Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people

Centre name:	St. Gladys' Nursing Home
Centre ID:	686
Centre address:	53 Lower Kimmage Road
	Harolds Cross
	Dublin 6w
Telephone number:	01 4927624
Fax number:	01 492 7225
Email address:	ros@harveyhealthcare.ie
Type of centre:	☒ Private ☐ Voluntary ☐ Public
Registered providers:	Willoway Nursing Home Limited
Person in charge:	Ros O' Byrne
Date of inspection:	15 November 2011
Time inspection took place:	**Start:** 10:00 hrs **Completion:** 16:30 hrs
Lead inspector:	Mary O'Donnell
Support inspector:	None
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Regulatory Monitoring Visit Report

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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

St. Gladys is a two-storey residential centre with 51 places which opened in December 2008. The building is an original Georgian 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. All en suite facilities have a toilet and wash-hand basin. On the ground floor there are 10 single rooms with wash-hand basins, all with en suite facilities which are shared between two rooms and four twin rooms with en suite facilities. There is one single room with an en suite toilet and wash-hand basin. The kitchen and the main dining room are on the ground floor and there are three day lounges. The lounge on the lower ground floor is used primarily by the most dependent residents who also dine in this lounge. On the first floor, there are two single rooms with wash-hand basins and eight single rooms with en suite facilities which are shared between two rooms. There are two twin bedrooms with wash-hand basins and nine twin rooms each with an en suite toilet and wash-hand basin. Bathroom and shower facilities comprise one bathroom and three shower rooms on the ground floor and four shower rooms on the first floor. Bath/shower rooms are all wheelchair accessible and have an assisted toilet and wash-hand basin. There is an assisted toilet at the reception area and two staff toilets on the ground floor close to the staff changing area. There is lift access from three points between the ground and first floors.

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

Location

The centre is located in the Harold's Cross area within a three mile radius of Dublin's city centre. It is well serviced by the 54a and 19a bus routes to the city centre.

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	13	9	13	16

Management structure

Seamus Brady and Derry Shaw are the named Providers and company directors who own Willoway Limited trading as Harvey Healthcare. They are also the named providers for four other residential centres. Both providers are involved in the operation of all centres and visit their centres daily. Noeleen Kinnear, the Director of Care provides support to the Persons in Charge of each centre. The Person in Charge at St Gladys is Ros O'Byrne who reports directly to the Director of Care, who in turn reports to the Providers. The nurses report to the Person in Charge and the care assistants report to the nurses and the Person in Charge. The catering and household staff report to the Person in Charge. The company employs maintenance staff that provides a service to the six centres.

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	11	2	3	-	5*

* Two providers, director of care and two members of the maintenance team.

Summary of findings from this inspection

This report sets out the findings of a monitoring and compliance inspection, which took place on 3 August 2011. The inspection was carried out to examine how well the provider is meeting 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.*

The inspector met with residents, relatives, and staff members during the inspection and observed practices. Documentation such as care plans, medical records, accident logs, policies and procedures and staff files were reviewed.

The inspector also reviewed the actions from the previous inspection of 23 February 2010 and confirmed that seven actions were satisfactorily completed. Additional storage space had been created but equipment was still stored in bathrooms and the action plan to improve sluicing facilities had not been addressed.

While some areas for improvement were identified, overall the inspector found that the provider and person in charge met the requirements of the Regulations and had established strong management and leadership processes.

Overall, residents enjoyed a good quality of life. The providers and director of care knew the residents and the person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well and staff responded to residents' needs in an informed way. Residents were observed to be relaxed and comfortable when conversing with each other and with staff.

The healthcare needs of residents were met to a high standard. Residents had access to medical cover, to a range of other health services and evidence-based nursing care was being provided.

Some improvements were required in the review of care plans, antibiotic administration and sluicing facilities. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Comments by residents and relatives

Overall, residents said that they were happy living in the centre. One resident expressed this by saying that "I get everything I need here, I only have to express a wish and it's granted, you can't ask for more that that." All residents said they felt safe and one resident explained that she felt safe because "I trust the people here ... never feel I need to lock my door when I leave my room". Residents expressed satisfaction with staffing levels and also complimented the staff saying that "they are hard working" and a number of residents said that staff were very kind. Residents said that the food in the centre was excellent. There were mixed views about the laundry service with some residents commenting that woollens had shrunk in the wash and they had arranged for a family member to launder their woollens or clothes as a result.

Residents told inspectors that they had a variety of interesting things to do during the day. They mentioned bingo and 'sing-alongs'. A number of residents also said that they enjoyed reading the daily newspapers and watching TV. One resident said that she was invited to take part in activities every day but that she preferred not to, and staff respected that. Another man said he spent hours in the garden throwing ball with the dog. He smoked out there and also enjoyed gardening. He supported the policy to ban smoking indoors. He said it enhanced his sense of security and consequently he slept more soundly in his bed at night "knowing I don't have to worry about someone setting the place on fire".

Residents said that they felt they could complain if necessary. Some said they would complain to a nurse or staff member if it was something small but the majority confirmed that they would complain to the person in charge.

The inspector met with two relatives who expressed satisfaction with the facilities, the food and the care provided. One relative was a daily visitor and she commented that staff were very welcoming. She always felt that staff and other residents were pleased when her grandchild came to visit. Relatives were pleased that residents were happy and settled in the centre and they were kept informed about their residents' welfare as they met with staff and the person in charge was always available.

Governance

Article 5: Statement of Purpose

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. It met the requirements of Schedule 1 of the Regulations.

The provider kept the statement of purpose under review. The inspector observed that the most recent copy of the statement of purpose did not include information such as the age range of residents and it did not state the conditions attached by the Chief Inspector to the centre's registration under Section 50 of the Act. The provider rectified this on the day of inspection.

Article 15: Person in Charge

The person in charge was a registered nurse and worked full-time. She was on duty five days a week, normally Monday to Friday. She had 12 years management experience in the nursing home sector and had been employed in the post since the centre opened in 2008. She continued to keep her skills and knowledge up-to-date. There was evidence that she facilitated good team communication, including staff meetings to assist them in understanding and implementing the centre's policies.

The person in charge had very good knowledge of the Regulations and Standards and her statutory responsibilities were sufficiently demonstrated throughout the inspection and by the documentation reviewed. She was committed to her continuing professional development and a particular interest in dementia care. Throughout the inspection process, the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents. Inspectors observed that she had a strong and inclusive presence in the centre and there was evidence of effective leadership. All documentation requested by the inspector was readily available.

The director of care supported the persons in charge in all the company's centres and facilitated monthly meetings which offered peer support to the person in charge and ensured a consistent standard of service was provided.

The director of care was a registered general nurse and deputised when the person in charge was on annual leave. A senior nurse, who also deputised in the absence of the person in charge, was not on duty on the day of inspection and the inspector established that she was suitably qualified and experienced.

Residents and staff spoken to said that the person in charge was very approachable and were satisfied that should they have a concern or issue that it would be dealt with in an efficient, appropriate and timely manner.

Article 16: Staffing

The inspector was satisfied that on the day of inspection there were adequate numbers of competent staff on duty to ensure residents' healthcare and safety needs were met. The person in charge decided staffing levels based on residents' dependency levels and the size and layout of the building. There were two nurses on duty at all times and additional care staff were on duty until 10.00 pm to facilitate flexible bed time routines for residents.

Table 1: Staff usually deployed over a 24-hour period for 51 residents

	Person in charge	**Nurses**	**Care Assistants**	**Catering Staff**	**Housekeeping and Laundry**
Morning	1	2	11	2	2 Cleaning
Afternoon	1	2	9	2 until 6.30 pm	2 (1 laundry 1.00 pm – 6.00 pm 1 cleaning until 4.00 pm)
Evening	-	2	9	1 until 7.30 pm	-
8.00 pm - 9.00 pm		2	4	-	-
8.00 pm- 10.00 pm	-	2	3	-	-
10.00 pm- 8.00 am	-	2	2	-	-

There was a comprehensive written operational recruitment policy. The inspector examined a number of staff files and noted that, with one exception, they contained all of the information required by the Regulations including evidence of medical fitness, Garda Síochána vetting and the registration numbers of all nurses. The person in charge was awaiting a declaration of medical fitness and a third reference for the most recently recruited employee.

Formal induction arrangements for newly employed staff were in place. They were provided with a handbook and were mentored by a senior member of staff. The inspector noted that the person in charge was satisfied that each staff member attained required competencies during the induction process. Systems were also in place to monitor the ongoing performance of each staff member. The person in charge explained that all staff had undergone an annual performance review. Staff appraisals were used to inform training plans and the inspector saw documentary evidence to verify this. Staff files also held copies of a recent staff survey which the person in charge said had been undertaken to ascertain levels competency, staff attitudes, areas for improvements and levels of staff satisfaction.

The inspector saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, the inspector reviewed minutes of staff meetings and found that risk management, safety issues and the introduction of new policies were discussed regularly with staff.

The organisation of work was structured to support a team approach. Staff formed three care teams with a care assistant floating between teams as required and a nurse was in charge of supervising the care delivered. Care assistants were nominated to supervise the day rooms in each wing and specific care assistants had responsibility for assisting and monitoring the nutrition and fluid intake of vulnerable residents.

Staff turnover was low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector.

Staff spoken to confirmed that they were supported, encouraged and had opportunities to attend training courses appropriate to their roles. The provider and person in charge were committed to providing ongoing training to staff. The person in charge had a computerised record of attendance at training events and a system in place to identify staff who were due for mandatory training updates. The inspector read the training records which indicated that all staff had attended manual handling, cardio pulmonary resuscitation (CPR) and additional training had been undertaken including training on communication, dementia, hand hygiene and wound care. Staff spoken with confirmed that they had attended training and their certificates of attendance were maintained on their files. Staff were enthusiastic about training planned for the day following the inspection on continence management.

Many of the care assistants had completed or were attending the Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed how much they had enjoyed doing the training and how it helped them in their work.

Over 50% of residents had dementia and communication with these residents was an issue at the previous inspection. Staff who spoke with the inspector confirmed that they had been trained to work with people who had dementia and they understood the importance of good communication skills. The inspector observed staff communicating with residents in a therapeutic manner. There was plenty of good humoured banter in evidence and staff addressed the residents by name and frequently used positive terms such as "good" and "yes" in conversation. A care assistant who assisted a resident with his dinner used a sensory, partnership approach as she sat with the resident and asked him to smell the meal and look at the steam rising from his plate. She sought his opinion about the temperature of the food and enquired if he wished to wait for it to cool down before eating. The resident who had behaviours that challenged repeated the phrase "lovely" and said "Thank you" at the end of the meal.

Article 23: Directory of Residents

The inspector reviewed the Directory of Residents and found that it was updated to include recent admissions and hospital transfers.

Article 31: Risk Management Procedures

The inspector found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

Measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering and handrails which were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support. All staff who were involved in direct care provision were trained in the moving and handling of residents and the inspector observed staff employing appropriate techniques when supporting residents to move in the dining room and lounge. Assistive equipment was regularly serviced and records viewed indicated that scheduled and unscheduled maintenance work was carried out in a timely manner.

There was a health and safety statement in place which related to the health and safety of residents, staff and visitors.

The inspector found that there was a specific risk management policy dated May 2011, which addressed the risks identified in the Regulations such as violence and aggression, assault, residents going missing and self-harm. The risk register included environmental and clinical risk assessments and outlined the potential hazard, current control, impact rating, likelihood rating, resulting risk level and additional controls required. Recent improvements included the creation of a "Missing person profile" with a description and a personal photograph for each resident in the event that a resident was missing.

There was an emergency plan in place which contained information on the management of emergencies such as fire and identified alternative accommodation in the event of residents having to be evacuated. It provided guidance on what to do in the event of other emergencies such as power failure, loss of heating and disruption to water supply. The person in charge said she had provided each employee with a copy of the emergency plan and they had signed a sheet to indicate that they had read and understood it. Staff confirmed they had a copy of the emergency procedures and were knowledgeable about the plans in place.

Staff were generally knowledgeable on procedures to prevent cross infection. They had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre. There were arrangements in place for the segregation and disposal of waste, including clinical waste.

The person in charge had a system in place to audit the service. She gathered weekly clinical data such as residents on bed rest, the use of catheters, falls and restraint use. She used the data to identify possible trends and for the purpose of improving the quality of service and safety of residents. She provided evidence that she and the nurses undertook audits each month of different aspects of the service. In September 2011 the infection control audit had positive results. Areas for improvements were identified and implemented. Infection control practices had improved and staff had training in hand washing.

Accidents, incidents and near misses were documented and analysed to enhance safety. Records were maintained accurately including outcomes and additional measures were put in place to improve safety. Minutes of staff meetings showed where these were discussed with staff for learning and to promote service improvements. The person in charge said she monitored the number of falls each week and analysed falls patterns for individual residents. She also put measures in place to improve safety for residents such as the use of movement alarms and enhanced supervision in the day rooms after 7.00 pm. The inspector viewed the annual falls audit which indicated adherence to the policy on prevention and management of falls. The inspector was of the opinion that the audit could be improved if it included information such as the incidence of falls in the centre, the number of residents who repeatedly fell and the location and times of falls. This would allow trends to be formally monitored and assist in strategic planning.

Article 39: Complaints Procedures

Inspectors were satisfied that verbal and written complaints were well managed and that complaints were appropriately documented.

The complaints policy identified the person in charge as the nominated person responsible for complaints and details of an independent appeals process were included. The complaints procedure was prominently displayed and included in the Residents' Guide and the statement of purpose. Staff were familiar with the complaints policy and understood their role in complaints management. Residents and relatives were aware of the complaints policy and were satisfied that issues raised were promptly addressed.

The person in charge said she maintained a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

The inspector noted that the complaints log held records of four complaints received in 2011. All complaints were recorded accurately, they detailed the outcome and whether the resident was satisfied or not. Records confirmed that complaints were discussed at management meetings and used for quality improvement purposes.

Consultation with residents was found to be inadequate at the previous inspection. On this inspection, the inspector saw evidence of staff consulting with residents throughout the day. Staff told the inspector that dementia training had reinforced the importance of consultation and good communication with residents. Some residents

commented that they had no need to complain as they raised issues with the person in charge on a daily basis or at the residents' quarterly meetings. Records provided evidence that ventilation of rooms was discussed at the most recent meeting and a staff member was then assigned to open windows in the morning and then to close the windows after 4.00 pm. One resident was pleased that the clock in the day room was in place because of a suggestion she made at a residents meeting.

Article 36: Notification of Incidents

Practice in relation to notifications was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Chief Inspector by the person in charge.

Resident Care

Article 9: Health Care

The inspector was satisfied that residents' general healthcare needs were met to a high standard and nursing care was evidence based.

All residents had access to general practitioner (GP) services and residents could choose to retain their own GP if they so wished. There was an out-of-hours GP service available. The medication charts confirmed that all medications were prescribed in accordance with best practice and reviewed on a three-monthly basis by the GP.

The inspector reviewed a sample of residents' medical notes and found evidence that residents had access to a range of peripatetic services. A community chiropody service was provided on site for residents every three months. A pharmaceutical company provided dietetic and speech and language therapy advice. Community occupational therapy (OT) and physiotherapy were provided. The inspector met the OT who was on site to provide specialist advice for a resident. Surgical and medical services were provided by local hospitals. Residents had access to consultant led psychiatry of later life services.

The inspector reviewed a sample of residents' files and noted that a nursing assessment and additional risk assessments were carried out for all residents. Care plans were in place to guide care and meet each resident's assessed needs, which were subject to a three-monthly review. The inspector noted that residents had care plans to meet their social needs. The person in charge audited care plans and followed up with staff to monitor whether care was delivered as outlined in the care plan. The person in charge detailed how the audit process had brought about improvements in the quality of nursing documentation. There was documentary evidence that residents who had capacity were supported to participate in the development and review of their care plans. Relatives who spoke with the inspector

were aware of the care plans in place and had provided information about each resident's previous lifestyle to inform the care plan. The inspector noted that information provided by family members such as night routines and sleeping patterns, food preferences and religious practices had informed residents' care plans. The person in charge outlined plans to introduce annual meetings to schedule time for each resident or their advocate to meet with staff and formally review their quality of life and the care plan.

There was a policy in place for the prevention and management of falls which guided practice. There were a number of falls during the previous year, and very few resulted in injury to a resident. Incident forms were completed and there was evidence that residents were monitored closely following an accident. There were comprehensive assessments completed on falls risk, care plans developed for falls prevention and a post fall's analysis recorded for residents who experienced a fall. The inspector reviewed the care plans for a sample of residents who had fallen and noted that strategies had been implemented including medication reviews, provision of hip protectors and the use of bed and chair alarms to prevent further falls. The inspector saw falls prevention notices on display to remind staff of the necessary safety measures to be taken and there was a good awareness of falls prevention strategies among staff. The inspector observed that residents in communal areas were supervised by staff and there was evidence of falls being discussed at staff meetings.

The inspector reviewed the procedures in place for responding to behaviours that challenged. The person in charge had attended dementia training and promoted a person-centred approach to minimise the occurrence of behaviours that challenge. The inspector reviewed the nursing notes of some of the residents and found that behavioural logs were maintained to record behaviours and there was documentary evidence of the triggers to the behaviour, a description of the behaviour and the measures to be taken to respond to the behaviour. There was a challenging behaviour policy in place and staff had received training on responding to behaviours that challenge. Staff described how they were sensitive to cues to indicate a person's mood and if a resident became anxious or resistant they allowed him/her time to calm down and regain his/her composure. The assessment of a resident who became physically aggressive while having personal care showed that he responded better to female carers and this was now incorporated in his care plan. This resident has not had any aggressive episodes for four months.

The inspector observed staff members interacting with residents throughout the day and residents displayed evidence of high levels of wellbeing. They were alert and engaged with their surroundings. They chatted with each other and with visitors and one lady sang on numerous occasions.

The policy on the use of restraint had been updated recently in line with national guidelines. It was centre-specific and provided clear guidance to staff. Assessments were completed for the use of restraint and there was evidence of consultation and alternative measures that had been considered.

The wound care policy had been revised and updated in October 2011. It was well researched and gave clear guidance to staff. One resident who had a heel ulcer had the wound assessment and treatment plan in place. Discussion with a nurse indicated that the resident's mobility had declined since her assessment in Sept 2011 and she was scheduled for a three-monthly review. However, she had not been formally reviewed as her condition changed and she did not have a pressure sore risk assessment or a care plan to manage pressure sore risk. The inspector was satisfied that interventions were in place such as an air mattress, a turning regime and protein supplements but this had not been formally set out in a care plan.

Staff confirmed that specialist wound care advice was provided when necessary by a pharmaceutical company. Nurses had also attended wound care training and were familiar with the wound care policy.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The inspector found evidence of good medication management processes. There was a medication management policy which provided guidance to staff. The inspector observed a nurse administering medications and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The nurse demonstrated her competence and knowledge when outlining procedures and practices in medication management. The inspector was satisfied with arrangements for the prescribing and administration of Warfarin. However, antibiotics which were prescribed three times a day and should be taken at eight hourly intervals were administered at 8.00 am, 1.00 pm and 7.00 pm. This could have unfavourable outcomes for residents.

Arrangements in place for the storage of medications were found to be satisfactory. Medications which required strict controls were managed in accordance with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were procedures in place for auditing medication practices and there were improved links with the pharmacist as a result of completing these audits.

The majority of residents had their medication reviewed by the residents' GP on at least a three-monthly basis and medications no longer used were signed as discontinued by the medical practitioner.

Article 6: General Welfare and Protection

Residents and relatives reported that they felt safe in the centre. There was a policy and procedures in place for the prevention, detection and response to abuse. Staff had access to the policy and were able to identify the various types of abuse and what they would do if an allegation was made to them. All staff spoken to and training records reviewed confirmed that all staff had received training on identifying and responding to elder abuse. There had been no allegations of abuse. There was also a whistle blowing policy in place to ensure there were no barriers to the disclosure of abuse.

The recruitment policy was implemented and included precautions to protect residents from abuse. Garda Síochána vetting and three references had been obtained for each staff member. The induction programme for new staff also prioritised awareness about the policy on elder abuse.

Article 20: Food and Nutrition

The inspector were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

There was a large central dining room and residents were seen to enjoy the social dining occasion. The inspector noted that meals were hot, well presented and tasty. Improvements were made in the dining experience following feedback from a satisfaction survey. Kippers and steaks were introduced for some residents and the seating arrangement was changed to suit residents who wished to improve the social aspect of dining.

Some residents who required a more peaceful environment dined in the day rooms and residents who preferred to dine in their bedrooms had their choice respected. Their food was attractively presented and hot.

Residents confirmed that they enjoyed the food and told the inspector that they had a choice at mealtimes. The inspector saw residents being offered drinks during lunch and throughout the day. Residents told the inspector that they could have hot and cold drinks and snacks at any time.

The inspector spoke with the chef who had a very good knowledge of each resident's dietary needs and preferences. The inspector saw that residents who needed their food served in an altered consistency such as pureed had the same menu options as others and the food was presented in appetising individual portions. The chef also ensured that the needs of residents on a diabetic and renal diet were met.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutritional risk assessments were used to identify residents at risk. Records showed that some residents had been referred for dietetic review and swallow assessments. The treatment plan for the residents was recorded in the residents' files.

Environment

Article 19: Premises

The environment was bright, clean and well maintained throughout and the building was observed to be appropriately heated, lighted and well ventilated.

There were 21 single rooms and 15 twin rooms. Bedrooms varied in size and all met the required specifications in the Standards. Residents were encouraged to personalise their rooms and many had soft furnishings and family photographs on display. There was adequate personal storage space and wardrobes and bedside lockers had locks to provide secure storage. The provision of bathrooms and toilet facilitates was in line with the Standards.

Call bell facilities were available in all bedrooms and servicing records showed that regular servicing was undertaken. The inspector noted that call bells were answered promptly and residents confirmed they were not left waiting for assistance.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, cushions, specialised beds, chairs, wheelchairs and walking frames. Handrails and grab rails were provided to promote independence in the corridors and bathrooms. Hoists and all other equipment had been maintained and service records were up-to-date. The company's maintenance team was on site and completed the maintenance work outlined in the maintenance request book. Staff confirmed that a maintenance person was on call over a 24 hour period.

Inadequate storage was highlighted in the previous inspection. The provider had installed an external unit for storage of equipment to make more storage space available for assistive equipment. However, there continued to be inadequate storage space for assistive equipment. Hoists and other equipment were seen stored in the bathrooms during the day.

The sluicing facilities were inadequate and disinfection practices observed did not support safe infection control. There was no hand washing facilities in the three sluice rooms.

Article 32: Fire Precautions and Records

Adequate fire precautions were in place and records maintained.

The fire policy was comprehensive. The inspector reviewed the training records and noted that all staff had received fire training and two fire safety training days were scheduled for November 2011. The fire procedure on display gave clear guidance on what to do in the event of a fire. Staff were knowledgeable and able to tell the inspector about fire safety procedures. Two staff members were the nominated fire safety officers.

Service records showed that fire evacuation routes were checked daily and the fire alarm system was checked weekly. Fire equipment was serviced on a yearly basis and the servicing of emergency lighting was done in March 2011 and October 2011. The fire panels were in order and the inspector noted that fire exits were unobstructed. Staff and residents confirmed that weekly tests of the alarm system were undertaken.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the providers, the director of care and the person in charge, to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

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

Report compiled by:

Mary O'Donnell

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

15 November 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	St Glady's Nursing Home
Centre ID:	686
Date of inspection:	15 November 2011
Date of response:	2 December 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 provider has failed to comply with a regulatory requirement in the following respect: Sluicing facilities were inadequate in that: ▪ there were no hand-washing facilities in the three sluice rooms ▪ disinfection practices did not support safe infection control. There was inadequate storage space for assistive equipment.
Action required: Provide necessary sluicing facilities.
Action required: Make suitable provision for storage in the designated centre

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

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Currently we have hand cleaning disinfectant dispensers and cleaning chemical agents in the sluice rooms but we will install wash-hand basins as well. We have met with the HSE infection control department, conducted refresher training for all staff in infection and our new supplier is conducting additional ongoing training to our carers and domestic staff. In addition we are also using "sanibags" to further control the risk of infection. As acknowledged in the report we have a new modular unit for the storage of supplies which has freed up space within the nursing home for equipment needs. We will continue to monitor that assistive equipment is stored correctly.	 January 2012

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

Assessments and care plans were reviewed on a three-monthly basis but they were not consistently updated when a residents condition changed

Action required:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
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: As acknowledged we review care plans on a three-monthly basis or more frequently if required. We will continue to monitor and audit our care plans to ensure that they are reviewed to reflect any changes in resident's condition and our Director of Nursing has spoken to all the nursing staff regarding this.	 Completed

3. The provider has failed to comply with a regulatory requirement in the following respect: Antibiotics which were prescribed three times a day and should be taken at eight hourly intervals were administered at 8.00 am, 1. 00pm and 7.00 pm.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents 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	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We administered the antibiotics in line with the doctor's instructions. We have since spoken to the doctor regarding the intervals referred to above and he has stated that he would like to these timings to remain as he believes it is more beneficial to the resident to have undisturbed sleep. We are happy to discuss this further with the inspector.	 Complete

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspector for her positive and constructive comments about our Nursing Home and the manner in which she conducted the inspection.

Provider's name: Seamus Brady
Date: 2 December 2011