Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Glenaulin Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Glenaulin Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Lucan Road, Chapelizod, Dublin 20</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20 February 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000041</td>
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<tr>
<td>Fieldwork ID:</td>
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About the designated centre

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

The service provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require; long term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end of life care. The designated centre is based in a period residence built in 1903. The property has been extended and adapted to provide accommodation for 87 residents with 41 single rooms, 13 twin rooms and six multi-occupancy rooms. Accommodation is provided over three floors with a passenger lift between floors. There are disabled access toilet and bathrooms on each floor and a number of bedrooms are en-suite. Communal areas consist of spacious dining and lounge areas, a visitors room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey. There are pleasant landscaped areas in each garden which are easily accessed from the ground and lower ground floors and are well used by residents and their families in the fine weather. The centre is located close to local shops and amenities and is on a public transport route. There is parking to the front of the building.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>07/01/2021</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
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How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>20 February 2019</td>
<td>08:55hrs to 17:00hrs</td>
<td>Ann Wallace</td>
<td>Lead</td>
</tr>
<tr>
<td>20 February 2019</td>
<td>08:55hrs to 17:00hrs</td>
<td>Gearoid Harrahill</td>
<td>Support</td>
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Views of people who use the service

The inspectors spoke with a number of residents and their visitors during the inspection. Residents said that they were pleased with the care and services they received and that staff were kind and caring. Families said that they were always made welcome when they were visiting in the centre and that staff took the time to keep them up to date with information about any changes to the resident's health or well-being.

Residents said that they could trust staff and that they felt safe. They told the inspectors that if they were worried about anything that staff took the time to listen to them and that staff dealt with any complaints or concerns promptly. The inspectors noted that the person in charge and the provider representative were well known to residents and their families.

One visitor commented on the diligence of nursing and care staff in managing his relative's complex care needs especially in relation to food and nutrition and preventing any breakdown in the resident's skin integrity.

Residents said that they enjoyed their meals and that they had enough choice at mealtimes. Residents said that if they wanted something different to what was on the menu that the chef would try and accommodate them. Residents particularly enjoyed the home baked cakes and pastries that were served each day.

Overall residents said that their bedrooms were comfortable and that they had enough space to store their belongings. However some residents said that they would prefer a single room and were waiting for one to become available.

Residents and their relatives were very complimentary about the activities that were provided in the centre. They told the inspectors that there was plenty to do and that activities staff would always try and accommodate any ideas or suggestions that they may have. One visitor told the inspectors how much they had enjoyed seeing their relative joining in with the weekly musical entertainment and the armchair exercises. This resident had previously not participated in any activities due to the advanced nature of their dementia.

Capacity and capability

This is a family owned and managed centre. The provider representative had good oversight of the service and was aware of any recent incidents, complaints or concerns about individual residents. Inspectors found that care and services were
provided in line with the centre's statement of purpose and that the centre was well managed for the benefit of the residents and staff who lived and worked there.

There was a clear management structure in place. The person in charge and the assistant director of nursing had both worked in the centre for more than eight years and were well known to residents and their families. Staff and residents said that managers were available to them and that they were approachable.

There was a comprehensive quality assurance programme in place to monitor the quality and safety of care and services. Records showed that where improvements were identified that these were communicated to the relevant member of staff for implementation.

Residents and their families said that if they raised any issues or complaints that they were listened to and that the issues were dealt with promptly.

There was a well established staff team with a number of staff having worked in the centre for more than ten years. Rosters showed that there were adequate staff to meet the needs of the residents. Staff were knowledgeable and received appropriate training and updates relevant to their areas of work. However some improvements were required in relation to ongoing training as some staff were not up to date with their mandatory training requirements which is addressed under Regulation 16.

Staff were supervised and supported in their work and received regular feedback on their performance. As a result staff were clear about their role and the standards that were expected of them in their day to day work.

**Regulation 14: Persons in charge**

The person in charge (PIC) worked full time in the centre and was involved in the effective governance, operational management and administration of the designated centre.

The person in charge is a registered nurse who had worked at the designated centre since 2010. She also holds a qualification in health care management.

The person in charge was supported by the assistant director of nursing who acts up into the role when the person in charge is absent.

Judgment: Compliant
Regulation 15: Staffing

The number and skill mix of staff in the centre was appropriate for the number and the needs of the residents, taking into account the size and layout of the centre.

Rosters showed that registered nurses were available in the centre at all times.

There was a rigorous allocation process in place which helped to ensure that staff on duty were clear about their areas of work and the reporting structures in place. The allocation of work was managed by the provider representative and was reviewed regularly to reflect the changing needs of residents and their preferred daily routines. For example staff were allocated to support the activities programme or to take residents out to local shops and amenities. Where residents required extra supervision this was managed through the allocation process. As a result inspectors found that staff were clear about their work and the residents for whom they were caring and residents were supported in their activities of daily life and preferred routines.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and supervision. Records were maintained in relation to staff attendance at training sessions. Inspectors noted that some improvements were required to ensure that all staff were up to date in their mandatory training requirements in line with the designated centre's own policies and procedures.

All new staff recruited to the designated centre completed a comprehensive induction programme. Nursing staff were registered with The Nursing and Midwifery Board of Ireland (NMBI) and were supported to keep up to date with best practice guidance in line with their registration requirements. Health care assistants received ongoing in-house training and were supervised by nursing staff on the units. All staff had access to feedback on their work through the ongoing performance management systems that were in place and through annual appraisals. As a result staff were aware of what was expected of them in their roles and demonstrated accountability and responsibility for their work.

The mandatory training programme provided regular updates in key areas such as fire safety, safeguarding and moving and handling. In addition staff had access to relevant specialist training in dementia specific care and the management of responsive behaviours. As a result staff had the appropriate knowledge and skills to provide care and services for the residents. However some improvements were required to ensure that staff attended relevant mandatory training updates within
the time frames required in the centre's own policies.

Judgment: Substantially compliant

**Regulation 19: Directory of residents**

The provider maintained a directory of residents which included all information required under Schedule 3 of the regulations. This directory reflected recent admissions to the centre.

Judgment: Compliant

**Regulation 22: Insurance**

The registered provider had an active insurance policy against injury to residents and loss or damage to a resident's property. Information in relation to the insurance was available in the resident's guide.

Judgment: Compliant

**Regulation 23: Governance and management**

There were sufficient resources in place to ensure that care and services were delivered in accordance with the designated centre's statement of purpose.

There was a clearly defined management structure in the designated centre. The structure identified the lines of authority and accountability and specified roles and responsibilities for all areas of care provision. The registered provider representative worked with the person in charge and the heads of departments to ensure that the management arrangements supported all staff to deliver safe and effective care and services for the residents. They were well known to the residents in the centre.

Care and services were monitored through the centres quality assurance programme. Audits were completed in key areas such as falls, pressure sores, medications and care plans. Audit records showed that the findings were analysed and used to identify areas for improvements. This information was communicated to the relevant staff.

Incidents and complaints were recorded in line with the centre's policies and procedures and the information was used to review how the incident/complaint had occurred and what steps needed to be taken to reduce the risk of a recurrence or to
resolve the complaint issue. Incidents and complaints were reviewed by senior management team through the centre's Clinical Governance and Management committees.

Managers and staff were open to feedback from residents and their families and the inspectors noted a number of examples where resident feedback had been used to initiate changes such as new items on the menus, the decor in bedrooms and communal areas and in the activities programme.

The centre had collated the information for the 2018 annual review of the service. The inspectors reviewed a sample of the information and found that it included feedback from residents and their families.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

The inspectors reviewed a sample of resident’s contracts. Each resident had a contract agreed in writing with the provider. Contracts listed the terms of residing in the centre, the regular fees payable and the services and facilities provided. However the current contracts did not specify the occupancy of the resident’s bedroom as per the 2016 amendment to the Regulations. There was a priced list of items and services which incurred separate charges.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The statement of purpose included the information required in Schedule 1 of the regulations. The document was reviewed in November 2018.

Judgment: Compliant

**Regulation 31: Notification of incidents**

Notifications were submitted to the Office of the Chief Inspector in line with the requirements of Regulation 31. The person in charge provided the quarterly reports as set out in Schedule 4 of the regulations.
Judgment: Compliant

**Regulation 34: Complaints procedure**

There was a complaints procedure in place which was made available to residents and their families on admission. The complaints procedure stated that the person in charge was the complaints manager for the centre. The procedure was set out in an accessible format and provided the information that residents and their representatives needed in order to make a complaint.

Inspectors noted that the complaints procedure was displayed in prominent positions on each floor of the building.

The inspectors reviewed the complaints log and found that complaints were recorded and managed in line with the centre's complaints procedure. The records included the nature of the complaint and reported the steps that had been taken to investigate and resolve the issue. The record also included the complainant's level of satisfaction with how the complaint had been managed. The records showed that complaints were dealt with promptly and that the outcome was communicated to the complainant.

Residents and their families said that when they had raised a concern or complaint that this had been dealt with promptly and that they were satisfied with the outcome.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Those policies required under Schedule 5 of the regulations were available in the designated centre. The inspectors reviewed a sample of Schedule 5 policies and found that they had been regularly updated. As a result policies reflected best practice guidance in key areas such as safeguarding vulnerable adults and children and in moving towards a restraint free environment.

Policies were made available to staff through induction and ongoing mandatory training programmes. Records showed that when policies were updated staff were informed through staff meetings. In addition staff had access to the revised policy through the designated centre's intranet.

As a result Staff were familiar with the policies and procedures relevant to their area of work and were clear about their roles and responsibilities in relation to key policy areas such as infection control, safeguarding residents and managing responsive
behaviours.

Judgment: Compliant

Quality and safety

Inspectors found that care and services were person centred and that the residents' rights, dignity and privacy were maintained at all times. Some improvements were required in relation to care planning and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Overall residents said that they were comfortable in the centre and that the premises met their needs. Inspectors found that some improvements were required in relation to the number of residents in compartmentalised fire areas and to the current evacuation procedure for these areas.

The centre was clean and well ventilated. Communal lounge and dining areas were comfortably furnished and were bright. There was also a large activities room on the ground floor where activities staff provided group activities and where entertainments were held.

Residents were encouraged to personalise their bedrooms with photographs, decorations and furniture. As a result, bedrooms were quite individualised. Adequate wardrobes and storage cupboards were available and residents had access to lockable storage space. There was an appropriate amount of assistance equipment with designated spaces to store it away safely.

There were pleasant dining rooms in the centre and inspectors observed a comfortable and positive dining experience for residents. There was enough staff to assist residents who required it, and residents’ choice and independence at mealtimes was facilitated and encouraged. Residents said they enjoyed the food on offer had plenty to eat whenever they wished.

The provider had a process for resident pre-admission assessments which was comprehensive and helped to ensure that the centre was able to meet the needs of potential residents. Further assessments were carried out when the resident was admitted to the centre which allowed care plans to be developed. These care plans were person-centred, highlighted residents’ choice and preferences and the level of support required for personal care, and had been created and reviewed in consultation with the resident and their family. Some improvements were required to ensure that care plan reviews were recorded and dated clearly, and to ensure that daily records of individual resident's dietary and fluid intake were maintained in line with the centre's procedures. Residents had good access to their general practitioner and specialist services when required.
Residents who spoke with the inspectors said that they felt safe living in the centre. Inspectors found that there were appropriate measures were in place to investigate any concerns and to protect residents from abuse.

Residents’ dignity and privacy was respected by staff at all times. Inspectors found that residents were offered choices in their daily routines, and in the care and services that they were offered. Where a resident refused a particular care service or activity this was respected by staff. Records showed that residents were able to exercise their civil rights and access religious practices in line with their beliefs and preferences.

Residents feedback and suggestions regarding the service provided were actively sought through regular contact with staff and managers and through the resident's meetings. Records showed that where suggestions and issues were raised these were acted on by the provider.

**Regulation 17: Premises**

The premises were appropriate to the number and needs of the residents and were set out in line with the statement of purpose prepared under Regulation 3. However some improvements were required in the daily checks of fire safety doors in the centre. This is addressed under Regulation 28.

The bedroom accommodation was comprised of single, double and triple occupancy bedrooms across three floors. Bedrooms were suitable in size and layout for the number and needs of residents, and could be personalised based on the residents' wishes with photographs, decorations and furniture from home. Shared bedrooms had privacy curtains which could be closed around one person's bed space without restricting the use or access of the room for other residents occupying the room. There was adequate storage and wardrobe space available for residents' clothing and belongings.

The centre was laid out so that residents could mobilise safely either by themselves or with the supervision of staff. Handrails lined the corridors and the building was free of major trip hazards. Pictorial signage and use of contrasting colours was in use to aid orientation. In one section of the building with a short set of steps, a platform lift was available. There was a passenger lift servicing all three floors.

Inspectors found that there was an appropriate range of assistance equipment to support residents in their activities of daily living. Equipment included hoists, specialist beds and mattresses, wheelchairs and specialist comfort chairs which had been assessed by the occupational therapist. There were designated storage spaces which allowed the equipment to be stored safely when not in use.

There were adequate communal areas and these were well used by the residents on the day of the inspection. Communal areas included spacious lounge and dining areas some of which led out into pleasant, secure courtyards and gardens. As a
result the outside garden areas were accessible to residents and their visitors.

Rooms with hazards such as utility and storage rooms were locked securely and staff were aware of their responsibility to keep these doors locked. The provider had recently revised the security of doors on the lower ground floor to enable residents to mobilise between the units without restrictions,

The centre was well lit, heated and ventilated. There were established maintenance processes in place which included an annual programme of routine maintenance and redecoration. As a result the centre was well presented and provided a safe and pleasant space for the residents and the staff who lived and worked there.

Inspectors noted that the centre was clean and tidy. Residents and families expressed high levels of satisfaction with the housekeeping services in the centre.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Inspectors found that each resident had access to a safe supply of fresh drinking water and was provided with adequate quantities of food and drink to meet their dietary requirements. Some improvements were required in relation to the daily records of each resident’s fluid and dietary intake. This is addressed under Regulation 5.

Each resident had a care plan which recorded their dietary requirements, allergies and preferences. Nutritional care plans were kept under review. Residents were offered choice in the meals and there was sufficient staff at all times to ensure that residents ate at their own pace whether independent or requiring assistance. Residents who required them had specialised cutlery and plate guards to assist them to eat independently. Food was served hot and promptly, and residents spoke positively of the meal quality and choice. Menus were clearly on display in the dining area.

Judgment: Compliant

**Regulation 28: Fire precautions**

Overall the inspectors found that the provider took adequate precautions against the risk of fire. However the following areas were identified as requiring review by the provider to ensure the arrangements in the centre were in line with relevant standards:

- There were 24 residents accommodated in one fire protected compartment.
13 of those residents, some of whom were identified as being highly dependent, were in an area where there was only one exit available. Procedure for progressive evacuation Availability of equipment for moving residents, especially if a evacuation progressed to a second compartment.

In addition improvements were required in the routine visual checks of fire doors as inspectors found that one fire door did not have an effective fire seal in place. Improvements were also required to ensure that staff attended fire safety training within the timescales required in the designated centre's fire safety policy.

Staff on the units were knowledgeable about the evacuation procedures and were able to demonstrate to the inspectors how residents would be assisted to evacuate safely away from a fire hazard using horizontal evacuation procedures to reach a place of safety. Staff were familiar with each resident's personal emergency plan and could confirm to the inspectors what type of assistance and equipment the resident required for a safe evacuation. Staff had participated in regular fire drills. Records of these practice drills included a report of the practical exercise, what staff were involved, the time taken and notes for where improvements were required.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The provider had appropriate pre-admission arrangements in place to ensure that the designated centre was suitable for a resident and that their needs could be met.

Each resident received a pre-admission assessment prior to their admission to the centre. This assessment was carried out by the person in charge or the assistant director of nursing in the resident's home or in the hospital/care facility from which they were awaiting transfer. The assessment was comprehensive and helped to ensure that the centre was able to meet the resident's needs. Following the pre-admission assessment nursing staff were able to organise a suitable room and any additional equipment that the resident might require following admission.

When the resident was admitted to the designated centre nursing staff carried out a further assessment of their current needs, preferences for care and daily routines and any potential problems such as a risk of falls or poor skin condition. Using this information nursing staff worked with the resident and their family to develop a care plan. Records showed that in addition each resident was assessed by the physiotherapist within their first few days at the centre to ensure that their care plan identified any mobility risks and promoted the resident's independence.

The inspectors reviewed a sample of care plans and found that they were comprehensive and reflected the individual resident's current needs and preferences.
for care and daily routines. The records included information such as if the resident preferred a male or female carer, what time they liked to get up/retire to bed and what level of support they needed in daily living activities such as personal hygiene and getting dressed. In addition care plans recorded the resident's self-care abilities and detailed how staff should support the resident to maintain these skills where possible. As a result the inspectors found that the care plans supported person centred care in line with the centre's statement of purpose.

Care plans were reviewed every four months or if the resident's needs changed. Some improvements were required to ensure that care plan reviews were recorded and dated clearly so that staff were clear if any changes had been made to the plan of care and when the revised care plan commenced. In addition improvements were required in the recording of daily care records in relation to fluid and dietary intake for individual residents. These records were not consistently maintained in line with the centre's procedures. As a result it was not always clear from the records whether the resident had sufficient fluids and diet taken in line with their care plan.

Care plan reviews were discussed with the resident and or their family and families told the inspectors that they were kept well informed if there were any changes to a resident's health or well being.

Judgment: Substantially Compliant

**Regulation 6: Health care**

The inspectors found that residents had access to medical services when needed and that they received a high standard of evidence based nursing care.

Each resident had a General practitioner (GP) who they saw regularly. If a resident wished to retain their community GP following admission this could be organised with the GP's consent. Records showed that in addition to GP services resident's had access to specialist medical practitioners such as Psychiatry of Later Life (POLL) and consultant in Gerontology.

Residents also had access to specialist services allied to medicine such as physiotherapy, occupational therapy, speech and language therapy and dietitian. Records showed that referrals were made to specialist services appropriately and where a specialist recommended a course of treatment this was implemented by nursing and care staff.

Judgment: Compliant
## Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint free environment in line with national guidance. However improvements were required as the number of bed rails in use had not reduced since the last inspection. In addition the records of alternatives that had been trialled did not provide sufficient details about why the trial had not been successful.

There were comprehensive policies in place for The Use of Restraints and for The Management of Responsive Behaviours. Both policies had been updated within the last twelve months and incorporated national best practice guidance.

All staff working in the centre had access to training in relation to managing and responding to responsive behaviours. Care plans were in place that recorded the potential triggers for responsive behaviours. The training was appropriate to their role and area of work. Inspectors observed that nursing and care staff demonstrated a range of skills and techniques to support residents who became agitated or who displayed responsive behaviours. Staff interactions with these residents were respectful, calm and empathetic. As a result the resident was reassured and guided towards another activity or discussion that de-escalated the behaviour whilst maintaining their dignity and well-being.

Since the previous inspection the centre had reorganised the door locks on the lower ground floor to enable residents with high levels of cognitive impairment to mobilise without restrictions between the two units located on this floor. This had helped to reduce the incidence of responsive behaviours on the units. During the inspection the inspectors observed a number of residents mobilising around these units either independently or with the help of staff. Residents were calm and often stopped to look at the paintings and information around the walls or sat in the lounge areas overlooking the gardens enjoying the views and the change of outlook.

The centre had a low incidence of as required (PRN) psychotropic medications. The Use of restraints policy gave clear guidance that all alternatives had to be tried before a PRN medication was given.

**Judgment:** Substantially compliant

## Regulation 8: Protection

There were appropriate measures in place to protect residents from abuse and to investigate any incident or allegation of abuse.

The centre had a comprehensive policy in relation to safeguarding residents and protecting older people from abuse. Staff received training in this area during their induction and through regular updates as part of their mandatory training.
programme. As a result staff were clear about the signs that abuse might have occurred and their roles and responsibilities to keep residents safe. Staff knew how to report a concern or allegation of abuse and told the inspectors that there was an open culture in the centre so that if they had any concerns about abuse they would be able to approach nursing staff or managers.

Residents said that they felt safe in the centre. Inspectors noted that resident and staff interactions were marked by genuine respect and empathy. Those residents with higher levels of cognitive impairment appeared content and did not show any signs of concern when they were interacting with staff.

Inspectors reviewed a sample of records in relation to resident's finances and found that there were clear procedures in place to ensure that residents' personal finances were protected.

Judgment: Compliant

**Regulation 9: Residents' rights**

Inspectors found that staff and managers worked to ensure that individual residents' rights dignity and privacy were upheld in care and services. Care was person centred and staff were knowledgeable about individual residents and their needs and preferences for care and daily routines.

Staff and resident interactions were marked by genuine respect and empathy. Staff were clear about each resident's communication needs and how best to provide support and reassurance when required. Staff were respectful of the resident's privacy when discussing their care and services with the inspectors. Inspectors observed that managers and staff always knocked before they entered a resident's bedroom.

Residents were facilitated to participate in the running of the designated centre through regular feedback and suggestions at meetings. For each issue or point raised by residents, the provider developed an action plan to address them, including these actions in the record of the meeting.

Residents were registered to vote and facilitated to do so in the centre if they wished. Regular mass was held in the centre, and residents of different denominations were facilitated to exercise their religious rights.

There was a comprehensive programme of activities in the centre which helped to ensure that residents had opportunities to participate in activities and recreation in accordance with their interests and capacities. On admission information was sought from the resident or their family about the residents life history and about their ability and preference in relation to hobbies and interests they enjoyed before their admission. This information was used to develop an activities plan for the resident in line with their capacity and their preferences. The activities programme was
managed by a dedicated activities coordinator who had specialist training in relation to the provision of activities and entertainment for this client group. Activities staff were available in the centre seven days of the week. Inspectors noted that this was a particular strength of the service.

| Judgment: 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
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<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
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<td>Regulation 34: Complaints procedure</td>
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<td><strong>Capacity and capability</strong></td>
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<td>Regulation 17: Premises</td>
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<td>Regulation 18: Food and nutrition</td>
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<td>Regulation 28: Fire precautions</td>
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<td>Regulation 5: Individual assessment and care plan</td>
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<td>Regulation 6: Health care</td>
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<td><strong>Quality and safety</strong></td>
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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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Training and staff development:

All our staff are registered for on line theoretical training on our education and training academy. This training is monitored and staff are advised when training is due for renewal.

Since the inspection practical fire training with our external fire training company was scheduled and all outstanding members of staff have completed (22/3/2109) their practical and theoretical fire training.

We have reviewed the notification and alerting system for training that is approaching expiration and a more robust and regular system is now in place.

| Regulation 24: Contract for the provision of services  | Substantially Compliant   |

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contract for the provision of services:

We are currently reviewing and updating our contracts of care to specify and reflect any resident’s room occupancy change whilst in our care, as per the 2016 amendment to the
Regulation 28: Fire precautions | Not Compliant
---|---
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire precautions:

A follow up letter from the authority in relation to this regulation was received by the centre on 13/3/2019.

A substantial reply to this letter was submitted on 25/3/2019 to the authority and the relevant inspector of Estates and Fire Safety. A follow up report by the centres specialist fire engineering company is currently been compiled for submission to the authority.

Regulation 5: Individual assessment and care plan | Substantially Compliant
---|---
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Individual assessment and care plan:

After reviewing care plans templates, all steps of interventions will be updated and saved to reflect the changes made or otherwise. As a result the care plan review date will be noted. Any steps that are not applicable to the care plan will be deleted. This has been communicated to all staff nurses 29/3/2019. All care plans will be reviewed within the next 4 months to reflect this change.

We are reviewing our current procedures with Nursing and Care Staff with regard to completing and improving the recording of daily care records in relation to fluid and dietary intake for individual residents. 22/4/2019

Regulation 7: Managing behaviour that is challenging | Substantially Compliant
---|---
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Managing behaviour that is challenging:

All residents are assessed using Glenaulin Nursing Home restraint assessment tool for the safe use of bedrails.
We work continuously to reduce the number of bedrails in use and we welcome the new Health information and Quality Authority’s “Guidance on promoting a care environment that is free from restrictive practice”. We will include as part of our training the importance of recording and documenting the feedback from the trials of alternatives and why in some cases they have been unsuccessful.

We will use this information in assisting us to reduce our bedrails and inform our assessments and care plans.

We will be training our Nursing and Care Staff within the next 3 months on the new Health information and Quality Authority’s “Guidance on promoting a care environment that is free from restrictive practice”

We will complete our Restrictive Practice Thematic Self-Assessment Questionnaire within the next month.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/03/2019</td>
</tr>
<tr>
<td>Regulation 24(1)</td>
<td>The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/05/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(b)</td>
<td>The registered provider shall provide adequate means of escape,</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/05/2019</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2019</td>
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