the Methicillin-resistant Staphylococcus aureus (MRSA) status of one resident without the use of unnecessary labelling and public notices. Staff and visitors were encouraged to use hand gels to prevent the spread of infection, as a general precaution.

Some improvements required

Inspectors observed that resident's medical files were stored in a cabinet at the nurses' station in the main hallway which could compromise the security of this private and confidential information. Care plans were also stored in folders on open shelving at the nurses' station in the main hallway.

Inspectors observed that the language used by some care staff was not appropriate. For example, although one care attendant demonstrated appropriate familiarity with residents' names and life histories, other staff referred to residents as "This one and that one". During lunch in the lower dining room for high dependency residents, inspectors overheard comments by care staff such as "Don't take your bib off" and "Sit down" being used repeatedly in communicating with residents. One resident told inspectors that staff could sometimes be "bossy".

Language used in relation to the assessment of residents' levels of participation in activities was also inappropriate. Inspectors found that comments such as "totally incapacitated", and "not able to participate" to be negative and labelling. This did not reflect good practice in working with people with dementia and other dependencies.

Minor issues to be addressed

While relatives told inspectors that staff communicated with them about residents' needs, some relatives said that they would appreciate a more formal system of feedback or consultation from time to time.

Many care staff had English as their second language and their knowledge of the language could be enhanced for the benefit of residents.

Inspectors observed a dependent resident using his own native language to communicate his needs during lunch. There were no arrangements in place to help facilitate this resident's self-expression, thereby promoting his self-esteem.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors were satisfied that the person in charge and the nursing staff demonstrated a strong sense of clarity, purpose and focus to their roles and responsibilities. Nurses were clear about their supervisory responsibilities for care staff and inspectors found that the system of link nurses as educators for promoting continuous improvement was commendable. Inspectors reviewed training records and saw that staff had completed training on areas such as the prevention and detection of elder abuse, manual handling, fire safety, nutrition care and other specialist areas such as PEG feeding and wound management. The next staff training scheduled was for 19 November 2009 on "Dementia and Nutrition". Fifty percent of all care staff had Further Education and Training Accreditation Council (FETAC) Certificates. Records were kept of all nurses' certificates of registration with An Bord Altranais for 2009 and the inspectors viewed some certificates of attendance for FETAC qualifications awarded to a number of care staff.

Over the course of inspection, there were two staff nurses and nine care assistants on-duty, as well as the person in charge. Staffing rosters indicated that there were two nurses on-duty at night and two carers. Some relatives told inspectors that they thought staffing levels could be low in the evening time. Other staff seen and spoken with on the day included housekeeping and catering staff. Inspectors found that there were adequate number of staff on-duty.

In relation to staff files, inspectors observed some good practice on staff induction, performance management and risk assessment. For example, a new member of care staff had a clearly laid out induction plan with a follow-up review date and identified mentoring support. Another file demonstrated a performance management record, action plan and follow up review.

The person in charge is in the process of introducing a new staff appraisal system. Inspectors viewed documentation about staff self-assessment and evaluation and a follow up action plan for performance review. Staff spoken with were aware of the introduction of the appraisal system.

Significant improvements required

Staff files did not meet all of the regulatory requirements such as proof of identity, Garda Síochána vetting and staff references. This contravenes the Harvey Healthcare Group policy on recruitment which states: "no contract to be given out without Garda Síochána clearance".

While the person in charge consults appropriately with specialists in relation to dementia specific care, staff members were not putting this training into practice. There had been no recent training for staff on the management of challenging behaviour.

Minor issues to be addressed

It was noticed in many instances that residents did not always know names of staff providing care.

Report compiled by:

Eileen Kelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 December 2009

Provider's response to inspection report

Centre:	St. Gladys Nursing Home
Centre ID:	0686
Date of inspection:	17 and 18 November 2009
Date of response:	12 January 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no auditing system in place for reviewing data in relation to the quality and safety of care for the purpose of continuous quality improvement.

Action required:

Develop and maintain a system for reviewing the quality and safety of care provided to residents.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

<p>Provider's response:</p> <p>This process of auditing for quality assurance and continuous improvement had already begun at the time of inspection and shown to inspectors on their visit. The audit process as suggested in the standards is now in place and includes other items such as a bell test to measure response times</p> <p>Whilst we appreciate the need for constant auditing and reviewing of the quality of care given to our residents, some credence should be given to the fact that this is a very new facility which was only fully opened in April 2009 and that our care plans already incorporate the items included in Standard 30. The effort thus far has been to ensure that we establish the best practices of care for our new residents. As a result of it being a new facility our Director of Nursing has a very 'hands on' approach to her management to ensure best practice. She chairs the handover meetings each day for nursing and care staff to ensure that all staff are clear of the standards of care required from them and for the need of continuous improvement. In adopting this approach the topics included in Standard 30 are reviewed albeit not formally documented.</p> <p>This together with the more formal audit approach included in the standards should ensure that the quality and safety of care provided to residents is reviewed in line with best practice.</p>	<p>Completed</p>
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<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints policy did not identify a nominated independent person to ensure that complaints are appropriately responded to.</p>	
<p>Action required:</p> <p>Update the complaints policy to demonstrate that there is a nominated independent person to ensure that complaints are appropriately responded to.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response: We have appointed an independent chairperson who will review our complaints policy.	Completed
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3. The provider has failed to comply with a regulatory requirement in the following respect:

There was no evidence that residents or their representatives were involved or contributed in a meaningful way to the development of their individual care plans.

Action required:

Ensure that residents or their representatives are involved in the process of care planning and review in a meaningful and evidenced based manner.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

All residents and relatives have been involved in their care plans although we acknowledge that this was not formally recorded. This practice is now formally recorded.

When each resident was admitted, the resident and relatives were involved in the initial care plan. A large number of residents and relatives have stated that they do not wish to be involved on an ongoing basis as they would rather speak to our director of nursing or staff nurses if their relative's condition changes. We will happily ensure that those residents and relatives who wish to be involved are invited to do so when the care plans are next reviewed and this will be documented. This was also discussed at our advocacy meeting which was held on 26 January 2010.

Ongoing. To be completed by end March 2010 as care plans are reviewed

4. The provider has failed to comply with a regulatory requirement in the following respect:

Residents in the lower lounge who required assistance at mealtimes were not given appropriate and dignified assistance or encouraged to participate in meals as a social occasion.

Action required:	
Ensure that appropriate and dignified assistance is given at mealtimes to residents who, due to infirmity or other causes, require such assistance with eating and drinking.	
Reference:	
Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We train all our staff, who look after residents that require assistance at mealtimes, to give appropriate and dignified assistance. This practice will be monitored on an ongoing basis to ensure the highest standards of care and dignity.</p> <p>Two members of staff who were assigned those duties on the days of the inspection spoke to us after the inspection as they had felt somewhat intimidated by this part of the inspection process. We appreciate that the inspectors have their role to perform and the necessity to take notes during the inspection but, given the nature of these duties and the challenging behaviour, the copious writing on clipboards over a forty minute lunchtime period was a significant distraction for staff at this time. We will, of course, continue to monitor this situation closely as we are not trying to dispute what the inspectors reported but we do not feel that this is typical of a normal situation in this area.</p> <p>We will continue to review this activity which will include spot checks and ongoing training.</p>	Immediately

5. The provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of seeking consent from residents or their representatives in relation to the use of viewing panels on bedroom doors.
Action required:
Review the use of viewing panels and establish a procedure for obtaining consent from residents or their representatives in relation to their use on bedroom doors.

Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents and / or relatives inspected the facilities of the nursing home prior to admission and were shown the rooms. As acknowledged in the report these small glazed panels provide a valuable function in ensuring the safety and comfort of our residents. We are in the process of covering these panels but have written a separate letter to the Authority outlining our preference for them in delivering care and security to our residents.	March 2010

6. The provider is failing to comply with a regulatory requirement in the following respect: Although staff had received training in dementia care, it did not inform practices in the delivery of care.	
Action required: Ensure that all staff providing dementia specific care are suitably trained and qualified to carry out the best possible care.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Dementia care and communication with residents suffering from dementia is an area in which we have spent much time on training staff and something that is monitored closely. Our director of nursing has participated in many courses in dementia care and is a qualified trainer. We have listed below the courses in dementia care that our staff have attended, which, considering our facility only fully opened in April 2009, is quite comprehensive:-	

- the majority of staff have attended EOLAS training on nutrition and dementia care
- some of our staff nurses have attended a dementia care courses in St James Hospital
- a very high percentage of our staff are FETEC level 5 qualified, which includes a module on dementia care,
- other care staff have been trained in SONAS
- the dementia care team of St James conducted an in-house training course for our staff in dementia care
- all staff have been trained in elder abuse which includes aspects of dementia care
- at the time of inspection the inspectors were informed that the director of nursing and two staff nurses were registered to attend a study day on dementia care in St James Hospital on 28 November 2009
- finally, our director of nursing is a qualified trainer and provides onsite training.

We will, of course, continue to check that our staff put their training into practice and that they adhere to the individual communication care plans developed for our residents.

Dementia care is an area in which new developments are being made all the time and there is a range of opinions regarding the best approach to delivering care. Our director of nursing is working very closely with our activities coordinator to assess the most effective activities for our residents suffering with dementia with particular reference to the residents' careers or family histories and has found that art, SONAS, PETA and aromatherapy are particularly beneficial. Our care staff are also putting life history scrap books for our residents and we staff are also using 'talking mats' which was developed specifically for communicating with residents suffering from dementia.

As mentioned previously our director of nursing chairs the morning handover meetings part of which is dedicated to care for dementia residents and instruction for our care and nursing staff. DVD copies of recent programs on dementia care have also been made available to staff.

Once again we are not saying that we are above reproach in this area but a lot of time has already been invested in ensuring that we maintain a high standard of care to our residents suffering from dementia. We will continue to monitor that our staff deliver the highest level of care for any residents with dementia in our home, which may involve external training but most emphasis will be on in-house training and overseeing staff practices.

Ongoing

7. The provider is failing to comply with a regulatory requirement in the following respect:

Confidential information regarding residents was not stored in a secure place.

Action required:

Ensure that confidential information regarding residents is stored in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 1: Information

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

Timescale:

Provider's response:

These files are located at the nurses' station which is usually occupied and under CCTV coverage. We will, however, put locks on these drawers to ensure their safety.

February 2010

8. The provider is failing to comply with a regulatory requirement in the following respect:

Staff personnel files did not meet the requirements in Schedule 2 of the regulations by not providing complete records of proof of identity, birth certificates, Garda Síochána vetting, gaps in employment and three references.

Action required:

Obtain in respect of all employees the information and documentation specified in Schedule 2 of The Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

<p>Provider's response:</p> <p>All relevant employee information has been requested from staff and staff have been asked to complete the Garda Síochána vetting forms although there is a considerable delay in the Garda Síochána returning the clearance certificates.</p>	<p>Ongoing, information to be completed by end February</p>
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9. The provider is failing to comply with a regulatory requirement in the following respect:

The noise levels from the audio system for informing staff of telephone calls conflicts with the need to minimise excessive noise for residents with dementia.

Action required:

Review the audio system for the announcement of staff telephone calls in order to minimise excessive and sudden noise for residents with dementia.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Supplementary Criteria for Dementia-specific Residential Care Units for Older People

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

Timescale:

Provider's response:

The volume from intercom system has been reduced and it is only used for important announcements.

Immediate

10. The provider is failing to comply with a regulatory requirement in the following respect:

Staff did not demonstrate promptness of response when a call bell was called.

Action required:

Ensure that call bells are responded to without delay.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Call bells are answered promptly and we will conduct tests on response times. On speaking to staff they mentioned that they did not respond as they believed it was the inspector testing the system.</p> <p>We will, however, conduct random checks as part of our audit tool on the calls bells to monitor response times.</p>	<p>Immediate</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1: Rights	<p>Ensure that residents are familiar with staff names.</p> <p>Provider's response:</p> <p>Thankfully we have experienced a very low staff turnover since the Nursing Home opened. We have, however, a number of relatively new residents who arrived in autumn and winter as the second phase of the home opened. We ensure that these residents become familiar with all staff names as soon as possible.</p>
Standard 4: Quality of Life	<p>Explore the possibility of having more regular religious services as well as a wider choice of activities and opportunities to go on outings.</p> <p>Provider's response:</p> <p>We have explored several avenues of trying to increase the frequency of religious services and approached all of the churches in the vicinity. To date, residents receive weekly visits from the Ministers of the Eucharist, mass on a monthly basis and the Sacrament of the Sick is available to any resident who requires it. Additionally Ministers from other denominations have been invited to attend the home and we have ensured that there is a religious TV satellite channel available in every TV in the home.</p>

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for all their positive comments about our home. We would like to thank them for acknowledging the quality of care and respect shown by all our staff to our residents and the dedication and leadership shown by our director of nursing. We were a little disappointed however, that comments such as 'excellent', 'best care plans we have seen' which were used in our summary meeting did not make it to the report.

We are very proud that so much has been achieved by our staff in this new facility over such a short period of time - in not only establishing high standards of care but also implementing the new regulations, which were introduced during this period.

The inspectors were very polite and open in their discussions with us and in their conversations with our residents. We have commented and mentioned to the inspectors that their review of the assisted dining was unsettling and intrusive for our residents and staff. We thank them for their suggestions regarding best practice and we will continue to ensure that we deliver the highest standards of care for all our residents.

Provider's name: Willoway Ltd.

Date: 12 January 2010