

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Glendonagh Residential Care Centre
Centre ID:	0229
Centre address:	Dungourney Co Cork
Telephone number:	021-4668327
Fax number:	021-4668540
Email address:	info@glendonaghnursinghome.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Glendonagh Residential Home Ltd
Person in charge:	Anne Marie Roberts
Date of inspection:	1 December 2011
Time inspection took place:	Start: 09:45hrs Completion: 15:15hrs
Lead inspector:	Caroline Connelly
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
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 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 wellbeing 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

Glendonagh Residential Care Centre is a two-storey building that was originally built as a manor house. It was established as a nursing home in 1987 and a purpose-built extension was added in 2007. It provides long-term care, respite and convalescence care for 44 older people and people with dementia. There were 37 residents living there at the time of the inspection.

The building is divided into three wings. The manor house is the original building and is over two floors with access to the first floor via stairs and a lift. The courtyard wing and the orchard wing are on the ground floor.

The orchard wing is a nine-bedded secure unit designated for the care of residents with dementia. There are seven single bedrooms and one twin-bedded room in this unit, which all have en suite shower, toilet and wash-hand basin facilities. Communal facilities consist of a small dining room and sitting room and a quiet room with access to a small enclosed garden.

The manor wing has one four-bedded room and one three-bedded room, four twin-bedded rooms and six single bedrooms which all have en suite toilet, shower and wash-hand basin facilities, apart from two single bedrooms that share a bathroom.

The courtyard wing has two twin-bedded rooms and ten single bedrooms which all have en suite shower, toilet and wash-hand basin facilities.

Other communal accommodation includes two main sitting room areas, a chapel, a visitors/quiet room, a large dining room and a hairdressing room. Corridors are wide with grab-rails fitted and a number of assisted toilets are available close to communal areas. The front foyer/reception area is comfortable and decorated to a high standard with soft seating, wall paintings and table lamps.

Closed-circuit television (CCTV) is in place in communal areas throughout, including corridors. The nurses' office is located centrally and all staff meet there for a report at the beginning of each shift. Adjacent to the office is secure storage for residents' files and medications. There are enclosed courtyard areas and lovely landscaped gardens with walkways and plenty of seating for residents' and relatives' use.

Location

Glendonagh Residential Care Centre is located in a rural location on a very large landscaped site on the outskirts of Dungourney village in east Cork. It is approximately 35 kilometres from Cork city.

Date centre was first established:	1987
Number of residents on the date of inspection	37*
Number of vacancies on the date of inspection	7

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

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	10	14	3

Management structure

The Registered Providers of the service are Gillian and Jack Hornibrook. The Person in Charge is Anne Marie Roberts and she reports to the Providers. Maeve Cashman is the Administrator and she also reports to the Providers. Nurses and care staff report to the Person in Charge. Catering and household staff report to the Administrator.

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	7	2	2	1	0

Background

Glendonagh Residential Care Centre was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 21 November 2009. The chronology of the Authority's previous inspections is included at the end of this report. A registration inspection was carried out on 12 May 2010 and 13 May 2010 and the inspectors found that overall Glendonagh Residential Care Centre provided a good standard of care in a clean and well maintained environment and registration was granted.

A number of improvements 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 Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address areas where significant improvements and some improvements were required and a follow up inspection was undertaken on 7 October 2010.

This additional inspection report outlines the findings of a further follow-up inspection that took place on 1 December 2011.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge, administrator and other staff on duty. The inspector arrived unannounced at 09:45hrs and found the centre was warm and clean. There was activity going on throughout the units and the hairdresser arrived in later in the morning. The person in charge, two nurses and seven care staff were on duty. The inspector met with residents and staff members throughout the inspection and observed that residents appeared to be well cared for, which was further reflected in residents' comments and that their daily personal care needs were well met. The involvement of relatives was actively invited and facilitated by an open visiting policy.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, policies and procedures and staff files. An inspection of the building was undertaken by the inspector who was satisfied by the level of accommodation and cleanliness of the centre. There had been a number of improvements made to the premises since the last inspection which included the instillation of a kitchen in the Orchard unit, general redecoration, and provision of a locked storage for all residents.

There was ongoing audit and review of services for the purposes of ongoing quality monitoring and continuous improvement.

The fire policies and procedures viewed by the inspector were centre-specific. The fire safety plan was viewed by inspectors and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire"

appropriately placed throughout the building. Fire training was provided to staff and fire drills took place on a monthly basis which was confirmed by staff and the fire records.

The progress of the actions agreed with the provider to address the issues outlined in the report of 12 May 2010 and 13 May and 7 October 2010 was reviewed. The inspector found that all of the actions outlined in the action plan had been addressed.

A number of improvements were identified on this inspection that are required 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) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These are dealt with in detail in issues covered in the report and in the Action Plan at the end of this report.

These improvements included:

- medication storage
- more robust procedures for staff recruitment
- notifications to be submitted to the Chief Inspector.

Issues covered on inspection

1. Medication Management

On the day of inspection the inspector saw that the medications that were being returned to the pharmacy were left in a box in the hairdresser room, the hairdresser room was open and residents were in and out of there having their hair done and could have easy access to these medications.

Also medications that are used for as required prescriptions were stored in the clinical room but were not stored in a locked cupboard or trolley.

These practices are not in line with An Bord Altranais Guidelines 2007 on medication management.

2. Recruitment procedures

The inspector viewed four staff files and was not satisfied that the centres recruitment procedure was sufficiently robust.

The person in charge informed the inspector that she was not involved in the scrutiny of documents required for employees as specified in Schedule 2, for example references, Garda Síochána vetting and medical fitness. She said that this was completed by the administrator and she did not have access to information in the staff files. As the person in charge is responsible for the supervision and training of staff she needs to be aware of the content of references, Garda Síochána vetting and other key documents.

Although staff had completed medical self declarations the inspector identified that there was not evidence of medical fitness for staff and a third reference was missing from one of the staff files viewed.

3. Notifications to the Chief Inspector

Although the inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre, the person in charge had not notified the Social Services Inspectorate of an accident that resulted in an injury and had not submitted quarterly returns and had not given notification of allegations of misconduct by staff as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Report compiled by:

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

5 December 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
21 November 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Triggered <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
12 May 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
7 October 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Glendonagh Residential Care Centre
Centre ID:	0229
Date of inspection:	1 December 2011
Date of response:	9 January 2012

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 is failing to comply with a regulatory requirement in the following respect:

On the day of inspection the inspector saw that the medications that were being returned to the pharmacy were left in a box in the hairdresser room, the hairdresser room was open and residents were in and out of there having their hair done and could have easy access to medications.

Also medications that are used for as required prescriptions were stored in the clinical room but were not stored in a locked cupboard or trolley.

These practices are not in line with An Bord Altranais Guidelines 2007 on medication management.

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

Action required:	
Put in place appropriate, safe and suitable practices and written operational policies relating to the and storage of medicines and ensure that staff are familiar with such policies and procedures.	
Reference:	
Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Following the change over of drugs the empty cases are removed by pharmacy. On this occasion pharmacy were contacted to remove these but did not. I have enclosed a letter from the pharmacy outlining these as changes. I have also interviewed the nurse on duty who changed over the drugs and informed her under the Bord Altranais guidelines she is responsible for disposal of unused medication.</p> <p>Policy now made setting out practice for change over of monthly drugs.</p>	27 December 2011

2. The provider has failed to comply with a regulatory requirement in the following respect:
The inspector was not satisfied that the recruitment procedure was sufficiently robust in the scrutiny of documents specified in Schedule 2, also there was not evidence of medical fitness for all staff and a third reference was missing from one of the staff files reviewed.
Action required:
Put in place recruitment procedures to ensure no staff member is employed unless there is full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.
Action required:
Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

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:
Provider's response: A more robust approach will be taken when recruiting new staff. Both the manager and the person in charge will evaluate the information on all candidates before deciding whether to employ them or not. All new staff being recruited will require a full medical by the GP and all existing staff will get medicals by our GP within the next 6 months.	1 June 2012

3. The person in charge is failing to comply with a regulatory requirement in the following respect: The Chief Inspector was not notified of all accidents that resulted in injury, and of allegations of misconduct by staff members that occurred in the centre as is required by legislation.	
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.	
Reference: Health Act 2007 Regulation 36: Notification of Incidents Standard 8: Protection Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:

The person in charge will ensure that all notifications and quarterly returns are sent at the required times setting out, any issues arising in that time. All outstanding notifications will be forwarded to the Authority.

27 December 2011

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Gillian Hornibrook

Date: 9 January 2012