

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Glendale Nursing Home	
Centre ID:	0228	
Centre Address:	Tullowphelim	
	Tullow	
	Co Carlow	
Telephone number:	059-9181555	
Email address:	nursinghome@glendale.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Henry Burrows	
Person in charge:	Christine Gipp	
Date of inspection:	12 April 2011 and 13 April 2011	
Time inspection took place:	Day-1 Start: 11:15hrs Completion: 21:00hrs Day-2 Start: 09:15hrs Completion: 16:00hrs	
Lead inspector:	Noelene Dowling	
Support inspector(s):	Catherine O'Keeffe	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input 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 (as amended) 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.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

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

About the centre

Description of services and premises

Glendale Nursing Home is a purpose-built single-storey building which caters for 60 residents. On the day of inspection the nursing home was fully occupied however, one resident was in hospital. It provides long-term care, with a maximum of two respite beds which are utilised as and when they become available.

Accommodation includes a reception area, and a spacious lounge with comfortable seating and décor, television and piano. The reception desk and office of the person in charge is located in the lobby.

Two further sitting rooms and three dining rooms are available for residents' use. A library, oratory, smoking room, hairdressers, and visitor's toilets are provided. General practitioners (GP's) have an office to meet with residents in private. All rooms are comfortable and tastefully decorated. All bedrooms are single en suite, containing assisted shower, toilet, and wash-hand basin. Each bedroom has been provided with a telephone and television. Residents are encouraged to bring in their own personal belongings.

The nursing home is divided into two sections, accommodating 32 residents and 28 residents in each section.

There is ample car parking space located at the front of the centre. A landscaped garden is available to the front of the building, and there are three enclosed gardens easily accessible for residents' use.

The provider had purchased a minibus which is used for day trips and transporting residents to shops and local amenities in the nearby town.

Location

Glendale is situated outside the village of Tullow on the Shillelagh road in Co Carlow.

Date centre was first established:	2007
Number of residents on the date of inspection	59*
Number of vacancies on the date of inspection	0

* Plus one resident was in hospital at the time of inspection

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	15	11	16

Management structure

The Registered Provider on behalf of Glendale Care Ltd is Henry Burrows. The Person in Charge is Christine Gipp who reports to the Registered Provider. Other members of the management team include Florence Willis Power who is the Key Senior Manager who deputises in the absence of the person in charge, and two senior nurses. All nursing and care assistant staff report to the 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	4	10*	3	3	2	2**

* 10 care assistants on duty until 14:00hrs
6 care assistants on duty from 14:00hrs until 20:00hrs

** 1 maintenance person and 1 activities coordinator

Summary of findings from this inspection

This was the second inspection undertaken by the Health Information and Quality Authority on Glendale Nursing Home. This inspection was carried out following the application of the provider for registration.

As part of the registration process the provider has to satisfy the Chief Inspector that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Authority including completion of the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

The provider had outlined both current practice and a number of areas for improvement. These included sourcing an advocate for residents with dementia, training for staff in challenging behaviours, the development of protected disclosure policy for staff, implementing auditing systems for quality assurance and risk management, a competency training analysis for staff, increasing the use of orientation tools and signage for residents. Inspectors found that the provider had had already implemented an auditing system which included medication and pain management, monitoring of the use of psychotropic medication, pressure area care prevention and management, the establishment of a nutritional working group which included residents and a falls prevention programme.

Inspectors undertook a Fit Person interview with both the provider and the person in charge and found that both were well informed on 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*.

Documentation reviewed by inspectors included operational policies, residents' records, staff rosters and training records, meeting records and maintenance logs. Inspectors met with residents', relatives' and staff and observed practice.

Inspectors found that the provider had implemented the changes required following the inspection which took place on 12 May 2010. These included involving residents and relatives in the development of care plans, the provision of an adequate Residents' Guide and statement of purpose, a policy in relation to the management of infectious disease, an increase in the number of staff available in the evening time and supervision of staff.

There was evidence that the provider had made considerable efforts to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The findings of this inspection indicate that there was good practice evident in the medical and healthcare of residents, complaint management, consultation and involvement of residents in the routines of the centre, meaningful variety to the

residents' day and support of residents with cognitive impairment and staff supervision and training. The premises are well maintained and fit for purpose.

A number of improvements were found necessary in relation to:

- deployment of staff
- management of records
- access to allied health services
- details provided in the statement of purpose
- residents access to call-bells.

The Action Plan at the end of this report identifies the improvements that are required to comply with 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*.

Comments by residents and relatives

Prior to the inspection inspectors received 15 completed questionnaires from residents and eight from relatives and spoke with residents and relatives during the inspection. All information was complimentary with regard to the care provided and the response and availability of staff and management. Residents informed inspectors that they felt very safe living in the centre, could sleep easily at night as staff were always available and responsive; they enjoyed the activities and had choice in all their routines.

Relatives stated that in some cases they were well informed with regard to the services and suitability of the centre prior to making a decision to admit their relative. They were given ample opportunity to visit and ask questions, and were provided with a brochure. They were kept fully informed of any changes in their relatives' health and were included in care planning. They were welcomed to visit at any time and in the event of deterioration in their relatives' health they were supported and encouraged to contact the centre at any time.

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

Inspectors found effective management systems in place. The person in charge is appropriately qualified and experienced and demonstrated a detailed knowledge of the residents and their day-to-day care needs. A suitably qualified and experienced nurse has been appointed to act in the absence of the person in charge and shares management tasks such as supervision of senior staff and monitoring the clinical care of residents.

In addition, there are two senior nurses who work opposite shifts to ensure there is always a senior staff with delegated responsibility on the premises. Rosters examined and interviews confirmed that the person in charge and key senior manager do not take leave together. Staff were very clear on the reporting structure and inspectors saw evidence on records that this functions effectively.

Evidence of compliance with key legal requirements such as contracts of care, adequate insurance, directory of residents, compliance with environmental health requirements, and written evidence of compliance with the requirements of the statutory fire authority was provided.

Records of residents' personal monies held for safe-keeping by the provider were detailed and the resident's or relative's signature was evident. Expenditures were receipted and the amounts were found to tally. The provider and the person in charge had complied with their responsibility to notify the Chief Inspector of significant occurrences within the centre.

Inspectors found evidence of effective and ongoing risk management systems including falls analysis, prevention strategies and effective remedial actions to prevent reoccurrences, medication monitoring and review, accident and incident monitoring and regular health and safety audits. An emergency plan was available. Although the provider does not have a generator on site he informed inspectors that he has made arrangements to access one in the event of a power failure.

Systems in place to monitor the quality of life and care for residents included ongoing feedback from the residents' forum, one-to-one feedback from residents and relatives, information from regular staff meetings and medication monitoring reviews. Inspectors found that admissions were congruent with statement of purpose and the individual needs of one resident under the age of 65 were managed appropriately. Access to support from allied external services was evident while a more suitable long-term placement is sought.

Some improvements required

Minor amendments to the statement of purpose were required as it did not detail the size of the accommodation available for residents.

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 found that the staffing levels, training, division of roles and robust management system contributed to the wellbeing and overall quality of life of the residents. Inspectors observed that staff respected the privacy and dignity of residents when carrying out personal care and how residents were addressed by staff.

Staff were very knowledgeable regarding residents' biographical information, preferences and care needs and these were detailed in the residents care plans. This knowledge was seen to be transferred into the day-to-day life of residents. For example, one resident did not wish to get up before lunch time and this choice was respected as was a resident's choice to go walking alone. Inspectors observed breakfast being served in bedrooms at various times during the morning according to resident's wishes.

There was choice as to how and where residents spend their time during the day and staff facilitate this. Residents were observed reading, and making use of the various living rooms and seating areas which offer space for quiet time or for visitors. Residents confirmed that they enjoyed the activities provided and there was evidence from interviews and documentation that resident views have been taken into account resulting in changes to menus and activities.

Social relations were supported by an open visiting policy and relatives were observed visiting at all times of the day and night. Inspectors observed that staff, the person in charge and the provider were well known to relatives and visitor.

Residents' right to continue to participate fully as citizens was supported by the arrangements made for voting in the recent election and those residents who were able completed their own census forms. The residents' forum which is chaired by an external voluntary facilitator meets monthly. There is also a suggestion box for residents to use which the person in charge informed inspectors was used occasionally and resulted in, for example, the purchasing of the piano. Records viewed by inspectors indicated that while the attendance at the forum varies other mechanisms are also utilised such as one-to-one meetings with residents by the provider to ascertain levels of satisfaction or suggestions. Residents were invited to participate in

a nutritional forum which looked at menus and choices in fortified drinks to support health promotion and ensure residents got the food they enjoyed while also ensuring nutritional balance.

Several groups and individuals from the community are involved in activities such as providing regular musical entertainment and inspectors observed this taking place with a good attendance from residents. The provider has a minibus, which is used to provide day trips for residents to places of their choice and this is available for all residents. Inspector observed staff ensuring that those residents with a disability could also avail of this activity.

Inspectors found that there was a variety of meaningful activities organised with residents, taking account of their own preferences, life experiences and dependency levels. An activities coordinator is employed for 20 hours per week, with the assistance of two other staff members for 20 hours. Internal training for care assistant staff has been provided in the provision of recreational activities and meaningful interaction suitable to the needs of all the residents.

A detailed schedule of the daily activities is posted throughout the premises and prompts are used as reminders. The activities include fit-for-life exercise, arts and crafts, music, reading to residents, audio books and papers, and one resident edits and compiles the monthly newsletter. Another resident was observed playing the piano and residents were using cameras to compile a photographic exhibition in the coming weeks. Residents have access to the internet. Life storybooks are being developed with residents who wish to participate.

The activities took account of those residents who had cognitive impairment or were unable to participate directly. Inspectors observed constant interaction with and monitoring of these residents to draw their attention to aspects of the activities and ensure they were included. Staff were observed spending time reassuring residents who were distressed. The person in charge had sought the advice of specialists in this field on the use of signage and colours to support these residents.

Staff utilised the expertise of a relative to offer training in communication with a resident who had a specific communication difficulty. Interviews and records demonstrated that this intervention had a very positive impact on the resident's wellbeing. Inspectors observed staff utilising this method effectively.

Residents' religious preferences are well supported with a number of different ministers and pastoral supports who attend at the centre regularly. Inspectors observed this taking place and it included residents who were unable to actively participate in group activities or who remained in their rooms.

Inspectors joined residents for lunch, which takes place in three dining rooms or in the residents own bedrooms if they wish. Residents who needed assistance were supported in an unhurried and respectful manner. Independence was promoted by staff offering minimal assistance when required. All of the food was freshly cooked, well presented and nutritious including special diets and puréed meals. Inspectors observed regular drinks, soups, snacks and fortified drinks being offered to both independent residents and those who required assistance. One resident was

observed being encouraged to try two different fortified drinks to ensure she got the required nourishment. Tea or drinks were available on request by residents outside of these times.

Residents were encouraged to remain mobile with the use of assistive equipment and staff were observed supporting these residents in an unhurried manner.

Systems in place to protect residents from harm included the residents' forum, regular managerial supervision of staff and open visiting times and access to a number of independent volunteers. The provider has developed a centre-specific policy in relation to the protection of vulnerable adults and the detection, prevention and response to abuse. Staff were able to articulate a good knowledge of the dynamics of abuse and were unambiguous in their understanding of their responsibility to report any incidents. They expressed confidence in the person in charge and the provider to act appropriately in the event of such an occurrence regardless of the position of the perpetrator.

Records, notifications forwarded to the Authority and interviews confirmed that both staff and the provider had acted in a timely, appropriate and decisive manner to uphold their responsibilities when any such concerns became apparent.

The complaint policy is detailed, user friendly and clearly displayed in prominent areas. Residents and relatives informed inspectors that they felt confident that they could make a complaint and that it would be appropriately managed. Inspectors examined the complaints log and found that the person in charge had acted to address issues which arose, responded formally and within a reasonable timescale and there was evidence of the outcome and level of satisfaction of the complainant. A detailed end-of-life policy was available and this demonstrates that palliative care supports are accessed and the residents and families wishes are respected.

Inspectors found limited use of methods of restraint such as bedrails and observed that resident's choice regarding their usage is respected. A wandering tag system was used to allow residents freedom of movement while also ensuring resident safety. This system also acted as an alerting mechanism for some residents who were identified as at risk of falling, alerting staff to movement so they could respond promptly while the resident's freedom of movement was respected. Where bedrails were used a risk assessment was undertaken. Where they were deemed unsafe for use there was evidence that they were promptly removed and replaced with low-low beds or mattresses on the floor to prevent injury.

Some improvements required

Inspectors used the call-bell system and found that staff responded promptly. However, inspectors observed that the call-bell in one of the day rooms was not accessible to residents who could not mobilise independently.

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 ongoing 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

Due to the location of the centre, most residents, on admission, transfer to one of the two local GP practices who attend at the centre one afternoon per week and are available on request outside of this. Out-of-hours service is provided. Medical records examined showed that resident's medical care and medications were reviewed regularly and well within the required three-monthly timescale.

Records, interviews and observation demonstrated that the staff respond quickly to any change in residents' health and medical assistance is sought promptly. Nursing care records reviewed indicated that residents' needs are assessed on admission and regularly reassessed using appropriate assessment tools to assess resident's risk of falls, nutrition, skin care and dependency levels and these are regularly reviewed. There was recorded evidence that vital signs were monitored regularly.

Weights are monitored monthly however; records and interviews confirmed that any deterioration results in the implementation of a weekly weight monitoring procedure. Food and fluid intake for vulnerable residents are monitored daily. Resident at risk of pressure sores are identified and skin care regimes and dietary support are implemented and carried out. The residents' condition is recorded each day by staff following personal care. Records confirmed that skin care and wounds are specifically monitored by the key senior manager on a weekly basis. There was evidence of assessment and grading and clinical directions sought and complied with. Vaccines were administered to residents deemed suitable and who wished to have them and this is detailed on their medication charts. Chiropody is available on a four to six weekly basis or as required and dietary advice has been sought consistently.

Good practice in manual handling was observed. Manual handling techniques for residents who require support were detailed and concurred with the observations of inspectors.

The senior nurse and person in charge monitor medication usage and each resident's file also contains a pain chart. A specific audit of medication management has been undertaken to monitor the use of psychotropic medication with the aim of reducing falls, and improving the quality of life and general health of residents. This strategy is supported by the GPs and the development of individual plans for the management of challenging behaviours. These plans are person-centred, outlining contributing

factors such as anxiety, cognitive impairment and mental health issues. They provided a clear outline for staff as to the antecedents to the behaviours, and the most effective non-medical interventions, such as activities, distraction and redirection, tone of voice, or use of space.

The senior nurse had commenced training for staff in the use of these strategies. Staff interviewed informed inspectors that they found the training enlightening, it provided them with an understating of the behaviours and alternative skills to use. Records showed that reductions in the medications had resulted in positive changes to resident's ability to participate and communicate and there had been a significant decrease in the number of falls.

The pharmacist and person in charge had undertaken a full review of medication management storage and administration in 2010 and inspectors found that suggestions made had been acted upon. For example, that all liquids such an eye drop should be dated on opening and inspectors found this implemented.

Residents and relatives confirmed that they were contacted promptly if any change occurred in their relative's health and that the person in charge and nursing staff acted promptly. As required by the previous inspection, inspectors saw evidence that the person in charge had commenced the process of formally reviewing the care plans in conjunction with residents and relatives to ensure consultation and participation.

Inspectors found that all medications, including controlled drugs are prescribed, administered, stored, disposed of and accounted for in accordance with An Bord Altranais Guidelines (2007).The medication policy is up-to-date and adequate. Drug rounds take place separately and simultaneously in each of the two sections which ensures they are completed in a timely manner.

Health promotion strategies were observed in records and practice. Residents were encouraged to walk and remain mobile, with many using appropriate walking aids or being supported by staff. Fluids were encouraged throughout the day.

Significant improvements required

Inspectors found that access to allied health's services was limited. Records and interviews indicated that when residents could attend at clinics for services such as physiotherapy or occupational therapy this was facilitated. There was evidence of referrals being made by the GPs. However, staff and records indicated that practitioners were curtailed in attendance at the centre due to pressure on resources within the Health Service Executive (HSE). Residents could access private services but the cost was prohibitive. One resident required assessment for a more suitable specialist seating which could not be accessed.

Speech and language referrals were made and there was evidence that this was occurring and dietary tools and swallow plans were available and utilised. However, latterly inspectors noted that the assessment was undertaken by phone at the request of the therapist. Staff in the centre expressed their concern at this to

inspectors and correctly articulated that they were not equipped to adequately assess and outline the resident's symptoms.

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 centre is bright spacious, well decorated, ventilated, maintained and fit for purpose. The communal space was adequate and the design of the building allows freedom of movement for residents to walk around and choice as to where they spend their time. There is a smoking shelter erected in one of the inner gardens which is also connected to the call-bell system. There is also a small oratory and well-equipped hairdressing room for residents use. Although the three dining rooms would not accommodate all of the residents there is ample choice of other rooms which could be utilised should this be required. The furnishings are comfortable and suitable for residents use and the bedrooms were found to be personalised with photos, flowers, and rugs. All rooms have telephone access points and televisions.

There are two small inner courtyards which are wheelchair accessible and which residents have easy access to. The provider is in the process of developing a larger sensory garden which will also be wheelchair accessible.

A good range of high specification profiling beds, hoists and other assistive equipment is provided for residents. Inspectors saw records of regular maintenance and upgrading of this equipment. Grab-rails and non-slip flooring are provided in appropriate areas. A call-bell system is in place.

The inspector examined records in relation to the servicing of all fire safety equipment and found good practice was adhered to. The fire alarm and emergency lighting systems and fire fighting equipment were last serviced in 22 March 2011 and these checks are undertaken quarterly. A weekly check of the automatic doors release is undertaken and a daily exit route check is documented. Fire training and fire drills have taken place monthly. Staff interviewed were knowledgeable on the procedures to follow in the event of fire in the premises. The provider arranged for the fire officer to come and meet with residents to reassure them of procedures.

Inspectors saw evidence of the most recent environmental health officers (EHO) report and the recommendations made had been complied with. There was evidence of food safety management systems in place, and the chef has completed training in Hazard Analysis Critical Control Points (HACCP). The kitchen was well equipped.

Kitchen staff have their own toilet, washing and changing facilities separate to those provides for all other categories of staff. Visitor's toilets are provided and residents have access to four separate assisted toilets apart from en suites. There is a separate treatment room to ensure that resident can meet their GP in private outside of their bedrooms.

There is a full-time maintenance person employed and inspectors found that tasks indetified were carried out in a timely manner. There are three well-equipped sluice rooms and there were appropriate systems in place for the disposal of all clinical and infectious waste. Inspectors observed good practise in relation to infection control with regular use of sanitizing hand gels, and appropriate protective clothing. Staff were knowledgeable on the procedures and all equipment was readily available in the appropriate locations. There is a centre-specific policy in the management of infection generally and the single rooms support good infection control measures.

Some improvements required

Inspectors noted that there was very little suitable seating in the enclosed gardens and residents identified this and stated that they that they would like more seating to enable them to be outside in good weather. The provider informed inspector that they were in storage and would be made available

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

Residents have easy access to newspapers, radios and other mediums. Relatives stated that they had received the residents' brochure and they always had access to the staff, the person in charge or the provider should they require. They stated that they were confident of being promptly informed and consulted in regard to changes to their relatives' health. Residents' opportunities for expression were well supported through the resident forum, which they confirmed attendance at, and by informal day-to-day communication with the staff.

Inspectors attended the evening report in both nursing stations and found that this was comprehensive, and included both the health and social needs of residents. All staff were present. In addition, a mid-morning report takes place at 11:00hrs, and a further report takes place at 14:00hrs, to ensure staff and management are fully aware of any issues or concerns regarding residents. Team meetings for both care assistant and nursing staff take place monthly and records demonstrate that they were productive and focused on residents' needs, practice development and support for staff. Head of department meetings also take place.

The provider has arrangements for long-term storage of the required records. Closed-circuit television (CCTV) cameras are used in hallways and on the external access points as security measures. These are recorded and only reviewed in the event of an incident. Appropriate advisory signs were evident regarding the use of these cameras.

The provider has the schedule of policies required by the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). These were centre-specific and staff were familiar with the content. Copies of 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* were readily available.

Some improvements required

Although residents' records were found to be in good order, very detailed and securely stored there was fragmentation. GPs notes, other clinician's records, referrals and outcomes are recorded in the medical notes which make ease of retrieval, access and completeness difficult. These are stored separately to the residents' other daily records, assessments and care plans.

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

The provider employs 19 nursing staff which equates to 14 whole time equivalent (WTE) nurses, 29 care assistant staff which equates to 20 full-time staff, who are dedicated to resident care only. Cleaning, catering, laundry and housekeeping staff are separate to this allocation.

On the day of the inspection there were two nurses, one senior nurse and 10 care assistants on duty until 14:00hrs and six care assistant on duty until 20:00hrs. Staff are allocated to the each wing and to specific residents which supports continuity of care. Following on from the last inspection in 2010 the provider introduced a twilight shift of one nurse, from 20:00hrs until 24:00hrs to support residents. There are two nurses and two care assistants on duty from midnight until 08:00hrs. The skill-mix is deemed suitable for the needs and the numbers of residents who live in the centre.

Inspectors viewed staff training records and found that the provider and staff have committed to a significant training schedule including mandatory training such as manual handling, fire safety, and elder abuse, along with infection control and nutrition for the older person and managing challenging behaviours and recreation for the residents. Six of the care assistant staff have completed all modules of the Further Education and Training Awards Council (FETAC) Level 5 with two others due to commence in 2011. Seven staff have completed two modules of this training.

The person in charge has commenced a formal documented staff appraisal system and inspectors found that senior staff undertook daily supervision and mentoring of staff and monitoring of practice.

Some improvements required

Despite the addition of the nurse on the twilight shift inspectors observed periods in the evening from 20:00hrs where there was very little supervision of residents in the large lobby area and day room. This was confirmed by a relative. There are specific duties allocated to this staff which included supporting the residents in these locations so that their routines were not dictated by staff rosters or duties and they had choice as to when they retired. Inspectors noted that staff were very busy

however, and this area was not as well supervised as required. This was discussed with the provider and the person in charge who agreed to review the staffing levels allocated for that period of time.

Inspectors reviewed staff files and found that all nursing staff records contained evidence of current registration with An Bord Altranias. Inspectors found good practice generally in recruitment with a rigorous interview process and three references which were verified, use of curriculum vitae and copies of any qualifications. Garda Síochána vetting is been sought retrospectively for staff. However, evidence of medical and physical fitness was not available although the provider requested that staff sign a self declaration of such. Volunteer groups are also required to have evidence of Garda Síochána vetting and those who do not are supervised while in the centre by allocated persons.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, the key senior manager, senior staff nurse and activities coordinator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

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

12 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
12 May 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

Provider's response to inspection report *

Centre:	Glendale Nursing Home
Centre ID:	0228
Date of inspection:	12 April 2011
Date of response:	3 May 2011

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

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

At all time the numbers of staff were not appropriate to the assessed needs of residents and the size and layout of the designated centre.

Action required:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre with particular reference to evening times.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>"Some improvements required" refers specifically to the twilight shift. We will review the deployment of staff during this period.</p>	<p>12 June 2011</p>

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

All residents did not have access to physiotherapy, occupational therapy, or other allied health services as required by each resident.

Action required:

Facilitate each resident's access to physiotherapy, occupational therapy, or any other allied health services as required by each resident.

Action required:

Make arrangements with the Health Service Executive to ensure that access is facilitated.

Reference:

Health Act 2007
 Regulation 9: Health Care
 Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We will continue to make referrals to allied services. We will continue to act as advocates on behalf of residents by seeking and following up on referrals, however, the shortage and lack of allied services provided to older people in Ireland is a national issue and should be addressed through national forums.</p>	<p>Ongoing</p>

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

Call-bells in the day rooms were not accessible to residents.

Action required:	
Put in place a system for ensuring that call-bells and other alerting and safety mechanisms are accessible to residents.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 26: Health and Safety Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The call-bell system is not fixed and can be used wirelessly, which we will make use of. We will also purchase a remote call-bell device for use in coordination with the call-bell system, allowing better access to residents in that lounge.	12 June 2011

4. The provider has failed to comply with a regulatory requirement in the following respect:	
Access to the external grounds was limited due to the lack of appropriately placed seating.	
Action required:	
Provide and maintain seating in the external grounds, which are suitable for, and safe for use by residents.	
Reference:	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We will take the further seating, presently stored, and place in the enclosed courtyards and if necessary, purchase more.	12 May 2011

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

The statement of purpose did not contain all of the information listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to include the actual size of rooms in the designated centre.

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Timescale:

Provider's response:

As mentioned during the inspection, the room sizes will now form a part of the statement of purpose.

Completed

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

Residents' records were not maintained in a manner which ensures completeness and ease of retrieval.

Action required:

Maintain residents' records in a manner which supports access to information, completeness and ease of retrieval.

Action required:

Maintain discreet details of all referrals made and the outcome of that referral.

Reference:

Health Act 2007
Regulation 25: Medical Records
Standard 32: Register and Resident's Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will review the records and develop a system which allows for discreet detailing of referrals.	12 July 2011

Any comments the provider may wish to make:

Provider's response:

We found this inspection to be very fair, thorough and both inspectors to be professional and respectful.

We also found that the tremendous work that has been carried out by management and staff of Glendale Nursing Home to be reflected in the overall findings and representative of the quality of care and life witnessed on a day-to-day basis by residents.

Provider's name: Henry Burrows

Date: 3 May 2011