



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

## Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Nursing Home
Name of provider:	SGNH Limited
Address of centre:	Glenayle Road, Edenmore, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	12 November 2021
Centre ID:	OSV-0000174
Fieldwork ID:	MON-0034820

## About the designated centre

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

St. Gabriel's Nursing Home is located in North Dublin and provides residential and respite care for male and female residents over the age of 18 years. The premises is a 66-bedded facility expanding over two floors consisting of 58 single and four double rooms. The ground floor is called the Jasmine suite and consists of 26 rooms. There are 28 residents in total on this floor all of varying dependency. The top floor is called the Lavender suite and consists of 36 rooms. There are 38 residents all from varying dependency.

The designated centre has a reception area with seating space and a sun room, which looks onto one of multiple garden courtyards. Multiple communal living rooms are available for residents to relax, socialise, watch TV, read or participate in activities. The building also features a hairdressing salon, a chapel, large dining rooms, and on-site kitchen and laundry facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	63
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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
Friday 12 November 2021	08:35hrs to 17:10hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

From what residents said and from what the inspector observed, many residents reported to be happy and were complimentary of the staff within St Gabriel's Nursing Home. The general feedback was that residents had a good quality of life within a pleasant environment. While residents spoken with were happy with the care they received in the centre, the inspector found gaps in management systems and oversight arrangements relating to the premises, infection control and fire precautions.

On arrival at the centre, the inspector was met by the person in charge who conducted a COVID-19 risk assessment and ensured a temperature check, hand hygiene and the wearing of Personal Protective Equipment (PPE) such as a face mask were completed prior to entering the centre.

An opening meeting was held with the person in charge. After this meeting, the inspector was guided on a tour of the premises. The designated centre is located in Edenmore, Dublin 5 and provides accommodation to 66 residents in single and twin occupancy rooms located over two floors. The provider had submitted an application to the Chief Inspector of Social Services to increase occupancy to 68 residents. The corridors were wide, clutter free and fitted with hand rails to facilitate residents to mobilise independently.

There were several communal rooms available for residents' use, such as day rooms, an activity room, a dining room, a visiting room and the chapel on both floors. Communal areas seen by the inspector had seating spaced adequately to allow for social distancing. Some residents remained in their rooms throughout the inspection, while many others were observed using the communal areas to socialise. Residents' bedrooms were personalised with personal possessions of their individual taste, including family photographs and examples of art work. A number of residents told the inspector that they were happy with their environment.

There were some outdoor areas such as secure courtyards available for residents. The inspector was told these areas allowed for residents to enjoy fresh air and engage in outdoor walks. These outdoor spaces were observed to be maintained to a high standard, with attractive planting. The person in charge told the inspector that these areas were also used to facilitate some social events including music from a live band.

The centre was welcoming and bright, however some areas of wear and tear on the premises decreased the homely environment provided. In addition, there were some rooms with inappropriate storage seen which will be further discussed within this report. On the day of the inspection, there was ongoing fire refurbishment works taking place and a team of maintenance staff were seen carrying out repairs and preventative works. This work was under the direction of management.

The inspector spoke with five residents and spent periods of time observing staff and resident engagement in communal areas. Staff were observed to be kind and respectful towards residents. During conversations with residents, all were complimentary of the staff team and management within the centre. However, two residents told the inspector that there were times when staff were slow to respond to their needs, with one resident commenting that they felt staff were very busy and felt this was due to the centre being short staffed. The inspector was told there was an increased use of agency staff working within the centre.

The inspector observed a meal time on the day of inspection. Residents were asked their meal preferences in the morning. Residents were complimentary of the food choice and quality offered in the centre and residents were seen to enjoy their meals. The inspector observed that residents who required additional assistance during meals were supported by staff who sat with residents and provided this assistance in a dignified manner. The inspector also observed that residents were offered choice with snacks and fluids in between their meals.

The provider had arrangements in place to support residents to receive their visitors. The inspector observed visiting occurring throughout the inspection, including some residents going for a walk on the grounds with their visitor. Residents confirmed they were happy with the visiting arrangements within the centre and told the inspector they could receive their visitors in the visiting area or their bedroom.

The centre employed two activity coordinators who worked Monday to Sunday to provide activities seven days a week. Throughout the inspection, the inspector observed residents take part in music and art activities with staff. The chaplain facilitated prayers in the centres chapel. In addition, the centre's hairdresser was also in the centre on the day of inspection and many residents were seen to be supported to attend the hair salon to get their hair styled.

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

## Capacity and capability

There were some effective management systems in this centre. This included good access to training and supervision of staff. The registered provider ensured residents were provided with a good service to meet their care needs. However, improvements were required to ensure regulatory compliance with all regulations. These improvements are highlighted under the regulations relating to governance and management, premises, infection control and fire precautions.

SGNH Limited is the registered provider for St Gabriel's Nursing Home and this designated centre is one of a number of nursing homes managed by the registered provider. The management team is comprised of the Chief Executive Officer, the

provider representative and the person in charge. In addition, the registered provider also had a group of senior managers available to provide support with two of these managers participating in the management of the centre.

The purpose of this unannounced inspection was to monitor compliance with the regulations and to review an application received from the provider to add an additional two single en-suite bedrooms and the addition of an external laundry facility. The designated centre is registered to accommodate 66 residents with plans to increase this capacity to 68 residents. At the time of the inspection, the provider was not in compliance with the Health Act 2007 as they were accommodating one resident in one of the two new bedrooms which was not registered as part of the designated centre. In addition, the laundry facility was also in use on the day of the inspection. While an application had been submitted to add the two additional rooms and the laundry, it had not been approved by the Chief Inspector of Social Services.

The person in charge worked full-time in the centre and was supported in their management role by a number of managers, including three clinical nurse managers. Other staff members included nurses, healthcare assistants, activity staff members, catering and domestic staff, maintenance and administration staff.

The inspector was assured that there was enough nursing staff and healthcare assistants on duty to meet the health care needs of residents. However, the inspector was aware that the centre had one staff nurse and four healthcare assistant vacancies at the time of inspection. These vacancies were being filled by agency, with five out of ten healthcare assistants rostered on the day of inspection agency staff. The inspector was told that recruitment was ongoing and that a number of new staff were due to commence employment in the coming weeks.

There was a training plan and schedule for 2021 drafted for the centre. Staff were supported to access mandatory training. Mandatory training was scheduled and planned for fire safety and manual handling in the weeks following the inspection. There was additional training available to staff in areas such as dementia care, falls prevention and end-of-life care. Staff spoken with said they had received sufficient supervision and training to do their jobs.

The centre had a recent outbreak of COVID-19. This occurred from 10 September 2021 to 22 October 2021 where 19 residents and eight staff were confirmed with COVID-19. A high percentage of residents and staff had received both vaccinations against COVID-19. The inspector was told the booster vaccine had been administered to staff in the recent days.

The management team had systems in place for the oversight of the quality and safety of care in the centre. A review of senior management meeting minutes outlined that the management team met regularly to discuss and review key performance indicators and topics relevant to service delivery were discussed on a regular basis. Agenda items included COVID-19, occupancy, admissions, assessments, staffing, accidents and incidents and complaints. In addition, there were also committees with a focus on clinical governance and health and safety occurring on a regular basis within the centre.

A sample of the audits carried out in the centre were reviewed by the inspector and were seen to cover clinical and non-clinical areas. However, improvements were required to ensure there was effective oversight of these audits. For example, a premises spot check in August 2021 identified a finding in relation to inappropriate storage in a shared bathroom. This item of furniture remained in place on the day of inspection. In addition, the inspector found that while information was collected, it was not sufficiently analysed to develop clear quality improvement plans with appropriate time frames and allocated to appropriate personnel. For example, a finding of a recent fire risk assessment required a review of residents dependency levels in one area of the building which had not been completed. This is further discussed under Regulation 23: Governance and Management.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted appropriate documentation in order to vary condition 3 attached to the current registration.

Judgment: Compliant

### Regulation 15: Staffing

On the day of inspection, the inspector found that the skill mix of staff was appropriate with regard to the assessed needs of the 63 residents' in the centre. There were two or more qualified nursing staff scheduled on duty at all times.

The inspector was told that the provider had plans in place to increase staffing numbers to meet the needs of the residents based on the occupancy increasing. This included increased supernumery hours for clinical nurse managers. However, these plans were currently in the discussion phase.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to training and training records showed a high compliance with mandatory training.

The inspector reviewed records and found that staff were appropriately supervised. For example, there was an induction system in place for agency staff. A sample of annual appraisal forms were seen which included action plans where improvements



were required.

Judgment: Compliant

### Regulation 23: Governance and management

On the day of inspection, the inspector found that areas such as one new bedroom and the laundry were occupied and in use prior to being registered by the Chief Inspector. This was a breach of the Health Act 2007 as the provider was not complying with conditions applied to the registration of the centre. On the day of the inspection, the provider took action to return to compliance.

Improvements were required with the management systems within the designated centre. For example, for some audits there was insufficient evidence of learning and improvements being made in response to audit reports. For instance, the Health and Safety audit completed in July 2021 identified floor coverings not in good repair and also identified some store rooms required tiles replaced. These items remained outstanding on the day of inspection.

Judgment: Not compliant

### Quality and safety

From observations on the day of inspection, residents' care needs and rights to privacy were upheld within the centre. Residents had opportunities to participate in activities and were consulted about the organisation of the centre. However, improvements were required in the oversight of the physical premises, infection control and fire safety.

The inspector saw evidence of residents' rights being respected throughout the day of the inspection. Staff were observed to engage with residents in a supportive manner within communal areas. Staff were attentive to residents needs and spent time with them on a one-to-one basis. In addition, staff were observed to knock on residents' doors and announce their presence before entering. Residents were consulted with through committee meetings. A review of records showed that action had been taken based on the information received. For example, a recent movie afternoon had been requested and this was facilitated.

The inspector observed there was evidence of good adherence to the appropriate wearing of PPE by staff and some good infection prevention and control practices in the centre. However, the inspector found that further oversight was required in relation to infection control measures within the centre. For example, staff were monitoring their temperature once daily and some areas of the building required

repair and as a result could not be effectively cleaned. A review of the storage and segregation practices was required to minimise the risk of cross contamination.

The inspector viewed the two new single en-suite bedrooms and found that they were completed to a high standard, were of a sufficient size with high quality fixtures and fittings included. These rooms had call bells installed, a single bed, a television, two arm chairs, a lockable bedside locker, chest of drawers and a wardrobe. The maintenance of many areas of the premises and equipment was kept to a good standard. However, further oversight was required to ensure that some areas were kept in a good state of repair internally and externally. For example, paintwork was visibly chipped and required repair in a number of areas and the roof of the new laundry was seen to have debris including leaves which decreased the homely environment of the centre.

The provider had a number of arrangements in place to protect residents against fire risks. Fire safety training was provided to staff annually with a high attendance. There was a further date scheduled in the weeks following the inspection. Staff spoken with were knowledgeable on actions to be followed in the event of the fire alarm sounding. There was good record keeping in relation to the maintenance of fire safety equipment. The provider had recently introduced a new fire register within the centre. In addition, the provider had contracted a competent person to complete a fire risk assessment and contractors were on site on the day of the inspection addressing areas for improvement which had been identified in the risk assessment. However, in order to comply with Regulation 28: Fire Precautions, further assurances relating to fire were required.

### Regulation 17: Premises

There was some wear and tear seen within the décor of the centre, such as flooring in some day rooms and corridors were badly marked and repairs to paintwork was required in a number of areas.

A number of items required repair or replacement. For example, the kitchen area within the staff break room required repair, a sink in a communal bathroom had a hole in it and no sink plug and tiles were seen to be missing in a sluice room.

Furthermore, some storage practices within the designated centre required review as there was a possible risk of cross contamination and some areas could not be effectively cleaned. This is discussed under Regulation 27.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- Monitoring logs for staff required improved oversight.
- Inappropriate storage had the potential to lead to cross-contamination, such as cleaning equipment being stored in a shared shower room and a morning care trolley with open packets of incontinence wear were stored in a sluice room.
- Some equipment was worn and defective and as a result could not be effectively cleaned and decontaminated.
- A number of items were seen to be unclean. For example, drying racks in a sluice room were stained with brown residue. Cleaning schedules for this room were not complete.
- Refresher training with regard to single use items such as wound dressings was required as staff spoken with were unable to identify the single use symbol.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvements were required to ensure that all staff were aware of the procedure to be followed in the case of a fire. For example:

- While the provider simulated fire drills, some of these records were incomplete. For example, the evacuation of a compartment with night time staffing levels in July 2021, the time recorded to complete this evacuation was 18 minutes and there was no quality improvement plan seen to respond to areas of improvement identified.
- One residents personal emergency evacuation plan (PEEP) was incomplete. This introduced the risk that in the event of a fire, the PEEP would not provide sufficient detail on how to safely evacuate this resident.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for St Gabriel's Nursing Home OSV-0000174

Inspection ID: MON-0034820

Date of inspection: 12/11/2021

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The new bedroom no.10 was temporarily used to facilitate isolation of a close contact resident as a preventative measure, this was done as the resident could have posed a risk of spreading Covid if positive. At no times did St Gabriel's go over there registered 66 beds. The resident was moved back to their original room on the day of inspection. The new bedrooms 10 and 11 will not be used until the Application to Vary is complete.</li> <li>• All improvement areas identified from Health and safety audit July 2021 had commenced but was delayed due to COVID restrictions due to an outbreak in September and delays from external contractors.</li> <li>• Repair work for floor covering in a day room and a corridor will start on 31/01/2022 and will be completed by 28th February 2022, this delay was caused by staffing shortage from external contractor company and COVID outbreak.</li> <li>• Tiles in one store room and in the kitchen has been replaced. Tile repair for store room complete and another store room and a bathroom will be completed by 14th January 2022.</li> <li>• Paint work on two corridors identified for painting will commence 16th December and will be complete on 31st December.</li> <li>• Issues identified from Health and safety audit will be addressed by 31st March 2022.</li> <li>• St. Gabriel's has a weekly DON meeting with management, a quarterly Health &amp; Safety meeting and a quarterly Clinical Governance meeting which ensure good governance and management practices within the nursing home.</li> </ul>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The hole that was identified by the inspector was part of the sink design to allow for a second tap fitting, a sink plug has been fitted in the sink in the communal bathroom. Repair work to the staff kitchen area will be completed by 31st January 2022, the missing tile in the sluice room will be completed by 31st January.
- Repair work for floor covering in a day room and a corridor will start on 31/01/2022 and will be completed by 28th February 2022, this delay was caused by staffing shortage from external contractor company and COVID outbreak.
- Tiles in one store room and in the kitchen has been replaced. Tile repair for store room complete and another store room and a bathroom will be completed by 14th January 2022.
- Paint work on two corridors identified for painting will commence on 16th December and will complete on 31st December.
- Our maintenance staff carries out monthly check for wear and tear, areas that require paintwork or floor repairing or replacement of items will be identified and actions will be taken proactively.
- Management monitors progress of repair work.
- Continue quarterly Audit on the premises.
- Staff log any wear and tear on the maintenance book for maintenance.
- St. Gabriel's has on-going plan and budget for paintwork and repair work and refurbishment work throughout the year.
- The storage practice is under review from the senior management team and an Infection Control Audit will complete and an action plan drawn up by the 31st January 2022.
- Emergency lighting outside the laundry room has been installed.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- All staff are reminded to monitor temperature twice daily, management will monitor staff compliance.
- The cleaning equipment were removed from the shared shower room immediately. All household staff are aware no cleaning equipment to be stored in the shared shower room, the household supervisor will ensure this will not happen again.
- The incontinence wear pack was removed from the sluice room, all clinical staff were instructed not to leave incontinence packs in the sluice room.
- Two new shower chairs were ordered and waiting for delivery.
- The dry rack in the sluice room was cleaned on 12/11/2021, management audits cleaning monthly and monitor cleaning schedule.
- All nurses were instructed and reminded on use of single used wound dressings; all nurses have completed wound management training on HSEland.
- Staff have attended on-site infection control training on 26th November. All staff have completed infection control training.

- Infection Control Audit will complete and an action plan drawn up by the 31st January 2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Following the fire drill on 14th July, fire training took place on 28th July, the fire training instructor conducted fire drill with evacuation on the same day in the biggest compartment. Two fire drills – one day drill and one simulated night drill, with evacuation in the biggest compartment were carried out in November 2021, as part of quality improvement action plan, the dependency level of residents in the biggest compartment were reviewed, as a result, the number of residents with high dependency has reduced to an appropriate level for that compartment.
- Further Fire training was completed on 8th December 2021, this training included fire drill and evacuation, this evacuation was completed in 6 and half minutes.
- All new staff or agency staff or external contractors are inducted with fire procedures.
- One resident's incomplete PEEP plan was completed immediately. All nurses are reminded to ensure PEEPs are complete with all necessary instructions.
- Fire risk assessment carried out by qualified external contractor on 22/10/2021 and all due action plans were addressed.



## 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 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	28/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/03/2022

	consistent and effectively monitored.			
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	26/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/12/2021