



# 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:	Announced
Date of inspection:	20 October 2023
Centre ID:	OSV-0000044
Fieldwork ID:	MON-0033240

## 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:	64
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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 20 October 2023	08:40hrs to 16:05hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Glengara Park Nursing Home and spoke in more detail with 10 residents. The inspector also spent time in the communal rooms observing resident and staff engagement. Overall, residents were highly complimentary of the care they received and were happy living in the centre and enjoyed the activities. One resident spoke about the designated centre saying "it would be hard to beat it". Another resident said it was "a very good place to be". Residents said they had no complaints. If they did have a concern they would feel comfortable and confident to raise this.

Following an opening meeting, the person in charge, accompanied the inspector on a tour of the centre. The centre is set out over three levels, with access between levels via a lift or stairs. Residents were accommodated in 62 single and two twin occupancy bedrooms. There were two large communal rooms, a coffee dock which opened out onto a patio and mature gardens, a multi-purpose room and a large, bright dining room which opened out onto well-maintained garden for residents' enjoyment. There were also smaller seating areas on each floor for residents to listen to soft music and read the newspaper in a quieter space.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. However, the inspector observed that some maintenance were required in areas and action was also required for infection control. This will be discussed in the report below.

On the ground floor, there was a large notice board which was full of pictures from different activities that residents' had enjoyed and pictures of residents' birthday celebrations. A second notice board had information for residents', displaying posters for independent advocacy services, the centres complaints process and external complaints processes.

One of the communal rooms, the activity room, was used for more lively activities, and observed by the inspector to be a hive of activity. There were a variety of comfortable chairs placed along the three sides of the walls facing a wall-mounted TV. There were Halloween decorations and other arts and crafts throughout the room, made by the residents. There was also a small fridge full of drinks available for residents to choose from. Residents spoken with said they enjoyed chatting with each other and spending time in the activity room and that there was always something to do.

Across from the activity room was the second communal room, the family room. This was a quieter space for residents to use. The room was bright and comfortably decorated with some seating for residents around a large TV mounted on the wall above a fireplace. Residents were observed to spend time listening to soft music

while resting or reading the newspaper. At least one staff member was observed to be present throughout the day between the two communal rooms.

On the garden floor there was a large dining room and a multi-purpose room which was also used as a dining room for residents who needed assistance with meals. There were two meal times to allow for staff to assist all residents who needed support. The multi-purpose room had a TV with soft music playing while staff assisted residents with their meal. The dining room had large windows facing out onto a private internal garden which could be accessed by the residents. Dining room tables were set and dressed with fresh flowers in a vase. Menus were available on each table for residents to choose their meals from. Lunchtime was observed to be a very social occasion with residents sitting with their friends and having friendly banter with each other. Overall, residents spoken with said the food was very good, that there were lots of options for them to choose from and "plenty of it". One resident said the food was "excellent" and that they are brought breakfast in bed everyday which they really enjoy.

Residents' bedrooms were personalised and homely. Residents in single bedrooms had a pleasant private space to relax in. However, the inspector observed that some residents in a twin occupancy bedroom were not afforded adequate space in which to complete their personal activities and relax in private. This is further discussed later in this report.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. Residents spoken with said the staff were "extremely nice".

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

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. The centre had a good history of compliance with the regulations and this was evident on the day of inspection. However, some issues still remained outstanding in relation to a multi-occupancy bedroom. This is a recurrent finding and will be further discussed later in the report. Other findings on the day showed that action was required in individualised assessment and care planning and infection control.

This announced inspection was carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of

residents in designated centre for older people) Regulation 2013 (as amended) and associated standards.

Glengara Park Nursing Home limited is the registered provider for the designated centre. The person in charge facilitated this inspection and was observed to be well-known to the residents. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported in their role by the registered provider representative, operations administration manager, two clinical nurse managers (CNM), a team of nurses and healthcare staff, two chefs, a catering and domestic team, administration, and maintenance staff.

The senior management team was kept informed about the performance of the service with a comprehensive auditing programme which was reviewed at regular intervals and set out key performance indicators to identify trends and patterns. A home improvement plan was also in place to plan ahead for 2023 with time lines and person responsible for completion. Clinical governance meetings take place every quarter with the senior management team at group level and the person in charge to ensure oversight. The person in charge was responsible for the clinical audits. The system resulted in improvements in practice and addressed any issues identified with improvement action plans in place. Audit results were discussed at the monthly senior management meetings. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. However, following up on the compliance plan from the previous inspection, a twin room had not been reconfigured to ensure that residents could access their belongings in private.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2022 in consultation with residents. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey.

The registered provider had resourced the designated centre with an appropriate number and skill mix of staff, to support the residents' assessed needs. The centre's staffing rosters for the previous two weeks, the week of the inspection and the week following the inspection were reviewed. A minimum of one nurse was rostered both day and night. There was a sufficient number of domestic staff available across the week, and activities staff were rostered each day.

The provider had a complaints policy in place, and the complaints procedure was prominently displayed on each floor of the centre and contained the information required by the regulations.

## Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the management and oversight of the clinical systems in place, the registered provider had failed to progress the compliance plan for regulation 17: Premises, which they set out following the previous inspection. The registered



provider was not able to provide effective and appropriate care for residents due to an inadequate layout of a twin bedroom to meet the needs of residents.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display on each floor of the designated centre. The complaints policy and procedure identified the complaints officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. However, the inspector observed that the configuration of a multi-occupancy bedroom did not provide residents with adequate floor space and privacy. Further action was also required regarding individual assessment and care planning.

A sample of care plan documentation was reviewed. Residents' needs were comprehensively assessed prior to and following admission. Nursing assessments and person-centred care plans were maintained on an electronic system, and reviewed when necessary or on a four monthly basis. Resident's assessments were undertaken using a variety of validated tools. Care plans had improved from the previous inspection and were sufficiently detailed to guide staff in the provision of person-centred care and contained information to guide staff on individualised care,

residents' wishes and care needs. However, the inspector found that there were some small gaps in care plans. This is further discussed under regulation 5: Individual assessment and care planning.

Residents with communication difficulties had personalised care plans in place and staff were aware of their specialist communication needs. Assistive technology was in place for those who needed it.

The provider had an on-going maintenance programme which included painting and replacement of soft furnishings. Some areas in the centre had wear and tear and required further action. The inspector observed that the design and layout of a multi-occupancy bedroom within the centre impacted on residents' right to privacy. Some improvements to a multi-occupancy room had been made since the last inspection. For example, new privacy curtains had been installed. However, further reconfiguration was required. This is further discussed under Regulation 17: Premises, below.

Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a menu rotation with a variety of food choices each day. Menus were also available with pictures of the meals on offer to support residents with communication needs. The food choices on the menu were also available to residents with particular dietary requirements or those with a modified diet. Residents expressed satisfaction with the choice of food and they assured the inspector that it was enjoyable.

The residents' guide had been updated in 2023. It included details of all the services and facilities available in the nursing home. It also, included details of the complaints process and access to independent advocacy services.

While there were infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. This is outlined under Regulation 27: Infection control, below.

A sample of medication management charts were examined. The systems in place were safe and staff had a good knowledge of safe medication management, which was observed by the inspector during this inspection. The medication management policy was available, up-to-date and included information in relation to safe prescribing, storing, dispensing, shared medications, and administration of medicines.

## Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required for example:

- The inspector viewed the twin room 304 on the top floor and found that the configuration of the room did not have an area of 7.4 m<sup>2</sup> 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. This is a repeat finding from the previous inspection.
- The wall in the kitchenette had paint peeling off.
- A sluice room had stains from the ceiling to wall which required repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints and visiting and independent advocacy services.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy and procedure in place which met the criteria of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example:

- A raised toilet seat was observed to be visibly dirty. When the toilet seat was moved the toilet underneath it was also visibly dirty.
- A shower room had a dirty cloth mat in it. This posed a risk of potential cross-infection as it would have been difficult to clean. Also, the daily cleaning logs were also not completed in the previous days.
- Basins and bedpans that had been cleaned and were still visibly stained. Furthermore, the drying racks which these were placed were rusted which would prevent appropriate cleaning of these.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspector observed good medication administration practices. A sample of medication administration charts were reviewed and these were comprehensive. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Individual assessments and care plans were in place for all residents. However, care plans were not always revised following assessment of changes in the residents' condition, which could lead to confusion. For example, one residents assessment stated they had a level 6 soft diet, however, their care plan stated they had a

normal diet. The relevant care plan had not been updated to reflect residents' current condition.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for Glengara Park Nursing Home OSV-000044

Inspection ID: MON-0033240

Date of inspection: 20/10/2023

## 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	Substantially 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>• A review of twin room 304 has been completed by the DON and Registered Provider. The Nursing Home has engaged with an interior designer company who specialize in nursing home layout and comply with all regulations. The room will be reconfigured to ensure that residents can access their belongings in private by 22nd December 2023</li> </ul>	
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"> <li>• A review of twin room 304 has been completed by the DON and Registered Provider. The Nursing Home has engaged with an interior designer company who specialize in nursing home layout and comply with all regulations. The room will be reconfigured to ensure that residents can access their belongings in private by 22nd December 2023</li> <li>• The wall in the kitchenette has been painted. Complete</li> <li>• The sluice room wall has been repaired and painted. Complete</li> </ul>	
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"> <li>• The drying racks were ordered on the day of inspection and been installed.</li> <li>• The cloth mat in shower room was removed. Complete</li> <li>• The flooring in shower room has been replaced. Complete</li> <li>• All cleaning daily logs are in place and will be checked weekly by Operations Manager and / or Director of Nursing</li> </ul>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<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"> <li>• All care plans must be completed within 48 hours of admission. The DON, CNM will then check to ensure these are completed. The Group Quality and Clinical Practice Lead will check on a monthly basis as part of the KPI's that this is completed. Complete</li> <li>• The particular care plan was updated on the day of inspection. A review on all the nutrition care plan has been completed for all the residents. The current IDDSI level needs are now reflected and updated as the needs of the residents change. Separate to this there is an IDDSI order sheet with the up-to-date information on each resident and this is given to the kitchen each day. Complete</li> </ul>	

## 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	22/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	22/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	17/11/2023

	associated infections published by the Authority are implemented by staff.			
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	17/11/2023