<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Glendonagh Residential Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000229</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dungourney, Midleton, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 466 8327</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@glendonaghnursinghome.ie">info@glendonaghnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Glendonagh Residential Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>41</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 February 2018 10:30
To: 16 February 2018 18:45

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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</table>

Summary of findings from this inspection

This inspection of Glendonagh Residential Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. The report sets out the findings of a thematic inspection which focused specifically on dementia care. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was circulated to providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this prior to the inspection. There were 41 residents in the centre at the time of inspection with one vacancy. Staff had created an environment in the centre which promoted wellbeing and autonomy for all residents. There was a dementia specific unit for a number of residents who were seen to be well cared for in a suitable and stimulating environment. The person in
charge informed the inspector that staff were committed to providing high quality care for residents with dementia who lived there and she said that practice was regularly reviewed to ensure that best practice was being adhered to. Residents said that they enjoyed living in the centre, they said that they felt safe due to their relationship with staff and they were positive about all aspects of their care.

During the inspection the inspector met with residents, relatives, the person in charge, and a number of staff from all roles. The inspector observed practices and reviewed documentation such as care plans, allied health care records, policies and the activity programme. A sample of staff files and residents' files were checked for relevant documentation. The inspector found the premises, fittings and equipment were of a very high standard. The centre was seen to be very clean and well maintained. Bedrooms were designed to afford residents sufficient space and most had views of the gardens which were nicely landscaped. There was sufficient communal rooms to afford residents a choice of where to sit during the day and in addition there was an oratory and a visitors' room in the centre.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. These findings were set out in the action plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A personalised assessment of residents’ health and social care needs was undertaken prior to admission. The person in charge informed the inspector that this assessment was undertaken to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. Care plans included a personal profile of each resident and residents and relatives, where appropriate, were involved in reviewing the care plans. The plans were revised following four monthly reviews. The sample of care plans seen by the inspector was individualised and was seen to be implemented in practice. End of life care plans were being developed with residents and staff were to receive suitable training in this aspect of care.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. Documentation seen indicated that residents' medicine was reviewed by the GP every three months. The aim of the review was to change or reduce medicine where necessary. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by the pharmacist was accessed for staff and residents. The pharmacist carried out an audit in the centre regularly. The inspector found however that there were some gaps in the signatures for the administration of medicines. The person in charge said that this was the subject of audit and she would continue to monitor this.

A sample of care plans of residents' who had been diagnosed with dementia were reviewed by the inspector. Specialist services and allied health care services such as physiotherapy, psychotherapy, occupational therapy, palliative care, dental and dietician services were seen to be availed of. The chiropodist attended on a two-monthly basis. Records were seen which confirmed referrals to members of the allied health care team. Care plans were developed as a result of these reviews and these were informative. Clinical assessments such as skin integrity, cognitive, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was used to assess the risk of malnutrition. Residents' weight was recorded monthly. There was good communication between the speech and language therapist (SALT) and kitchen staff in relation to residents who required modified diets. The inspector spoke
with the kitchen staff who was found to be familiar with residents' nutrition needs and special diets.

In the dementia specific unit staff explained that residents would be facilitated to go to the main sitting room for music sessions and other events. There were opportunities for residents to participate in a number of activities. These were discussed in more detail under Outcome 3. Residents with a cognitive impairment were supported to enjoy pet therapy, music sessions, baking, card games and wheelchair access to the garden and the oratory. Residents who enjoyed keeping up-to-date with current affairs were able to enjoy quite reading space and access to radio and television. There was a spacious well equipped hairdressing salon on the premises which residents enjoyed attending. Staff were seen to interact well with residents and relatives and a good rapport had been established according to relatives, residents and staff spoken with.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The policy on the prevention of elder abuse was seen to reference best evidence based practice. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed or received an allegation of abuse. Training records confirmed that most staff had received training on recognising and responding to elder abuse. However two staff had yet to receive training in the centre and a number of staff were due refresher training. This was scheduled according to records seen. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful.

There was an up-to-date policy in the centre to support staff in interventions for residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). Individualised care plans on behaviour issues were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate anxiety. A number of staff members spoken with confirmed that training had been provided to them in how to support residents with BPSD, particularly the staff working in the dementia unit. However, a review of records indicated that a number of staff had yet to receive this training which was a mandatory requirement of the regulations. This training was seen to have been scheduled.

Bedrails were checked regularly when in use for residents. There was evidence that
consent of the resident or a representative had been signed for bedrail use and there was multidisciplinary involvement in decision making. Bedrail use was regularly reviewed with the aim of creating a restraint free environment. The inspector observed that residents had the use of low-low beds and for some residents alarm mats were provided to alert staff should a resident at risk of falls require help to mobilise.

The inspector spoke with the administration manager and found that residents' finances were managed carefully in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Not all receipts were itemised however, for example for toiletries. The administrator stated that this practice would be revised in the interest of transparency.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge informed the inspector that there were opportunities for all residents to participate in activities that suited their assessed needs and interests. The minutes of residents' meetings were reviewed and concerns or requests were addressed. Resident surveys were carried out and residents were seen to be consulted at meal times as regards the choices available. Most residents were seen to have access to the gardens, the sitting rooms, the dining room and oratory. The inspector observed that residents who were accommodated in the dementia specific unit were accompanied by a family or staff member when leaving the unit, for safety reasons. Staff said that in the warmer months residents could go outside to the garden when they wished.

Residents' requests and choices were prioritised when planning activities and excursions. There were photographs on display which had been taken at events both inside and outside the centre. Visiting time was unrestricted and there were a number of sitting areas where residents could meet visitors in private. The dining room was used for afternoon tea and this room was seen to be accessible all day for residents. Residents were provided with snacks and tea as they required, throughout the day. The weekly activity schedule included baking, quiz, dominoes, chair based activities, music sessions, board games, arts and crafts, gardening, newspaper reading/discussion and prayer group. There were a group of staff engaged in the facilitation of activities and one staff member co-ordinated the activities to provide choice and variety.

Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Documentation to this effect was seen in residents' care plans. Relaxation and aromatherapy sessions
were held in the hairdressing salon. Outings were planned and these proved very popular according to residents. Life stories were available in each resident's care plan and this documentation included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in sitting room areas and in the dementia specific unit. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were positive and meaningful. Staff members interacted with residents in a calm and relaxed manner. Residents were referred to by name and there was meaningful conversation and laughter between staff and residents. During the exercise session residents were encouraged to respond according to their abilities and capacity. The activity was designed to encourage and facilitate successful responses. Residents were seen enjoying a music/singing session also. They were heard responding and singing along to familiar songs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Two other observation periods were undertaken throughout the day. Staff were seen to facilitate residents to help with cleaning tables, to support residents who required help to eat their meals and to speak to each resident individually before any support was offered. Residents who had dementia were seen be helped to maintain independence at meal times and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room. There was a calm and happy atmosphere in the room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents and staff throughout the period of observation. The inspector found that the majority of interactions in the dementia specific unit during the 30 minutes observation periods involved positive connective care.

Notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. The inspector saw minutes of residents' meeting where the advocacy group and HIQA were discussed and explained. Overall, the inspector found there were systems in place to support residents with dementia and their representatives to participate in their care planning and live fulfilled lives in the centre.

Judgment:
Compliant

Outcome 04: Complaints procedures
**Theme:** Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector viewed the policy and procedure for making, investigating and handling complaints. The process was displayed at the entrance to the centre. The contact details of an independent appeals person were available on the complaints process and contact details for the ombudsman were also available.

A review of the complaints log indicated that complaints were responded to promptly. Actions taken following complaints were documented. Details of these complaints and actions had been entered in the complaints book. The satisfaction or not of each complainant was recorded.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:** Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge informed inspectors of the number of staff on duty during the day and night shifts, including their role and responsibilities. The staff rota on the day of inspection confirmed this. Staff stated that they felt there were adequate numbers of staff available to meet the health and social care needs of residents.

Most staff had mandatory training as required by the Regulations. Appropriate training such as manual handling, infection control and dysphagia (difficulty in swallowing) training was also provided. However, a number of staff had yet to receive training in understanding the behaviour and psychological symptoms of dementia (BPSD), end of life care and refresher training in safeguarding and safety.

The inspector reviewed a sample of staff files and found that records were well maintained. Files were found to have the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually.
**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The centre was located near the village of Dungourney in east Cork. It was set on well maintained, extensive grounds. It was registered to care for the needs of 42 older adults. The grounds provided opportunities for walks and there were also two accessible patio areas within the care complex which were planted with colourful plants and shrubs.

All bedrooms were en-suite and were equipped with TVs, radio and telephone facilities. There were health, social and leisure facilities available in the centre including beauty salon, library area and an oratory. There were two visitors' rooms available and these were seen to be used during the inspection. There were eight en-suite double bedrooms in the centre, 21 single en-suite bedrooms and one three-bedded en-suite room. Rooms were personalised with photographs and personal items. There were separate units for groups of residents who could all share a communal sitting room if they choose to do so. This encouraged socialisation. Upstairs bedrooms were accessed by lift. This was an older section of the building where not all rooms had en-suite shower facilities. There was one large shower room which was shared by six residents. The inspector observed that there was an assisted bath available for residents. The person in charge explained that there were plans underway to extend the bathroom, shower and toilet provision in the centre, providing a bath downstairs also. The provider was seen to be liaising with suitably qualified personnel in relation to this plan during the inspection. Linen and store cupboards were plentiful and sluice rooms were noted to be clean and well maintained. Sanitiser gels and hand washing facilities were accessible throughout the centre. Notice boards displayed information on complaints, advocacy, activities, menus and local events.

The centre had a dementia specific unit which was equipped with a self contained kitchen, dining room, sitting room and enclosed garden area. This unit was home to nine residents at the time of inspection. Doors within the dementia unit were designed to look like front doors. Suitable easily legible signage had been installed. Residents' photographs and individual pictures were framed next to their bedrooms. This aided orientated and also provided a personalised secure peaceful setting if a resident wished to spend separate time watching TV or resting. A secure garden area had been carefully planted to provide sensory stimulation and there was adequate outdoor seating and pathways for residents' use. The unit was decorated in a homely manner and the
The inspector found that it had been equipped with lovely soft furnishings and stylish décor. There were eight bedrooms in this section, two of which were double occupancy. All residents had en-suite bedrooms and there were sufficient communal rooms available for residents to sit in privacy, if they required.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: Glendonagh Residential Home
Centre ID: OSV-0000229
Date of inspection: 16/02/2018
Date of response: 26/03/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that a nurse signs the medicine administration chart on administering a medicine, as required under An Bord Altranais Guidelines for Nurses.

1. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
- All Nurses are made aware of the importance of a clear, accurate record of all medicines administered and are signed for by nurse administering with a legible signature.
- All Nurses have an up to date medication management course done which is updated every two years or more often if necessary.
- Medication policy has been updated in January 2018 and all nurses have been advised to read and sign that they have read and understand policy.
- A Medication Error Audit is carried out monthly.

**Proposed Timescale:** 26/03/2018

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training to update their knowledge and skills in behaviour related to the effects of dementia.

**2. Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Training in the Prevention of Elder Abuse and Behaviours that Challenge in Dementia, was held on 15th March 2018 for all staff and booked for the 12th April 2018.

**Proposed Timescale:** 12/04/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some staff still required training in the centre. a number of staff required refresher training.
3. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
All staff to be afforded the opportunity to receive training mandatory or otherwise including refresher courses.

**Proposed Timescale:** 31/07/2018

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Itemised receipts were not available to the inspection for items purchased for residents as per the requirement of Schedule 3 Section 5 (b) (i).

4. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
• All items purchased for residents will be itemised and bank account set up.

• Individual Residents receipts to be filed for each Resident.

**Proposed Timescale:** 20/04/2018

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had been afforded appropriate and mandatory training.

5. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All staff will receive mandatory training as part of a continuous professional development programme to include training in the Care of the Older Person, Dementia and Behaviours that Challenge, also training in Health and Safety procedures, i.e. Fire
Training, Manual Handling.
Fire Training Carried out 10th March 2018 for staff and included new staff prior to commencing employment.

Proposed Timescale: Manual Handling booked for April, date to be confirmed and ongoing.

**Proposed Timescale:** 30/04/2018