

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Gormanston Wood
Centre ID:	131
Centre address:	Gormanston County Meath
Telephone number:	01-8414566
Fax number:	01-8414562
Email address:	gormanstonwood@guardianhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Guardian Healthcare Ltd
Person in charge:	Bridget Brassey
Date of inspection:	14 February 2011
Time inspection took place:	Start: 14.50 hrs Completion: 18.15 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	None
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up unannounced inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Gormanston Wood is a purpose-built, two-storey, 89 bedded centre, set in its own grounds. There are eight twin rooms, and 73 single rooms. There are four separate units named Elm, Cedar, Beech and Laurel. Eighty three rooms have full en suite facilities comprising toilet, sink and shower, six rooms only have en suite toilet and sink facilities.

The centre provides for long term care for older people, residents with dementia (including one resident with dementia less than 65 years of age), one resident with acquired brain injury under 65 years and two further residents less than 65 years of age with physical disabilities. Additionally, a small number of short-term resident admissions for respite and convalescence and end of life care are also available.

Elm and Cedar Units have separate dining and day space which are located on the entrance level. The reception, visitors' room and administration offices are also on this level.

Laurel and Beech are located on the lower ground floor. Laurel has recently been re-opened since the last inspection of 2 and 3 of February 2010 and had a number of long and short term residents.

Beech is dedicated to caring for residents with a diagnosis of dementia for residents both over and under 65 years, and has 19 beds, comprising 13 single and three twin bedrooms. An internal courtyard garden, a smoking room, two sitting rooms, and a separate dining room are also available.

Elm and Cedar Units also have a separate dining and day space. All units are accessed through a main entrance and reception area. There is an internal courtyard with furniture and seating and landscaped grounds surround the centre. There is ample car parking space on site.

Location

Gormanston Wood is located near Gormanston village, county Meath and is close to the Gormanston railway station, between Balbriggan, County Dublin and Julianstown.

Date centre was first established:	1 March 2000
Number of residents on the date of inspection	80
Number of vacancies on the date of inspection	9

Dependency level of current residents	Max	High	Medium	Low
Number of residents	35	24	15	6

Management structure

The Person in Charge, Bridget Brassey, has day-to-day responsibility for the management of the centre and staff. The Registered Provider is Guardian Healthcare Ltd. Keith Robinson CEO is the designated provider on behalf of the company.

All staff report directly to the Person in Charge, who is supported in her role by an assistant director of nursing. The assistant director has management responsibilities with regard to documentation and audit. The second assistant director of nursing is on secondment to another centre in the Guardian group from 4 February 2011. The senior care assistant and activity coordinator report to the nurse on duty, who then reports to the assistant director of nursing on duty, who then, in turn reports 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	5	14	2	6	2	2*

*maintenance person and activities coordinator

Background

Gormanston Wood was first inspected by the Health Information and Quality Authority's (The Authority) on 2 and 3 February 2010. The inspection report for this inspection can be found at www.hiqa.ie.

This report relates to a registration inspection which was undertaken on 6 and 7 July 2011. Six improvements and two best practice recommendations were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older people in Ireland*. The provider was required to complete an action plan to address these areas. The inspection report 131 can be found at www.hiqa.ie.

This was an unannounced follow up inspection of the centre following the registration inspection undertaken on 6 and 7 July 2010. The inspector reviewed all actions and recommendations outlined in the registration inspection report and found that all of the actions had been satisfactorily progressed and addressed in full.

Summary of findings from this inspection

The inspector met with the person in charge and her deputy. The person in charge outlined the progress with the action plans and the changes in practice since the last inspection.

All staff spoken with on the day engaged with the inspection process satisfactorily and were confident and enthusiastic in their individual roles. The person in charge updated the inspector on new training on dementia care and skin care and prevention of damage to fragile skin.

The approach to continuous quality improvement was evident following the review of the action plans. The inspector spoke to residents and relatives on Beech Unit and observed a mealtime. Relatives and residents were complimentary of the staff and services provided, and commented favourably about "the finest food".

Overall, the action plans were found to have been addressed in full, and additional best practice improvements were also planned in consultation with residents and relatives.

Issues covered on inspection:

Issues covered on this inspection included a review of actions and recommendations outlined in the report of the inspection dated 6 and 7 July 2010 and notifications received since the last inspection from the provider, inclusive of quarterly notifications.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review the emergency plan for responding to emergencies, and include details of location of emergency evacuation, and ensure all staff are familiar with the contents of same plan.

The inspector was satisfied that this action had been completed in full by the person in charge.

An updated copy of the emergency plan was reviewed by the inspector, and clear guidance was in place for staff should an evacuation become necessary. Arrangements for location for emergency evacuation were clearly documented, and staff had been updated and trained on implementation of the policy.

2. Action required from previous inspection:

Review policy to include the name of the responsible person for financial management of residents' funds at the centre.

The inspector was satisfied that this action had been completed in full by the person in charge.

The nominated administrator was named on an updated policy reviewed by the inspector.

3. Action required from previous inspection:

Complete a written detailed audit of medication management and maintain records of this audit.

The inspector was satisfied that this action had been completed in full by the person in charge. Additionally the assistant director of nursing had been involved with full medication audit in the centre.

The documented audits were also supplemented by competency reviews of each registered nurse, and minor weekly audit by staff in each unit.

The inspector reviewed drug administration charts on Beech Unit and found that medications were prescribed and administered as per policy and best practice. A small number of residents had medication in a crushed form and the pharmacy had reviewed suitability and safety for crushing, and it was prescribed as crushed by the general practitioner (GP). The MDA medications were also checked on each shift (twice daily).

The records of three monthly medication reviews were documented on the prescription charts by the GP's.

4. Action required from previous inspection:

There is sufficient number of competent staff present when meals are served to offer appropriate assistance when necessary, in line with identified needs of the residents care plan.

The inspector was satisfied that this action had been completed by the person in charge. The person in charge told inspectors that additional staff are deployed to Beech Unit from other areas. The tea time meal on Beech Unit was observed by the inspector; the meal was less hurried than previously observed on the last inspection. The provider had responded that extra support was being provided during mealtimes and the inspector noted that there were sufficient staff available to give appropriate assistance to each resident as required.

Reviewed staffing rosters for Beech and the other three units confirmed the numbers and qualifications of staff working at the centre on the day of the inspection.

The inspector was satisfied the needs of the residents were being met by the staff working at Beech unit on the day of the inspection.

Since the last inspection additional new table cloths had been purchased and plans for the dining and parlour areas on Beech unit. Plans were in place to buy specific coloured crockery and cutlery in order to visually enhance the dining experience.

5. Action required from previous inspection:

Complete three monthly re-assessment of care for all residents and document in resident's record.

Review care planning in place, including documentation of pressure ulcer management treatment plans, and ensure all nursing staff have an update on writing and documenting resident care plans.

The inspector was satisfied that the actions had been completed in full by the person in charge. The care plans reviewed by the inspector were up to date and specific to the assessed needs of the resident. Evidence of review was in place within the last three months for residents' records reviewed on Beech Unit.

The person in charge had told the inspector that two current residents had pressure ulcers, both of whom had been admitted with Grade two (European Pressure Ulcer Advisory Panel) skin breakdown. One further resident was identified at high risk of skin breakdown, as his skin 'breaks down on a regular basis'. Both the person in charge and the assistant director of nursing were knowledgeable and up to date and spoke about the weekly pressure ulcer audit which monitors all residents with wound care issues. All residents with pressure ulcers were found to be managed well, with appropriate evidence based interventions in line with best practice.

6. Action required from previous inspection

Repair or replace extraction fan (in smoking room on Beech unit)

The inspector was satisfied that this action had been completed by the person in charge.

The smoking room on Beech had a functioning extractor fan which had been upgraded recently.

Recommendations

Consider provision of a private space for residents to make or take a telephone call.
Review mealtimes and ensure all residents who require any assistance with eating have the appropriate assistance offered, and food is not left waiting.

The inspector found that recommendations outlined in the previous report had been progressed to improve outcomes for residents. For example, suggestions about private space for telephone calls has been reviewed at the residents committee and the assistant director of nursing confirmed introducing a mealtime audit conducted randomly each week.

Report compiled by:

Leone Ewings

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

Date 4 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
6 and 7 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 and 3 February 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Any comments the provider may wish to make:

Provider's response:

The inspection was again a positive experience for both residents and staff. Review and feedback was conducted in a constructive manner.

Provider's name: Keith Robinson

Date: 22 March 2011