



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

Issued by the Chief Inspector

Name of designated centre:	St. Gladys Nursing Home
Name of provider:	St. Gladys Nursing Home
Address of centre:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	16 November 2023
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0041962

About the designated centre

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

St. Glady's Nursing Home is located in a suburb of Dublin and close to local shops, bus routes and social amenities such as parks. It is a period building which has been developed to each side of the original building. It is registered to provide care for up to 50 residents. There are 22 single rooms, and 14 sharing rooms. Some of the bedrooms are en-suite and there are accessible bathrooms and toilets throughout the centre. The centre provides care of the elderly, but can also support residents under retirement age. The service is provided to residents with low, medium, high and maximum dependency. They focus on meeting residents needs in relation to care of the elderly, Alzheimer's, dementia or psychiatric needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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 16 November 2023	10:00hrs to 18:00hrs	Noel Sheehan	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, residents were content with the care and services that they received within St. Gladys Nursing Home. Residents spoken with told the inspector that staff were lovely and that they were treated very well in the designated centre. Improvements to the premises were needed to ensure access to residents choice of sitting and dining space and provision of adequate storage.

Since the previous inspection improvements had been made to the provision of adequate wardrobe accommodation to allow for residents to access their clothing while in their personal space taking into account the room layout and curtain placement. The inspector saw that residents were supported to personalise their rooms with pictures photographs and personal items. There was adequate storage in the residents' rooms for the storage of their clothes and belongings and a lockable unit was available for all residents who wished to use one.

The building comprised of two storeys with five separate wings referred to as Mount Argus, Kimmage Lower, Kimmage Upper, Harolds Cross Lower and Harolds Cross Upper. Access to each floor was by stairs or lift. The ground floor comprised three day rooms and a dining room. Staff changing facilities were located within cabins external to the building. Resident bedrooms were set out across both floors. Residents were accommodated within single and twin bedrooms, with shared bathroom or en-suite facilities.

Residents and family members who spoke with the inspector said that they were happy with the cleanliness of the bedrooms and the communal areas. Visitors were very complimentary of the staff and their attention to personalised details when caring for their loved ones such as helping them choose suitable clothing and accessories, in line with the residents personal preferences.

The inspector witnessed both good and poor dining experience in the centre. The inspector observed that limitations in the dining space meant that lunch could not be served to all residents in the main dining room in one sitting. In the dining rooms, nine residents were seen to enjoy their meal with a nice social experience with appropriate staff supervision. On the contrary, in the living room areas, the majority of residents were seen to eat at mobile bedside tables. Overall, lunch was not a sociable or pleasant dining experience for those residents. Other residents remained in their room for meals. Following the previous inspection to manage the limited available dining space, the registered provider had introduced two lunch sittings being offered to residents in line with their own preference. However, the centre reverted to one sitting in late April/early May 2023. The inspector observed that the main dining room was also used by staff for meal breaks throughout the day.

The inspector observed that the food served to residents looked and smelled appetising. Each meal was prepared in the on site kitchen and brought directly to

the residents so it remained hot. Many residents told the inspectors that the food was of good quality and that they had access to choices at mealtimes. They said that they liked the food and that there was always plenty of food available. The inspector observed that residents were offered hot and cold drinks and snacks during the day. Staff were seen to discreetly assist residents who required assistance with eating and drinking.

Residents were observed to be receiving visitors with no restrictions throughout the day and those spoken with said they thoroughly enjoyed having people coming in to see them. Some visits were observed to take place in residents' bedrooms. The inspector also saw and spoke to a number of visitors in the communal spaces. The main day room was occupied throughout the day by up to 17 residents, while the Kimmage Lower and Harolds Cross Lower day rooms were each occupied by up to 10 residents throughout the day. The majority of residents were noted to spend the day in the day rooms while nine residents used the dining room at meal times. Residents' had access to an enclosed garden that was spacious and well-maintained. The inspector observed that under floor heating system was in place and the building was pleasantly warm throughout the day .

All residents all who spoke with the inspector said the staff were kind and supportive. There were training opportunities for staff to ensure their practice was up to date. All staff had completed fire safety training and safeguarding older people.

The inspector saw evidence of resident meetings that included discussions about food options, and information from the residents satisfaction survey was was discussed at staff meetings..

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in place, with management systems to promote the delivery of quality care to residents. Residents who spoke with the inspector told the inspector that they were happy living there and that they felt safe. However, this inspection identified that the registered provider had failed to progress all required actions from the previous inspection in respect to the premises, residents rights and fire safety. This inspection identified further areas that needed to be addressed by the registered provider and improvements that were required in the management systems for the effective oversight of premises, residents' rights, and completion of the compliance plan from the previous inspection in February 2023. Further non-compliance in relation to staffing was also found on this inspection. This is set out under Regulation 15

below.

This was an unannounced inspection to monitor compliance with regulations and to review the information submitted by the provider in respect of representation made regarding the application to renew the registration of the centre. The compliance plans from the previous inspection carried out in February 2023 were followed up. The majority of issues had been addressed, however, action was still required under the regulations specific to the premises, residents rights, and fire precautions to ensure a safe and effective service was provided to residents. Additionally on this inspection issues were identified regarding the provision of adequate staffing.

Following the inspection, of 07 February 2023, the Chief Inspector proposed the attachment of a condition for the registration renewal of the designated centre. This condition of registration was aimed at improving the quality of life for residents, particularly with regard to the provision of adequate communal and dining space. The registered provider is currently appealing the Chief inspectors decision to the District Court.

The registered provider had not ensured that the service provided met the needs of the residents living there in terms of the provision of adequate sitting and recreational space other than residents' private accommodation and the provision of sufficient storage space. Although some improvements, namely the refurbishment of some bedrooms and work to the call bell system, had been completed, the provider had not adequately addressed previously identified regulatory non-compliance's, nor had it taken a proactive approach to ensure that the designated centre was fit for purpose. For example, senior managers told the inspector and records reviewed confirmed that two lunch sittings had been trialed and had been discontinued without any other alternatives being explored. A review of minutes of residents meetings noted that there were challenges with having one dining space for both resident and staff meals. The limitations of the communal space available to residents were acknowledged by both staff and management. The registered provider stated that they were working on plans to address these deficits by extending the building to the side and said that they were committed to addressing it.

The registered provider had not ensured that the overall communal space available to residents in the centre was appropriate in terms of delivering a satisfactory social experience. While good examples of person-centred care were in evidence where staff were seen to provide assistance to individual residents that considered personal preferences appropriately, the inspector observed the limitations of the available communal space in relation to daily routines generally reflected in a poor experience for some residents.

The registered provider had committed to reconfiguring a multi-occupancy bedroom following the inspection in February 2023 and the inspector saw that the occupancy of this room was reduced. Wardrobes were also available within residents' private spaces. The inspector found that works that had been completed were to a good standard.

The registered provider for St Gladys Nursing Home is Willoway Nursing Home Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. On the day of inspection the person in charge was supported by a team of nurses, healthcare assistants, activities, housekeeping, catering, and maintenance staff. There were clear lines of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The quality, finance, administration and human resources functions were provided to the centre through the wider Grace Healthcare team. Arrangements were in place for a clinical nurse manager to deputise in the absence of the person in charge.

Overall, staffing levels were not fully in line with those described in the statement of purpose which resulted in inadequate arrangements in place for back filling vacant posts and covering annual leave.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. A quality improvement plan documented actions identified and progress made to address these issues. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Clinical care was overseen by the person in charge. The electronic medical records system supported this oversight by providing a live dashboard of information relating to residents medical and social needs and planned care. It included information on issues such as pressure ulcers, the number of residents on antibiotics, on-call doctor visits, the use of restraints, resident falls, weight loss and other relevant information.

An updated statement of purpose and floor plans submitted on 09 May 2023, accurately reflected the layout of the building seen on the day of inspection. Since the previous inspection, in line with fire safety requirements, a corridor that had been previously identified as day space on the first floor was now accurately recorded as a corridor. The occupancy of Bedroom 02 located on the first floor of the old house, had been reduced to provide to facilitate safe fire evacuation.

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review. Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided.

In conclusion the findings of this inspection were that action was required on the part of the registered provider to ensure improved regulatory compliance and the provision of a satisfactory social and dining experience for residents.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed current staffing rosters and compared them against the revised Statement of Purpose and Function (SOP) currently registered against (Version 3, July 2020). The following reductions in staffing were noted:

- There was one WTE activities coordinator instead of 1.75 WTE
- There were two WTE housekeeping instead of 2.13
- There were eight nurses instead of 10 nurses (the deficits in nursing were due to resignations and statutory leave).

The consequences of the reductions in staffing included:

- The inspector was told that when one housekeeper was on annual leave the vacancy was covered by the other housekeeper working overtime and when this was not possible no alternative arrangements for the cleaning of the centre were in place as happened one day on the week of inspection.
- There was one activities coordinator on duty on the day of inspection who worked 9 to 5 Monday to Friday impacting residents access to activities. The inspector observed activities in the main day room only on the day of inspection.
- The person in charge outlined that any nursing vacancies were covered with staff working overtime or by agency in order to maintain two nurses on both day and night shifts.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was

appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, one of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the significant efforts of those working in the centre the findings of this inspection were that:

- The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, were not sufficiently robust. While the registered provider had taken action to address the fire safety issues associated with the use of corridors as communal space, they had failed to take the necessary action to address the reduction in communal space in a timely manner. As a result there was insufficient communal and dining space for the number of residents living in the nursing home.
- At the time of inspection the registered provider had failed to adhere to the time lines of their own improvement plan submitted in representation to the Chief Inspector. As found on the previous inspection in February 2023 the registered provider has failed to provide adequate sitting and recreational space other than a residents private accommodation and did not always uphold residents' rights to privacy, dignity and decision-making about their lives. The registered provider had failed to address deficits with the renovating, reconfiguring or extending of the premises to ensure residents had access to sufficient communal space.
- There was continuing non compliance related to fire safety, premises and resident rights.
- Overall, staffing levels were not fully in line with those described in the statement of purpose and there were inadequate arrangements in place for back filling vacant posts and covering annual leave.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

Since the previous inspection in February 2023, the registered provider had submitted an updated statement of purpose that now accurately reflected the facilities available to residents living in the centre under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the staffing numbers were less than those set out on the Statement of Purpose and Function the centre is currently registered against (Version 3, July 2020).

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also documented.

Judgment: Compliant

Quality and safety

The findings of this inspection are that significant improvements are required to enhance the quality of life of residents living in St. Glady's Nursing Home. The inspector identified that the challenges associated with the overall premises impacted negatively upon the rights of the residents. Improvements were required to ensure that all residents had access to communal and dining space such that they were not required to eat their meals other than sitting in an armchair with tray on a mobile bed table or in their bedrooms. The limitations of available communal space, impacted on residents choice and participation in activities. This is discussed further under Regulation 9: Residents' rights.

Similar to the findings of the previous inspection residents access to adequate sitting and recreational space other than a residents private accommodation did not always uphold residents' rights to privacy, dignity and decision-making about their lives. The premises had not been renovated, reconfigured or extended to ensure resident had access to sufficient communal space. The registered provider had failed to provide adequate communal space to use for recreation and dining. An area in the designated centre previously used as a communal area was actually a corridor space. The use of this area as communal space had been found to present difficulties in terms of fire safety in the centre. When this space were removed from the calculation of current recreation/dining space available to residents on the day of inspection, the available communal space was not sufficient for the needs of 50 residents.

Following the previous inspection and in line with options available to the registered provider under Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016, to manage the limited available dining space, the registered provider had introduced two lunch sittings being offered to residents in line with their own preference. However, the centre reverted to one sitting in late April/early May 2023. A review of minutes residents meetings noted that there were challenges with having one dining space for both resident and staff meals. The person in charge told the inspector that the trialling of two mealtime sittings did not work as residents were not happy about waiting for meals and preferred to get meals without waiting in the communal areas or their bedrooms.

On a positive note, during meal times, staff were observed to offer assistance in a respectful and appropriate manner. All staff sat beside the resident they were assisting and were noted to encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace, with minimal assistance to improve and maintain their functional capacity. Adequate time was allocated to mealtimes and residents were observed to

take as much time as they wished over their meals.

Since the previous inspection the registered provider had taken action to reconfigure the layout of some of the multi-occupancy twin rooms and now all residents were able to maintain control over their clothes. Wardrobes were adequate to store residents clothes and were located inside the residents floor space resulting in residents not having to exit their private floor space or enter another residents private space to access their clothing. A review of call bells had been undertaken and missing or damaged in residents bedrooms call bells had been replaced.

Since the previous inspection the registered provider has submitted updated floor plans and statement of purpose and function for the centre that renamed the corridor on the first floor that was previously recorded as communal space 04. On the day of inspection this space was observed as corridor area which provided an evacuation route for residents. On the day of inspection this area was storing manual handling equipment and had two sets of drawers for the storage of bed linen. Current visiting arrangements did not pose any restrictions on residents. Visiting was observed throughout the day, with visitors attending the day rooms or the residents' bedrooms.

Improvements to the fire safety infrastructure of the building since the last inspection included repair and replacement of fire doors; replacement of assembly point signage; and a call bell had been installed in the smoking shelter. Occupancy of the centre had been reduced from 51 to 50 since the last inspection with the reduction of room 02 from twin to single occupancy. However, the inspector found that a number of actions were required to ensure compliance with regulation 28 fire precautions as set out below.

The inspector reviewed a number of residents assessments and care plans. Assessments were used to develop relevant person-centred care plans and these were seen to be in place and reviewed at least four monthly, in line with the regulatory time frames. A general practitioner was available within the centre twice a week. Inspectors saw that where specialist health and social care professional services were required, relevant referrals were made in a timely manner.

Notwithstanding the findings of this inspection regarding the provision of adequate communal and dining space, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents council meeting minutes, satisfaction surveys, and from speaking with residents on the day. Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents which reflected residents interests and capabilities. However, there was only one activity staff on the day of inspection as mentioned under

Regulation 15 above.

Regulation 11: Visits

Residents had access to a private area, which was not the resident's room, to receive a visitor in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector, and residents' council minutes identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

Judgment: Compliant

Regulation 17: Premises

Similar to the findings of the previous inspection, actions were required by the registered provider to provide a premises which conform to the matters set out in Schedule 6.

- There was inadequate sitting and recreational space other than a resident's private accommodation and, insufficient dining facilities to cater for the number of residents living in the centre
- There continued to be a lack of storage in the designated centre resulting in excessive and inappropriate storage of cleaning trolleys and wheelchairs in toilets and shower rooms.
- Manual handling equipment and two sets of drawers for the storage of bed linen were noted to be stored on a corridor on the first floor.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 28: Fire precautions

Although progress was made in addressing the deficits in fire safety since the inspection in 06 February 2023, the registered provider had still not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

- Emergency lighting was not provided on an external escape route.
- There were gaps in the fire detection system for example, no fire detection in the laundry, kitchen store room, or staff toilet and an external storage shed located proximal to the centre.
- Items were found to be stored on escape corridors for example, a large cabinet and a hoist charging on first floor corridor.

These were repeat findings from the previous inspection.

- From a review of evacuation drill records, the times recorded as taken to evacuate some of the compartments within the centre were excessive. The PIC committed to working to reduce the times by more frequent practice.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes. While consultation with families and

residents on 4 monthly consultation

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents had access to sufficient communal accommodation to use for recreation and dining. For example:

- The inspector observed that the day spaces, where the majority of residents spent their days, were noisy and crowded throughout the day. Spaces were noted to be used simultaneously for watching television, resident partaking in activities and having visits from families and friends resulting in conversations being difficult at times. A sign on the door stated "main sitting room maximum occupancy 15". The person in charge told the inspector that the sign was originally put in place in response to COVID and that it has remained in place because this area can be very crowded at times. This is consistent with the observations of the inspector.
- The main sitting room acts as a thoroughfare between the reception area and the Harold's Cross wing. All kitchen traffic also goes through this area. The impact of this is that there is further activity in an already busy and crowded area.
- The small size of the centre's only dining room does not allow for all residents to be seated in the dining room at one sitting. On the day of inspection, only nine of the 50 residents living in the centre were seated in the dining room for lunch while ten residents used this area at tea time. The inspector noted that these were all independently mobile residents, or residents who required minimal assistance. Residents who required assistance with their oral intake had their meals in the sitting rooms, where they also spent the morning and afternoon. As a result, these residents spent long periods of time in one area of the centre, and did not have an appropriate dining experience.
- Residents having their meals in the main sitting areas had neither a sociable or pleasant experience. As residents were seated individually at pull away tables there was no opportunity for social engagement. Residents who ate in the living rooms at individual pull away tables did not have access to condiments. Furthermore, due to the limitations of dining space available to residents, family or friends would not be in a position to assist residents at mealtimes having regard to the presence of other residents.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Gladys Nursing Home OSV-0000686

Inspection ID: MON-0041962

Date of inspection: 16/11/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There are ongoing recruitment processes in place in the designated centre and all vacancies in the centre are currently being recruited for- this includes activities staff, housekeeping staff and nursing staff. The inspector was informed about these recruitment processes on the day of inspection. The Registered Provider is committed to ensuring that a full staffing complement is achieved in the centre, and there is ongoing management of all operational deficits as and when they occur.</p> <p>-There are clear policies in place in the centre for the management of any overtime worked by staff, and agreed processes for the use of all agency staff, utilizing only approved agencies</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>- Planning permission has been submitted for building works to be completed on the centre. The inspector was informed on the day of inspection that the application for this was underway. The intention is that the planned works will address issues highlighted in the report in relation to communal space and dining space within the centre.</p> <p>- If there is a challenge in adhering to timelines identified in improvement plans the Registered Provider will ensure that clear communication is provided to the Chief Inspector to inform them of quality improvement timeline that may need to be adjusted due to factors outside their control.</p> <p>- There are ongoing recruitment processes in place in the designated centre and all</p>	

vacancies in the centre are currently being recruited for- this includes activities staff, housekeeping staff and nursing staff. The inspector was informed about these recruitment processes on the day of inspection.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulation

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> - There are ongoing recruitment processes in place in the designated centre and all vacancies in the centre are currently being recruited for- this includes activities staff, housekeeping staff and nursing staff. The inspector was informed about these recruitment processes on the day of inspection and this is in line with the Statement of Purpose. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Planning permission is currently in process for the centre which will help address ongoing issues identified by the inspector in relation to inadequate sitting and recreational space in the centre. As previously outlined, this is in progress and the inspector was informed of it's progress on the day of inspection. The planning permission process can take an extended period of time, and once planning has been approved a contractor will be identified and further detail will be communicated to the inspector in relation to this once planning has been permitted. The decision to grant is due on 19th of March with an anticipated final grant date of 16th of April. This is subject to appeal in line with planning permission processes. - Additional storage will also be addressed in the proposed plans for the designated centre. In the interim, a full review will be undertaken of current storage facilities within the centre to ensure safe and appropriate use of existing storage within the centre. - As communicated to the Chief inspector on the 24th of July 2023 the planned works to ensure the Centre comes into compliance is the 1st of February 2025. <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulation</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The lux levels on the external escape route will be assessed in accordance with minimum requirements. This will be completed by January 31st 2024. - The fire detection system will be fully reviewed, and additional detection installed in the laundry, kitchen storeroom, staff toilet and external storage shed. This will be completed by February 28th 2024. - A full review of all storage will be conducted in the centre to ensure that storage is safe and appropriate throughout the centre. Any unnecessary equipment will be removed and there will be ongoing daily spot checks conducted by the management team within the home to ensure that no items are stored on fire escape corridors in the centre. This will be completed with ongoing review by February 14th 2024. - A fire drill programme is in place in the centre and this will be overseen by the Person in Charge on a monthly basis to ensure that the time taken to evacuate compartments is monitored and ultimately reduced. This will be implemented by January 31st with ongoing review. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - Planning permission has been submitted for building works to be completed on the centre. The inspector was informed on the day of inspection that the application for this was underway. The intention is that the planned works will address issues highlighted in the report in relation to communal space within the centre. As communicated to the Chief inspector on the 24th of July 2023 the planned works to ensure the Centre comes into compliance is the 1st of February 2025. - A satisfaction survey has been completed in the centre in relation to resident preferences for food and dining experience. The results of this will be discussed with all residents at the resident committee meetings to establish their preference for mealtimes and how these can be supported within the centre. Alternative dining arrangements will be explored again to support a pleasant dining experience for all residents. This will be completed by February 28th 2024 with ongoing review. <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulation</p>	



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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2024
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.	Not Compliant	Orange	28/02/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/03/2024

	effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Substantially Compliant	Yellow	14/02/2024

	the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/01/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	01/02/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	01/02/2025

