



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Glengara Park Nursing Home
Name of provider:	Glengara Park Nursing Home Ltd
Address of centre:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 January 2019
Centre ID:	OSV-0000044
Fieldwork ID:	MON-0024200

About the designated centre

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

Glengara Park Nursing Home can accommodate 66 residents. Residents are male and female residents over the age of 18 years with varying conditions, including dementia, cognitive impairment, physical, neurological and sensory impairments. Residents with end of life and mental health needs are also accommodated. 24 hour nursing care is provided.

Glengara Park Nursing Home is a purpose built nursing home composed of 62 single and 2 double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en-suite facilities. There is one large sitting room and one large family room situated on the ground floor. Other sitting areas around the house include a coffee dock, an activities room. The day space available per Resident is 4.2m².

Outdoor facilities include two large patio areas, one of which is secure. A sensory garden is accessible at the front of the Nursing Home.

The different floors are accessible by spacious stairwells and 2 lifts, which are located in the centre of the building.

The following information outlines some additional data on this centre.

Current registration end date:	04/06/2021
Number of residents on the date of inspection:	63

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
18 January 2019	11:00hrs to 16:45hrs	Sarah Carter	Lead

Views of people who use the service

The inspector spoke with residents who all expressed levels of satisfaction with the service they received. They were complimentary about their meals and staff's level of care and kindness.

Residents who were not able to speak with inspector were observed to be well dressed and seated in positions and locations in the centre where there was stimulation and activity occurring. Residents were also observed participating in organised activities and appeared to be enjoying themselves, while others were observed resting in quieter areas of the centre.

Capacity and capability

The centre had a management team in place and they managed the centre for the benefit of the residents. The provider representative was present in the centre for this unannounced inspection. The centre had been registered in June 2018 and this inspection took place to monitor the centre on-going compliance with regulations.

There were management systems in place to monitor and improve the service. Various committee meetings and staff meeting took place regularly to discuss key performance data; and audit results and action plans were shared across staff groups. This designated centre is part of a wider nursing home group and the person in charge had access to support from other managers in the group. The results of a recent survey of resident's views were also available for review, and reports seen indicated the person in charge was making plans to address the queries raised.

There were sufficient staff available on the roster and on duty on the day of inspection and they had the knowledge and skills to meet the needs of residents. Personnel files were reviewed and Garda vetting was secured for each member of staff prior to commencing employment. The person in charge (PIC) was a registered nurse with experience and skills in the care of older persons and was well known to residents. Staff training records were reviewed, and staff had completed mandatory training in safeguarding, manual handling and fire safety.

There were up to date policies in place, and the policies were easily accessible to staff via the computer system. Appropriate insurance was in place and a certificate was displayed. Contracts of care were reviewed and contained all information as required by the regulations. Recent contracts of care issued specified the specific bedroom number the resident was signing for.

Complaints data was well handled in the centre. In the sample of complaints seen, the complaint was recorded clearly and the satisfaction of the complainant was recorded. The records also indicated that individuals who raised complaints were informed of services that could help them raise a complaint / further the complaint if they wished.

Overall the clinical governance of the centre was good and ensured a safe service for residents.

Regulation 15: Staffing

The provider ensured that sufficient staff with an appropriate skill mix were rostered to work in the centre. Staff were observed delivering person centred care and were contributing to delivering positive outcomes for residents.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme existed for current staff as well as an induction programme for new staff. Staff had completed all mandatory training and some had completed training in the management of responsive behaviours and other elements of dementia care.

Judgment: Compliant

Regulation 21: Records

Records were kept in a clear and concise manner. Records and documents were kept in relation to staff, residents details, complaints, rosters fire drills and fire prevention. All were kept in a manner that was easy to locate and read. Staff files reviewed indicated that all staff received Garda vetting prior to commencing their work in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place and the schedule included protection for residents against risks in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined and the centre is managed by personnel with appropriate levels of skill and experience. Staff and residents appeared to know the managers in the centre. The centre is part of a larger nursing home group, and this structure provides the centre with systems to support it to run effectively, for example a suite of policies and audits that measure performance in key areas. The management team had ensured there were sufficient resources in place to meet the needs of the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a signed contract of care and the provider had made recent changes to the contract which clearly indicated what room the resident was going to reside in.

Judgment: Compliant

Regulation 34: Complaints procedure

A comprehensive and clear complaint policy was in place. A clear complaints log was maintained showed evidence that complaints were investigated and actions were identified to address the complaint as required. The complaints policy and details of how to contact the complaints officer was clearly displayed in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were in place in the centre and were evidence based, and could guide staff to provide high standards of care.

Judgment: Compliant

Quality and safety

Residents received a good quality and safe service. Their needs were met through evidence based nursing care, the support of a physiotherapist, and a general practitioner (GP). Residents could access a range of activities, most of which were provided on the ground floor.

A sample of care plans were seen, they were reviewed every four months or sooner as required. Care plans and progress notes were maintained on a computerised system, and these were clear and easy to read. There was evidence that care planning had included residents and / or their relatives as appropriate. There was evidence that residents had been referred to specialist services as required.

Residents were safe in the centre, and all staff had completed safeguarding training. Some additional staff had been trained as safeguarding officers. There was a policy in place which was up-to-date and guided practice and staff were knowledgeable about the steps to take if they received or observed a safeguarding concern. The centre did not handle resident's pension monies directly.

Residents who used large comfort chairs were assessed and monitored as per national guidelines.

Resident's rights were upheld in a variety of ways and they had access to advocacy services if they required any support. Residents had access to a varied activity programme that took place in different rooms mainly on the ground floor or the lower ground floor. On the day of the unannounced inspection there was a range of activities taking place in the afternoon and the rooms appeared busy and lively.

The centre is a period building with extensions. The bedrooms are a combination of single and double bedrooms and most are en suite, with a toilet and wash hand basin in the en suites. There were accessible shower rooms on every floor, close to areas where there were groups and corridors of bedrooms. The inspectors noted on the day that wheelchairs were stored on a corridor in a marked off area, however because of their location residents could not access handrails to assist them to mobilise throughout the area. The building is serviced by two lifts, one of which can accommodate wheelchairs. There was a pleasant outdoor area accessible from the

lower ground floor area.

Resident's safety in the centre was enhanced by the fire safety and risk management policies and procedures in the centre. Staff were trained in fire response, and drills had taken place. Risk management processes included records of clinical risk in the residents files and a risk register and safety statement that highlighted the controls in place to manage non clinical risks.

Regulation 17: Premises

Overall the premises was bright and well maintained. There was appropriate signage and facilities in resident's bedrooms for storage of their personal belongings. Equipment viewed was in good working order, however the storage of equipment on the top floor required improvement so as not to restrict access to handrails on corridors. There was adequate shower and bathroom facilities, and the majority bedrooms had en suites that contained a toilet and wash hand basin.

Judgment: Substantially compliant

Regulation 26: Risk management

A clear policy existed to guide staff in the management of risk in the centre. Specific controls and measures were in place to manage the specified risks in the regulation and to address additional risk identified by the centre. A comprehensive safety statement was in place and a plan to respond to major incidents and emergencies.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were seen that were clear and person centred. There was evidence of communicating the care plans with the residents and of communication with their family members if appropriate. Clinical risks were managed in a way as to not restrict a residents rights and wants. Clinical assessments were in place that resulted in updates and amendments to the care plans. Care plans were reviewed regularly.

Judgment: Compliant

Regulation 6: Health care

Residents had a choice of general practitioner in the centre, and had access to specialists. Specialists recommendations were incorporated into care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was policy in place to support staff to manage behaviours that challenge. Care plans reviewed gave guidance on managing residents needs if they displayed behaviours that challenge and behaviours were seen to be managed in the least restrictive way. Where restrictive practices were used, for example bed rails, there was a clear assessment in place to indicate their use and records were maintained which showed the checks in place while they were in use.

Judgment: Compliant

Regulation 8: Protection

Staff had up to date knowledge and skills to manage safeguarding concerns. Residents reported feeling safe in the centre. A policy was in place that could guide staff to respond to any safeguarding queries.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to engage in meaningful activities that promoted their interest and / or their well being. Their religious and civil rights were upheld. Residents were encouraged to attend residents meetings and a survey seeking their views had taken place the month previous to the inspection. Staff were observed interacting with residents in a way that ensured residents dignity and privacy was maintained. Advocacy services were also available in the centre.

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:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glengara Park Nursing Home OSV-0000044

Inspection ID: MON-0024200

Date of inspection: 18/01/2019

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The wheelchairs were moved from the corridor and a notice put up to ensure wheelchairs were not to be kept in that area. The hand rails are fully accessible. A storage space has been created for the wheelchairs on the first floor.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	13/03/2019