Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Gabriel's Nursing Home
Centre ID:	OSV-0000174
Centre address:	Glenayle Road, Edenmore, Dublin 5.
Telephone number:	01 847 4339
Email address:	stgabriels@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	SGNH Limited
Provider Nominee:	Phyllis O' Neill
Lead inspector:	Sarah Carter
Support inspector(s):	Sonia McCague
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
06 December 2017 09:45	06 December 2017 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection carried out over one day, the purpose of which was to inform a decision of the renewal of the centre's registration. There were 64 residents in the centre on the day of inspection; including one who was an inpatient in hospital. There were two vacancies on the day of inspection.

During the course of the inspection, the inspectors met with residents, visitors and staff, the person in charge and the members of the management team. The views of residents, visitors and staff were listened to, practices were observed and documentation was reviewed.

Ten outcomes were inspected against and all were found to be compliant and/or substantially compliant against the outcomes examined. The inspectors found that the care environment was homely and personalised. Staff were welcoming, care and support services delivered to residents was of a high standard. Staff knew residents well and discharged their duties in a respectful and dignified manner. Residents who spoke with the inspectors and those who completed questionnaires said they were

happy, respected, consulted with and felt well cared for by friendly staff.

The management and staff of the centre were striving to improve the quality of care and services for residents. A person-centred approach to health and social care was observed. Meaningful activity and social engagement were promoted. On the day on inspection some of the activities included a mobile shopping event, music and a religious service. Opportunities to engage within the wider community akin to residents previous lifestyles was encouraged and facilitated where appropriate.

Residents were well cared for and expressed satisfaction with the care received. They felt safe and confirmed that they had autonomy and freedom of choice. Residents and relatives spoke positively about the staff and the service provision.

Good and appropriate measures were in place to manage and govern this centre. The person representing the provider and the person in charge and staff team responsible for the governance, management and administration of the service and resources demonstrated an ability to meet regulatory requirements.

The findings from this inspection are discussed within the body of the report and actions required are outlined in the action plan at the end for response.

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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
This outcome was inspected against as the inspection was to inform a decision on the renewal of registration. There has been no alteration to the footprint of the centre since the last registration renewal.

The statement of purpose was reviewed by the inspector prior to the inspection and discussed with the person in charge on the day of inspection. The document was found to be clear and provides details on the majority of what is required under regulation 3 and schedule 1. It was displayed in the reception area and in the visitors seating area of the centre.

The statement of purpose gave details on the residents profile, the facilities and services that take place in the centre, and staffing details.

Under regulation 3 schedule 1 the centre is required to give details on their fire precautions. This was not detailed in the statement of purpose, but the response to a fire evacuation was.

The designated centre provides general care, respite, convalescence, palliative care. It does not provide any day care services. This is a requirement under schedule 1 (5) and needs to be clearly stated on the statement of purpose.

The centre has also identified in their statement of purpose, that fully ambulant residents with low dependency needs can be accommodated in two single bedrooms on the first floor, rooms 38 and 39. The inspectors found this is a reasonable and appropriate criteria to include in the statement of purpose, as these rooms are accessed by five low and deep steps with handrails on either side.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
This outcome was judged compliant in the last Inspection, which took place August 31st 2016. It remains in compliance on this inspection. The inspector reviewed meeting minutes, staffing, audits and implementation plans, held meetings with the person in charge (PIC) and interviewed residents, relatives and other staff to form a judgment in this outcome. An annual quality and safety review dated September 2016 was reviewed for this inspection. An annual quality and safety review for 2017 was being prepared by the PIC at the time of inspection. The PIC was able to describe her draft findings and discuss a couple of key initiatives that she intends to develop based on this review, despite it being at draft stage.

The inspector found that practices to improve the safety of care developed prior to the last inspection were still in place and had become part of the governance system of the centre. These initiatives included the development of a link nurse role, with responsibility in each of the key risk areas of clinical care and the development of a senior healthcare assistant (HCA) role. There were link nurses in place in the area of infection, dementia, responsive behaviours, nutrition, falls and restraint. The link nurse was responsible for conducting audits on their relevant area, developing care plans and risk assessments on their key areas, translating results to their staff, and educating staff on issues related to their area. There was an onsite "evidence room" which can be accessed by staff, and included a display of posters of recent audit results. The link nurse and the person in charge (PIC) have developed a system of internal exams / tests that staff can take to test their knowledge on their residents and aspects of their care plans. The senior HCA role had been developed to improve the communication and accountability in this staff group. The senior HCAs interviewed on the day were found to be knowledgeable and clear in their responsibilities. All staff interviewed on the day were aware of the organisation structure, and the roles and responsibilities of the staff.

Monthly clinical audits have been taking place in the centre. The audits conducted focused on falls, infection control, medications, skin, and nutrition. There was evidence that the results of audits had impacted on practice. For example a finding in a nutrition audit had indicated that weekly weights were not routinely recorded, this issue was addressed and the information was being recorded on the clinical database. An audit on falls indicated a trend of falls occurring in a communal area in the evening, and an

additional staff resource had been allocated to cover this period of time in the communal area. The centre employs an external contractor to run its catering, laundry and cleaning services. This contractor conducts audits approximately every ten days on the premises. The provider nominee reported that she links with the contractor manager, however the Inspectors recommended to the person in charge (PIC) and the provider nominee that this meeting include more information on how issues identified in their audit are addressed and followed up.

There was evidence of an annual residents survey, dated September 2017 reviewed on the day of inspection. This survey detailed the improvements made on the findings of a similar survey that took place in 2016, and identified key area for improvement this year. For example the person in charge has developed a couple of quality improvement initiatives arising from this survey. An area identified for improvement this year was an initiative to respond to call bells quicker than the current practice, and developing a ''menu committee'' to address residents feedback about the food and cooking methods.

There are a series of meetings that take place in the centre which provide communication channels and accountability for staff within the centre. There is a weekly meeting between the clinical nurse managers (CNM) and the PIC. There are monthly governance meetings which include the provider nominee, the PIC and the CNMs. There was also evidence that staff meetings had occurred, chaired by the PIC. A residents forum / council also meets, and is chaired by the PIC.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The outcome was compliant on the last inspection.

The inspectors found the person in charge (PIC) continues to meet all the criteria as required in regulation 14. The inspectors found the PIC was known to residents and relatives. All residents and relatives interviewed reported knowing who the PIC was, and reported confidence in giving feedback or reporting complaints to her. Throughout the inspection the PIC was observed by the inspectors as being knowledgeable, accessible to staff, and available to assist with residents.

The PIC displayed a positive attitude towards regulations and meeting them, and was focused on improving residents safety and care through various quality improvement

initiatives that she discussed with inspectors on the day of inspection.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures were in place to safeguard residents from harm.

There was a policy and procedure in place for the prevention, detection and response to abuse that was comprehensive and would guide staff practice. Staff spoken with were clear of the different types of abuse set out in the policy and explained how they would respond if they witnessed abuse or had it reported to them. The training records confirmed all staff had completed training, and updates were available yearly.

Emphasis was placed on residents' safety and the inspectors saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. The main entrance was controlled by staff and a log of visitors was maintained. All parts of the centre or communal areas were accessible to residents with controlled access to utility, stores and plant areas. Preventative measures such as sensor alarms, soft mats, staff supervision and recorded checks, servicing of equipment and access to appropriate health care professionals was available to promote resident safety.

During conversations with the inspectors, residents confirmed that they felt safe in the centre due to the measures taken and availability of the staff team.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting valuables and property brought to the nursing home. Management told the inspector they were not pension agents for any resident but held an amount of cash for some for their personal use. The inspector saw individual logs and records maintained signed by residents detailing transactions and balances that they were correct in the sample examined. The procedure was transparent and had been set up to support residents needs.

The inspector was told by staff that the centre aimed to promote a restraint free

environment in line with the national policy. A policy reflecting the national guidance document was available to guide restraint usage. A restraint register was maintained and subject to monthly audit by the person in charge. The usage of bedrails was low with one of the 64 residents (0.15%) using both bedrails. This resident had requested the provision of bedrails to enhance their feeling of safety when in bed and/or act a as lever to enable movement in bed. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to demonstrate this. Decisions were also reflected in the resident's care plan and subject to review. Discussions with staff and records maintained demonstrated that various alternative equipment such as, low low beds, sensory alarms and floor mats were available and trialled prior to the use of bedrails.

Few residents displayed behaviours that challenged them or those responding to them. Good support from the community psychiatry team and hospital was reported and seen in a sample of resident records reviewed.

The person in charge and staff spoken with were familiar with appropriate interventions to use to respond to individual residents behaviour that may challenge. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and inform reviews by the General practitioner (GP) and psychiatric team.
Chemical restraint and the use of PRN (a medicine only taken as the need arises) medicines were rarely used and all medicines were subject to regular reviews by nurses, pharmacy and the general practitioner (GP).

During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches used by staff.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
This outcome was not inspected in the previous inspection dated August 31st 2016.

The centre has an up to date fire register, with full details of drills and servicing records. Staff spoken to on the day knew the plan in the event of a fire or evacuation. Residents had personal evacuation plans available in their bedrooms. Any fire fighting equipment inspected was up to date in its servicing and there was sufficient ski sheets available at

sufficient intervals in the centre. There had been recent training provided by Dublin Fire Brigade, which included a fire drill.

There was a system of clinical risk assessment in place for each resident. Each resident was assessed against risks from cognitive impairment, falls, end of life and skin integrity. Some residents also had nutritional risk assessments and infection risk assessments.

The centre had two outbreaks of norovirus in September and in October this year, which were both notified to the Authority. The inspectors reviewed infection control measures, and training and awareness amongst staff. Staff of the centre were inconsistent in their feedback on infection control. Some staff who were employed by an external contractor, but based in the centre, had gaps in their knowledge of infection control. There was sufficient hand washing facilities in sluice rooms. There was sufficient number of hand sanitizers along the corridors. The inspectors noted the centre had an environmental health inspection on June 28th 2017. This report was made available to the Inspectors and included follow up actions. There had been a follow up environmental health inspection the week prior to the HIQA inspection, and this report was not available at the time of inspection. The provider representative reported that she has been informed by the contractor manager that follow ups actions had been completed, however as the follow up report was unavailable on the day of inspection, the inspectors could not verify this.

Gaps were identified in the training matrix regarding current staffs' infection control training. This will be addressed within Outcome 18.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Residents were protected by safe medicine management policies and practices seen in place. Some improvement in professional recording standards and practices was required and is included under outcome 11.

There were written operational policies and safe procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated and described safe practices in medicine administration and management. The inspector observed a staff nurse consulting with residents prior to the administration of medicines from residents' prescriptions. Medicines administered were recorded following administration.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements. The safe storage of refrigerated medicines was also seen.

The centre had a system in place for recording and managing medicine errors. On examination of the record of errors, the inspector noted three recorded errors July to September 2017 relating to administration omissions. Appropriate action, support and learning took place, as a result.

A system was in place for reviewing and monitoring safe medicine management practices. An arrangement for a review of all residents on admission and subsequent reviews of prescribed medicines by the GP was in place. An audit and review system that included a member of the person in charge or a nursing staff, the resident's general practitioner (GP) and the pharmacist or pharmacy technician was in place to improve the overall management and review of medicine management.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare. The model of care in the centre was person centred and focused on the abilities and needs of each individual. However, some professional's recording standards and practices required improvement, as referenced in outcome 9. The inspector observed that a small number of records such as medicine prescription kardexes that were block signed by the prescriber and continuation symbols used by

nurses was seen recorded in the controlled drug stock checks rather than the full details and the name of the drug and persons involved.

From an examination of a sample of residents' records and care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and appropriate interventions and/-or treatment plans implemented accordingly.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. An assessment prior to a resident admission formed part of the centre's admission policy and practice. However, an assessment prior to a recent resident's admission (short stay) had not been recorded or completed as outlined in the statement of purpose and centre's admission policy.

Documented assessments of activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep were maintained. Social and recreational assessments and plans were also completed in the sample reviewed. Life story booklets had been completed for seven residents and this initiative was to carried out with other residents and family. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, depression, pain, mobility and skin integrity.

The development of care plans was carried out in consultation with residents or their representatives and information received on admission. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the sample of residents records reviewed. Advanced care directives were seen in place that involved the general practitioner (GP), resident or family and staff which was subject to on-going reviews. Palliative care services were available.

Inspectors were told that none of the residents had pressure ulcers and one had chronic leg ulcer. An inspector reviewed the management of pressure ulcer and wound management care. Records showed advice received from a tissue viability nurse was being implemented and liaison with a vascular clinic was facilitated for the resident. On-going assessments and care plan reviews were planned.

Falls risk assessments were maintained and reasonable measures were in place to mitigate identified risks. Mobility and daily exercises were encouraged. A weekly exercise class was well attended. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments undertaken by an occupational therapist or a

physiotherapist. Hand rails on corridors and grab rails in facilities used by residents were available to promote independence.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents' clinical observations that included regular monitoring of weight, desire for recommended food and fluid consistency and intake. The recording of intake and output was maintained, when required, and the assessment and management of pain was well maintained.

Access to dietician and speech and language therapists (SALT) was provided on a referral basis based on an assessment of need or change in resident condition. The inspector reviewed residents' records and found that some residents had been referred to and received these services. However, recommendations made in relation to one resident had not been implemented fully. Staff were able to provide rationale as to why this was not achieved and the inspector also observed difficulties encountered in implementing the recommendations. However, a re-referral and review since making the recommendations and having experience of the barriers had not been communicated to the SALT to arranged a further assessment and or to consider alternative support equipment that might aid postural positioning for this individual with their diet.

Residents who spoke with the inspector reported they were provided with food and drink at times and in quantities adequate for their needs. Many residents had personal fridges in their bedrooms for drinks and snacks, while visitors and family used the communal facilities for hot or cold drinks and snacks at a time of their choosing.

Residents were satisfied with the services provided. Residents had access to GP services, and out-of-hours medical cover was provided. Some residents had retained the services of their longstanding GP, but delays encountered resulted in transfer to one of the centre's GPs. Psychiatry services were available to the residents and staff supporting residents. A range of other services was available on a referral basis that included chiropody, audiology, dental and optician services.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were recorded and seen in logs made by the activity coordinator/manager. A weekly and daily activity programme was available and was on display. A quarterly newsletter was available to communicate about events, initiatives, experiences and news items.

Residents were offered group (small and large) and individual activities that were meaningful to them. On the day of inspection residents were being facilitated to select or buy clothes from a display of fashion items brought into the centre. There was a great sense of normality to this trading activity which evidently excited and engaged many of the residents. Later that day three residents were seen enjoying each other's company at the grand piano. One resident was learning a new tune from another resident while the other looked on with a wine glass at hand! They were having great

fun and laughter, and a sense of achievement was expressed at the end of this session.

Dedicated activity staff members were on duty during this inspection and told an inspector how they co-ordinated the weekly activity programme that was delivered seven days per week. Other staff supported residents' participation in activities, parties and outings. The inspectors saw that residents had a variety of activities such as exercises, sonas, music, stories, quizzes, an imagination gym, reading and games that were tailored for the resident group. Arts and crafts, painting, and pottery activities were preferred by some and had resulted in the production of items seen on display in the centre. Residents in the centre had formed a choir and met with other centres residents for this activity. A creative writing group had supported 12 residents to complete a recently published booklet 'moments in time' with their individual memories and stories summarised.
Emphasis was placed on family engagement. Residents were encouraged and facilitated to access external functions deemed appropriate and family events.

Religious ceremonies were celebrated, ministers visited regularly. A daily mass service was available to residents in the centre at an appropriate time (noon). People from the nearby community also attended.

Overall, residents had excellent opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
This outcome was inspected against in the last inspection report and found to be substantially compliant on August 31st 2016. The inspectors were satisfied on this Inspection that this dining area / communal room on the first floor was now satisfactorily furnished for those residents who wished to use it. Many residents from the first floor now dine on the ground floor, in one of two dining areas. One of which is a large busy dining area close to the kitchen, and one just a couple of metres from the kitchen that is quieter which is suitable for residents who require a low stimulus environment. The dining area upstairs has one large rectangular table, and a small

group of residents opt to remain there for meals. The table is of sufficient height to allow most wheelchairs to access the table. Inspectors observed the lunchtime meal in the ground floor area on the day of inspection. There was sufficient staff supervision during the meal time, and residents sat at small tables of four, each of which had been set with their name.

On the first floor, bedrooms 38 & 39 are accessible by five low and deep steps. These rooms are listed in the Statement of Purpose as being suitable for ambulant and independent residents. This is a suitable criteria for residents in this room and should be maintained.

There are several communal areas on the ground and first floor. There are armchairs and seating available in alcoves throughout the corridor areas for visiting and rest. The communal areas on the ground floor were nicely decorated for Christmas, and had a warm atmosphere. The visitors lounge off the reception area had a display of information which included the Statement of Purpose. There is a large chapel on the ground floor, and local religious groups support the residents religious needs by using this facility.

All bedrooms inspected were personalised, and had sufficient lockable storage and space for the resident's belongings. All bedrooms have a WC, which included a toilet and a sink; some have en-suite shower facilities. The corridors had handrails both sides and were well decorated with murals and sign posts to local areas. The lobby area around the lift on the first floor was also in use as a computer nook, and there were three computers available for residents use.

There were two internal courtyards on the ground floor. One of these courtyards has bedroom windows directly facing into it, and there is a clear line of sight from this courtyard into the residents bedrooms. The privacy concern this raises will be assessed in Outcome 16. One courtyard had handrails and a ramp so residents could access it independently.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. A resident's committee was operational and residents had opportunity to meet on a daily and regular basis with staff and management. Family members' involvement in residents care and welfare was promoted and records of communication and meetings with family members were seen by Inspectors, in some of the resident files reviewed.

Access and information in relation to, the complaints process and independent advocacy services was available to residents. Residents' independence, choice and autonomy were promoted, as outlined in outcome 11.

Practices observed on the day of Inspection, demonstrated residents were offered choices. Residents who spoke with the inspectors said they were able to make choices about how they spent their day, where they ate meals, what tine they rise from and return to bed or partake in activities. Residents knew who to complain to if they had a complaint, and had options to meet visitors in a private or in communal areas based on their assessed needs.

A comprehensive communication policy was in place. Communication and notice boards, daily newspapers, newsletters, computers and telephones were available. Some residents had personal electronic devices to enable them to engage in communication with the wider community and Wi-Fi was available to residents.

The inspectors established, from speaking with residents and staff, that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings with family or friends. Visits by members from the local community were also facilitated.

There was a policy on residents' access to visitors and the provision of information to residents. Visitors were unrestricted except in circumstances such as infection and during recent outbreaks. Family and residents had no complaints in this regard. A register of visitors was maintained at the main entrance which was controlled by staff. Residents were seen receiving visitors in private or in communal rooms throughout the inspection.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia.

Secure and accessible courtyards that were well maintained were available to residents and visitors. However, residents' bedroom accommodation could be viewed from these areas. The provider and person in charge were informed of this to ensure measures were put in place to ensure residents privacy and dignity was not compromised.

Residents who spoke with the inspectors said they knew their rights, were respected, consulted with and well cared for by kind, nice and caring staff. Satisfaction surveys

formed part of the quality review systems seen in place.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
This outcome was judged non complaint moderate in the last Inspection report. The inspectors did not find evidence indicating the area identified in the last inspection remained an issue.

A staff roster was maintained, and was accurate to what was seen on inspection. There was adequate skill mix, and staff were grouped in teams that worked in specific areas. Staff rotated between day and night shifts. The numbers of agency staff employed by the centre has been decreasing. Facilities and catering staff were employed by an external contractor who manages these services for the centre.

The Inspectors saw evidence of an internally developed system of exams and tests that some staff had taken, to test their knowledge on their residents care plans. Evidence was seen that staff who did not perform well in these tests were being mentored / coached by an allocated member of staff. There were gaps identified in the training matrix record. The training matrix reviewed by inspectors listed 73 staff employed by St Gabriels. This training matrix did not detail the training records of the staff employed by the Facilities Contractor. There were gaps in the training for staff in the areas of infection control (19 staff had not received training, approximately 26% of the staff group), 37 staff had not received training in responsive behaviours (approximately 50% of staff). Six staff require training in the area of safeguarding (8%), however the sample of staff spoken to on the day on inspection were familiar with safeguarding policies and procedures. Inspectors discussed with the person in charge and provider representative that in light of recent norovirus outbreak the area of infection control training and oversight / records for them of the training records of contracted staff could be an important factor preventing an infection outbreak in the future.

The Person in Charge (PIC) reported that there was system of staff appraisal in place,

and these records are kept separately from the staff personnel files reviewed.

There are three volunteers in positions at the designated centre, all volunteer files reviewed indicated their Garda vetting was up to date, and each had a role description. The sample of personnel files reviewed by the inspector; of the employees of the external contractor; all had up to date Garda vetting.

Judgment:
Substantially 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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St Gabriel's Nursing Home
Centre ID:	OSV-0000174
Date of inspection:	06/12/2017
Date of response:	04/01/2018

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: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not detail that day care is not offered in the centre.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
The statement of purpose details the fact that daycare is not offered in St Gabriel's

Proposed Timescale: 04/01/2018

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include details on fire precautions in use in the centre.

2. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The statement of purpose now includes details of the fire precautions in use in St Gabriel's Nursing Home

Proposed Timescale: 04/01/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An assessment prior to a recent resident's admission (short stay) had not been recorded or completed as outlined in the statement of purpose and centre's admission policy.

3. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
A comprehensive assessment by an appropriate health care professional of the health , personal and social care needs of the person intending to be admitted to St Gabriel's will be completed before the person's admission

Proposed Timescale: Protocol in place

Proposed Timescale: 04/01/2018

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some professional's recording standards and practices required improvement, as outlined under outcome 9.

The inspector observed that a small number of records such as medicine prescription kardexes that were block signed by the prescriber and continuation symbols used by nurses was seen recorded in the controlled drug stock checks rather than the full details and the name of the drug and persons involved.

4. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
All professionals will not block sign on kardexs for medicine prescriptions Controlled stock checks by nurses will have the full details of the name of the drug and the persons involved

Proposed Timescale: Immediate on going

Proposed Timescale:

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Recommendations made by a SALT profession were not implemented fully in relation to postural positioning during meals.

Staff provided rationale as to why this was not achieved.However, a re-referral and review since making the recommendations and having experience of the barriers had not been communicated to the SALT to arranged a further assessment and or to consider alternative support equipment that might aid postural positioning for this individual with their diet.

5. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
This individual has been reassessed and support equipment has been purchased and is in place. This has effectively aided her postural positioning during mealtimes

Proposed Timescale: 04/01/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inside residents' bedroom accommodation could be viewed from the internal courtyards.

The provider and person in charge were informed of this to ensure measures were put in place to ensure residents privacy and dignity was not compromised.

6. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The rooms positioned around the courtyard the windows are now fitted with solo window film to ensure residents privacy and dignity are not compromised

Proposed Timescale: 15/01/2018

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff require to training in infection control, responsive behaviors and safeguarding to mitigate risks to residents health, safety and welfare.

7. 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:
St Gabriel's strongly advocates for staff development and education our induction programme will include training in the areas of infection control, responsive behaviours and safeguarding One senior staff member is now deployed one day a week to ensure training is available and up to date St Gabriel's also now employ a Professional Development Facilitator to ensure best practice in all areas of care

Proposed Timescale: 23/01/2018