



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Glengara Park Nursing Home
Name of provider:	Glengara Park Nursing Home Ltd
Address of centre:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 June 2022
Centre ID:	OSV-0000044
Fieldwork ID:	MON-0037265

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glengara Park Nursing Home can accommodate 66 residents, both male and female. Residents are over the age of 18 years with varying conditions, including dementia, cognitive impairment, physical, neurological and sensory impairments. Residents with end of life and mental health needs are also accommodated. Twenty four hour nursing care is provided.

Glengara Park Nursing Home is a purpose built nursing home composed of 62 single and two double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en-suite facilities. There is one large sitting room and one large family room situated on the ground floor. Other sitting areas around the house include a coffee dock, an activities room. Outdoor facilities include two large patio areas, one of which is secure. A sensory garden is accessible at the front of the Nursing Home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 23 June 2022	08:25hrs to 18:30hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of communal space and easy access to the garden. Although the residents received good care and were well supported by staff, areas were identified that required action including staff development and training, individual assessment and care planning, infection control and premises. This will be further discussed in the report below.

Following a short introductory meeting, the inspector was accompanied on a walk around the designated centre. The centre was laid out over three floors and was clean with bright communal areas, however, the inspector saw that repainting and repairs were required in some areas. Some inappropriate storage was seen in communal bathrooms, for example cushions and mobility equipment, which impacted residents' access to these areas.

Inspectors observed that residents were free to choose how to live their lives in the centre. Residents were observed to be well dressed. During the morning, many residents were seen partaking in the flower arranging of freshly cut flowers in the day room. Feedback from residents was very positive, one resident stating 'it brought back memories from their own garden'. The inspector saw that residents had unrestricted access to the garden either alone or accompanied by staff.

Many of the residents spoken with were very complimentary about the food and the choice. Residents were observed to take their meals in the dining room, day room or in their bedrooms. Residents were encouraged to participate in and influence the running of the centre, and could voice their opinions on the quality of the service provided by attending residents' meetings and through the annual satisfaction surveys. The meal times had recently changed time following feedback from a resident focus group meeting.

Overall residents spoken to were very complimentary about the staff. Residents told the inspector that they felt safe living in the centre. They said that staff were kind and listened to them. The inspector observed appropriate, respectful and friendly interactions between residents and staff during the inspection, and it was clear that staff knew the residents well. Residents' privacy and dignity was respected by staff. Staff were observed to knock on residents' bedroom doors and await an invitation before entering and they ensured doors were closed when giving personal care.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

There was a well-defined management structure in place in the centre and the management team were well known to residents, their visitors and the staff. There were effective management systems in this centre, ensuring good quality clinical care was being delivered to the residents. On the day of inspection, there was sufficient numbers of suitably qualified staff on duty to support residents' assessed clinical needs. Other findings on the day showed that action was required in training and staff development, individualised assessment and care plan, residents rights, premises and infection control.

Glengara Nursing home limited is the registered provider for the designated centre. There were clear structures around how the centre was being run with regular clinical governance meetings held to oversee and discuss the day to day operation of the centre. The person in charge was supported by an ADON and two clinical nurse managers (CNM's). Staff feedback and communication was facilitated through regular meetings. Systems were in place to measure the effectiveness of the service with regular quality assurance audits in place to monitor key performance areas. However, following up from the last inspection, a monthly audit of care plans of residents recently admitted was not implemented. This audit was to review residents' care plans recently admitted, with a focus on advanced care planning for end of life care.

The annual review 2021 was available and was prepared in consultation with the residents. There were plans in place to commence the annual review for 2022 in September. A resident satisfaction survey returned 93% positive feedback .

Staff had access to the required mandatory training to enable them to care for residents safely, however records reviewed by the inspector showed that a 65% of staff required training in infection control. Training in managing behaviours that challenge was required for 60% of staff. The provider had identified these gaps in training and had a quality improvement plan developed.

A sample of contracts of care were reviewed. Each set out the terms and conditions of the residents' residency in the centre and were signed by the resident or their next-of-kin. The contracts included details of the additional fees to be charged to residents in receipt of the 'Fair Deal Scheme'.

The provider had a complaints policy in place, and the complaints procedure was prominently displayed at the entrance to the centre and contained the information required by the regulations.

Regulation 16: Training and staff development

Staff did not have access to all appropriate training for example:

- 65% of staff required refresher training in infection control.
- 60% of staff required training in managing challenging behaviour.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure effective delivery of care. There was a clearly defined management structure with identified the lines of authority and accountability. There was a clearly defined management system with systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

An annual review was available for 2021, which was prepared in consultation with residents and their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed three contracts of care and observed that each resident's contract included detail on the service provided and their current fees.

Judgment: Compliant

Quality and safety

Overall, there were examples of good quality care being provided to residents which ensured that they were supported and encouraged to make choices about their life in the centre. However, there were a number of areas that required action regarding individual assessment and care planning, managing behaviours that challenge, premises and infection control.

There were systems in place for the assessment, planning, implementation and review of health and social care needs of residents. However, the inspector found that there were gaps in care plans. A selection of three end-of-life care plans were reviewed and were found not to detail the residents preferences regarding their social, cultural, religious and psychological needs. This is further discussed under

regulation 5:Individual assessment and care planning.

Residents had appropriate access to general practitioner(GP) care. There was a GP linked to the centre, and access to a doctor during out of hours.

Records showed that the centre was working towards a restraint free environment where nursing staff had successfully trialled a range of alternative equipment. The use of restrictive practice was reviewed regularly by the person in charge and assistant director of nursing.

The inspector examined three safeguarding incidents notified to the Chief Inspector. These incidents were seen to be investigated and appropriate measure put in place in a timely manner. However, one resident safeguarding plan was not reviewed for seven months and did not reflect current practice.

There was a good menu choice available to residents for all meals. Mealtimes were seen to be social occasions. Snacks and refreshments were provided outside of mealtimes and the inspector saw that adequate staff were available to assist residents with refreshments and at mealtimes.

Two dedicated activities coordinators were rostered to work Monday to Friday, with a third coordinator covering one hour in the evening. Care staff attended to residents' social needs at the weekend. This included one-to-one activities in their rooms or quiet areas in the centre, group activities in communal areas and trips out to the enclosed garden. Residents were seen to be supported to join activities in communal areas. Where residents didn't want to join the activities their choice was respected. However, one resident had very little or no opportunity to participate in activities in accordance to their preferences and capability. This is further discussed under Regulation 9: Resident's rights.

Refurbishment works had been carried out in residents bedrooms and shared bathrooms. The provider had an on-going maintenance programme which included painting and replacement of soft furnishings. Six clinical hand wash sinks had been ordered and arrived on the day of inspection.

The inspector was accompanied by the person in charge when viewing two twin rooms . The rooms were not configured to allow residents to access their belongings in private. The rooms at the time of inspection had single occupancy, however action was required to ensure all resident space came into compliance with Regulation 17.

The centre had an up-to-date risk management policy in place, which met the requirements of the regulation. The provider had developed a risk register that identified clinical, health and safety and COVID-19 specific hazards and risks.

Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included implementation of transmission-based precautions for residents, for example personal protective equipment (PPE) which were used in accordance with national guidelines and the monitoring of visitors, staff and residents for signs of COVID-19 infection. Recently

the centre had commenced antimicrobial stewardship to reduce antibiotic usage.

While there was evidence of good infection prevention and control practice. The inspector observed inappropriate storage and some poor infection prevention control practices, which are further detailed under Regulation 27: Infection Control.

There was a fire safety policy and clear fire procedure in place which had been developed following consultation with an external fire safety specialist. Fire safety training was provided to staff annually and staff spoken with were knowledgeable on coordinating the evacuation of residents in the event of a fire. However, action was required to ensure adequate precautions were in place to protect residents against the risk of fire. For example, the emergency evacuation floor plans were unclear and two fire extinguishers were located behind doors with no alert signage. The provider had identified these concerns and recently employed a new fire company who had carried out a fire safety risk assessment. The fire system was upgraded on the day of inspection. New fire floor plans had been developed and were awaiting publication. This is further discussed below under regulation 28 Fire precautions.

Regulation 11: Visits

Visiting was facilitated in many areas in the centre and was well managed in line with National Health Protection Surveillance Centre (HPSC) guidelines.

Judgment: Compliant

Regulation 17: Premises

A number of actions were required to ensure the dignity and comfort of residents living in the centre:

- There was inappropriate storage of items in shared bathrooms, such as personal hygiene items on the floor, cushions and three shower chairs and a wheelchair.
- The inspector viewed two twin rooms and found that they did not have an area of 7.4 m² of floor space for each resident which included a bed, a chair and personal storage space. This room was not configured to ensure that residents could access their belongings in private.

Judgment: Substantially compliant

Regulation 27: Infection control

There were issues important to good infection prevention and control practices which required action. For example:

- Sharps boxes were stored on the floor without the safety mechanism lock on.
- Storage practices in the centre required review from an infection prevention and control perspective. For example: boxes on floor in reception.
- Open incontinence wear and wipes on trolleys which could lead to cross infection.
- Detergent in the cleaners room was out of date, these were for collection as the centre had recently moved supplier.
- Chlorine solutions were made up without a date, which did not provide assurance that they were discarded on a daily basis.
- Cleaning products were left out in unlocked areas, which posed a risk to residents.
- Single use dressings were found open, which indicated risk of contamination. This was a finding from a previous inspection.
- Carpeting on the ground floor was found to have black marks, the carpet was on a weekly shampooing programme. However, effective cleaning of carpets was not possible due to wear and tear.
- Two baths which were not in use had no flushing records, this posed an increased risk of legionellas disease.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure adequate precautions were in place to protect residents against the risk of fire. For example,

- The emergency evacuation floor plans were unclear. One map had the wrong location for you are here.
- Two fire extinguishers were located behind doors with no alert signage.
- Inappropriate storage of maintenance equipment in the stairwell.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Gaps were identified in care planning, such as:

- Three end of life care plans examined were not seen to include social, cultural, religious and psychological needs. This was identified from the previous inspection.
- Two care plans reviewed were not prepared within 48 hours of admission.
- Repositioning records were seen to be incomplete.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical care. There was a general practitioner linked to the centre, and access to a doctor during out of hours. Referrals were made to appropriate allied health professionals when required, with recommendations from specialists reflected in resident care plans. There was good access to physio, occupational therapy, speech and language therapy and dietitian. Residents were seen to access hospital care when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Efforts were made to identify and alleviate the underlying causes of responsive behaviours (behavioural and psychological symptoms of dementia). Care plans in relation to responsive behaviours showed techniques that would help to distract and reassure the resident at the time.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured every resident had the opportunity to participate in activities in accordance with their interests and capacities, for example;

- Records showed that one resident had one to two activities per month.
- The activity schedule advertised was not reflective of activities provided. A new activity schedule had been devised, but it was not available in all areas.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glengara Park Nursing Home OSV-000044

Inspection ID: MON-0037265

Date of inspection: 23/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • IPC Champion training was booked for the 19th and 29th of July at time of inspection, however, this was deferred to the 2nd and 7th of September due to outbreak of Covid. • Challenging behavior training will be completed by the 12th September. • The Group has sourced a new Training company that provides bespoke and specific training courses on line and in house to Nursing homes. Each home will have access to a full reporting system. This system will allow staff to access training at any time and will highlight when staff require refresher training. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Storage arrangements were reviewed by PIC and Registered Provider. All personal items are now stored appropriately for each individual resident. The correct storage of shower chairs and wheelchairs was discussed with the staff. Ongoing monitoring will be conducted by the DON, ADON and CNM. Complete • A review of all twin rooms has been completed by the the DON and Registered Provider. These rooms will be reconfigured to ensure that residents can access their belongings in private. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • SHARP BOXES: Shelf was provided for the sharp box in nurse station on top floor following inspection, arrangements were made for sharp boxes on two other floors to ensure that they are not stored on the floor, Nurses were reminded that sharp boxes must be left with the safety lock on after use, tool box talk was used. Complete • The box at reception was waiting to be collected on the day and done so that evening. Complete • Expired detergent left in cleaning room was there to be collected by new supplier, it was removed immediately on the day of inspection. Complete • Chlorine bottles without a date were removed by PIC following inspection. A meeting was held with housekeeping staff and explained the importance of marking the bottles with a date. All remaining solutions are discarded appropriately at the end of each day. This is monitored and reviewed by the DON, ADON and CNM. Complete • The storage of cleaning products is now stored in the sluice rooms and or cleaning rooms after use. Tool box talk was used to communicate this to all staff and ongoing monitoring is provided by the DON, ADON and CNM. Complete • A suitable trolley has been sourced that now stores all incontinence wear and wipes and will alleviate cross infection. Complete • This carpet was put down two years ago in the home. The supplier was met with on the 10/08/22 and on their recommendation they are sourcing a product that will clean the black marks. • The two baths have been added to the maintenance flushing schedule. Complete 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The map was relocated to the correct position to reflect 'you are here location'. Complete • Signage to alert the location of fire extinguisher has been erected for the two identified extinguishers behind doors. Complete • Contractor had been contacted and the items were removed from under stairwell. 	

Complete	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC is reviewing and adopting a new template of advanced care directive, this will include social, cultural, religious and psychological needs. Complete • The PIC will assign a nurse to be responsible for completion of the care plan on admission, all care plans must be completed within 48 hours of admission. The DON, ADON or CNM will then check to ensure these are completed. Complete • Daily checks of routine care records are completed by nurse on duty—including food/fluid chart and repositioning chart for those with pressure sores. This will be audited weekly by DON, ADON or CNM. Complete 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A meeting was held with activity team to review the activity provision for all residents. This was to ensure that all residents are facilitated to access activities that are meaningful to them, for those who are less able to engage, there will be a regular regime of activities to ensure that their psychosocial needs are met. The activity record is audited by the CNM weekly. Complete • The updated activity scheduled had been put up in all bedrooms following the inspection. Complete 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	11/08/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	11/08/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	11/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	11/08/2022