

**Health Information and Quality Authority
Regulation Directorate**

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



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
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	65
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 July 2019 09:12	09 July 2019 16:45
10 July 2019 09:12	10 July 2019 14:45

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 09: Statement of Purpose		Substantially Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars arranged by the Chief Inspector. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Earlier this year the provider representative and the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's

rating for each outcome.

This nursing home provides a person centred service and is registered as a designated centre for up to 66 residents. Approximately 60% of residents in the centre were living with a diagnosis of dementia and a further 28% suspected as having dementia.

The inspector met with residents, relatives and staff members during the inspection. The journey of a number of residents with dementia was examined. Care practices and interactions between staff and residents including those with dementia were observed. Policies and documentation such as care plans, medicine and medical records, rosters and staff training records was reviewed.

The inspector observed numerous examples of good practice in the areas examined which resulted in positive outcomes for residents. Staff were courteous and responsive to residents and visitors during the inspection. The results from the formal and informal observations were very positive. Staff were knowledgeable of residents likes and dislikes, and their interactions with residents promoted positive connective care. The living environment was safe, stimulating, facilitated choices and provided opportunities for rest and recreation in an atmosphere of friendliness.

Recruitment procedures were robust and included a disclosure of Garda vetting prior to staff commencement at work. There was sufficient staff numbers and adequate skill mix on duty on the days of inspection. A range of staff training opportunities included dementia specific training courses were provided, however, training gaps were identified in one area.

Residents who spoke with the inspector were very positive about all aspects of the centre and the staff team, and by and large their relatives shared this view. Both residents and staff were complimentary about the person in charge, provider representative and staff and described them as being readily available to them.

Residents had good access to a range of meaningful activities and residents were encouraged to participate in line with their preferences and abilities. Residents reported a high level of satisfaction with the activities that were on offer to them. The activities programme was delivered by a dedicated and enthusiastic team of staff delivering a programme that operated Monday to Saturday.

The provider and staff valued residents' views and provided them with opportunities to participate in and influence the running of the centre. Residents were encouraged to attend the resident meetings and committees operating to provide feedback on a range of services delivered to them. Any issue or idea raised or suggested was followed up by staff and implemented in practice to bring about improvements.

An effective complaints procedure was in place and residents and family felt listened to.

Residents felt safe and systems were in place to safeguard them. A restraint free environment was promoted and adequate staffing arrangements were available.

The premises was well maintained and decorated, spacious and airy with good access to outdoor areas. The need to provide additional and suitable bathrooms on each floor was identified as a requirement.

The statement of purpose and floor plan was also reviewed and updated versions of both were to be submitted.

Overall, a good level of compliance was found. The findings are discussed within the body of this report and any improvements required are set out 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: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to resident assessments and care planning, medicine management, access to healthcare, maintenance of records and policies available governing practice. The social care of residents with dementia is reported in Outcome 3.

The self-assessment tool (SAT) completed by the provider was rated as moderate non-compliant in this outcome as some areas for improvement were identified. These included ensuring key staff updated and involved residents and families in the care planning process and reviews, a risk assessment of each residents environment, seating and an assessment cognitive functioning to be completed by the in-house occupational therapist, audiology screening and provision of pictorial aids. These matters had been addressed as intended and outlined.

Residents were provided with timely access to medical and allied health care professional services when required. Some improvement was required in the management of medicine prescriptions. Most residents in the centre were cared for by two locally based general practitioners (GP) while a small number of residents retained their own GP who they attended prior to their admission to the centre. Physiotherapy and occupational therapy were available to residents on a weekly basis, and other services such as speech and language therapy, tissue viability, chiropody, dental, optician, audiology and dietician services were available to residents as necessary. Palliative care and mental health care services were also available to residents upon GP referral. Residents could also access national health screening programmes and hospital appointments, as required and supported by staff.

Staff and professionals attending residents used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's abilities and needs. A pre-admission assessment of long and short tern residents was carried out addressing a requirement of the last inspection and a comprehensive assessment was then completed within 48hours of each resident admission. Clinical assessments were repeated at

regular intervals thereafter and as changes occurred to inform residents care plans. An assessment of each resident's risk of falling, malnutrition, pressure related skin damage, cognition, depression and mobility status were among the assessments completed that informed residents care plans. Personalised and detailed interventions required were outlined in the care plan samples reviewed and these were subject to regular review by the care team, residents and family, where appropriate.

In addition to resident care plans, a detailed 'dementia support plan' had been completed describing residents' personal and social background to guide staff and inform care providers with necessary support interventions. This was a recent initiative identified following the SAT that now formed part of the care planning process and procedures for the temporary absence or discharge of residents from the centre. Staff informed the inspector that a copy of this document would accompany residents transferred from the centre to hospital or if attending other services outside of the centre. Overall, good communication arrangements were in place that ensured all relevant information regarding residents' was maintained and was transferred with them as required.

Arrangements were in place to ensure the nutrition and hydration needs of residents were met. A validated assessment tool was used to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Residents had access to speech and language therapy and dietician services as necessary. Dietary requirements were communicated to the Chef and catering staff who made efforts to ensure residents were provided with appetising food that met their individual preferences and needs. Supplements were prescribed when necessary following an assessment by a dietician and review by the GP. The monitoring and recording of food and fluid intake was maintained by staff when required and as part of the assessment process.

The prevention and management of pressure ulcer risk and appropriate care planning was in place and being implemented. Care plans included recommendations made by a number of allied health care professionals addressing a requirement of the last inspection. Interventions following assessments and recommendation of a tissue viability specialist, speech and language therapist, Dietician, physiotherapists were outlined in this residents specific care plan. Regular reviews were also undertaken by the GP and pressure relieving procedures and equipment were in place.

No residents were actively receiving end-of-life care in the centre on the days of inspection. The inspector saw that staff consulted with each resident where possible, or their relatives, as appropriate, to ensure residents wishes for end of life care were elicited and documented. The resident's doctor was included in decisions regarding medical interventions and active or comfort treatment measures.

The majority of residents (88%) resided in single bedrooms. A visitors' room was available and if required, overnight accommodation would be provided to facilitate residents' relatives to be with them in the event of them becoming very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Recognised symbols and religious paraphernalia were available for respecting residents at the end of

life.

Where appropriate, residents and their relatives were consulted with by key staff in relation to all care plans, interventions, medical and multidisciplinary team involvement, and engagement in activity and any changes from the previous meeting or communication. Records were maintained of the consultation process and family spoken with also confirmed meeting key staff to discuss care plans and described it as an informative and worthwhile process.

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. However, some parts required review to include and detail the process involving the pharmacy that supplied resident medicines and the printed prescription cardex to the centre and the arrangement for amending an existing prescription cardex.

The matters arising from the last inspection were followed up and practices in relation to prescribing, administration and review of medications were examined. Overall, there was a good standard of medicine management but a small number practices found did not comply with the centre's policy and best practice. These included the block signing up to nine medicines by the prescriber (recurrent finding), and altering a prescription cardex record without a date or signature to identify the person that authorised or completed the amendment in the prescription cardex record.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

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 protect residents from being harmed or suffering abuse, and to promote residents' safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. It provided guidance for staff on the various types of abuse, assessment and reporting procedures, investigation process and referral arrangements to external agencies. Staff had opportunities to participate in safeguarding training and staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure of actual, alleged, or suspected abuse.

Good emphasis was placed on residents' safety. 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. For example, the main entrance was secure and monitored by CCTV, and call-bell facilities, mobility aids and hand rails were available in outdoor, communal and circulating areas. During conversations with the inspector, residents confirmed that they felt safe in the centre. Family members also shared this view.

An approved policy reflecting the national guidance document was available to guide restraint usage and review requirements in line with the national policy. A restraint-free environment was promoted. There was no usage of physical or chemical restraint. Documentation was also available for resident assessment and decision making processes.

The inspector was informed that some residents may display responsive behaviour due to their medical conditions. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. Education and training in dementia and responsive behaviour was provided for staff. The inspector observed good communication and positive interaction and behaviour support strategies between staff and residents living with dementia. Staff spoken with were familiar with the centre's policy and procedures to be implemented including the referral process to relevant professionals to inform the care-plan process.

Systems and arrangements were in place for safeguarding resident's finances and property. The person in charge kept small amounts of money in safekeeping on behalf of some residents for their day-to-day expenses. The inspector examined this arrangement and saw that records of transactions were maintained, signed by two persons involved and balances were correct and as recorded. The provider did not act as a pension agent for collection of any resident's social welfare pension.

Judgment:

Compliant

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:

Residents' right, privacy and dignity, independence and autonomy were promoted in this centre. A range of meaningful and sensory activities were available to residents with dementia that promoted social inclusion and occupation.

The inspector observed residents expressing personal choices in relation to where they chose to spend their day and where they met visitors. Outings, trips and access to the surrounding area, local or national events and local attractions were facilitated fortnightly or more frequently if desired. The arrangements found in place enhanced residents' well-being, inclusion and opportunities for engagement in the wider community.

Residents were encouraged to participate and influence the running of this centre. They were involved in a number of committees and their feedback was valued and responded to by the provider, person in charge and staff in the centre.

In addition to the main residents' forum where residents and relatives could meet, a number of smaller committees involving residents and link staff had been established to discuss items such as the menu and nutrition, activity programme, falls prevention, medicine management and access to a pharmacist, end of life care and related practices. They met on a weekly, monthly or regular basis. The feedback and suggestions from the committees was seen to be used to inform and improve the service provisions to bring about improvements. For example, residents' views had influenced a change in catering and menu options, and the activities committee had influenced decisions about the outings attended such as the GPO, chocolate factory and art gallery. The end of life committee had discussed the facilities and arrangements for overnight stays of family members and all suggestions were being considered for implementation. Residents were listened to and gave the inspector positive feedback in relation to their ability to choose what to do, when and how. They felt well supported by staff and were assisted to live a fulfilling, fun and meaningful life.

Some residents liked to remain in their bedroom with their bedroom door open and could do so as they wished, while others moved between floors for meals, activities and mass. Staff were respectful and responsive to residents, and were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures. 'Do not disturb' signs were hung on bedroom door handles when personal care was delivered.

A varied and meaningful activity programme was provided for residents including activities that were suitable for residents with dementia or other residents unable or unwilling to participate in scheduled or large group activities. Care staff supported activity staff with transporting and meeting residents' activity and social needs. Residents had access to a range of meaningful activities based on their assessed needs derived from information gathered and recorded in their records such as 'my life story' or 'dementia support plan'. Records of activities that residents participated in were captured in their 'activity calendar' maintained in their bedrooms. Their level of interest in activities was monitored and discussed between staff and collectively by the committee. The activities programme was tailored to residents' interests and capabilities. A variety of recreational activities were facilitated in the sitting rooms, courtyards and in one of the two ground floor dining areas where a grand piano was freely accessible.

The inspector observed excited residents gathering for a choir rehearsal and sing-song. One resident entertained those gathering by playing the piano. While this choir group was going on another group of residents were engaged in arts and crafts in another

area. Scents and pleasant aromas filled the room while residents relaxed into their art work with staff support and encouragement. Other group activities observed over the course of the inspection included a yoga and fitness class and quiz. Sensory stimuli was involved in many of the activities seen taking place and overall the residents of this centre had a varied range of purposeful activities within and external to the centre to ensure they had meaningful occupation, recreational, fun and reflection. The staff also ensured time for one-to-one or sensory based activities was provided for those not participating in groups such as use of a foot spa and hand massage.

Good use of the internal well-maintained and colourfully planted courtyards was observed. Residents and visitors relaxed in these areas that were equipped for use and were wheelchair accessible. Since the previous inspection, a film had been placed on the windows of residents' bedrooms that surrounded a courtyard to ensure their privacy was maintained.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. Mass took place in the centre six days per week and a pastoral care support person was available daily. Members of the local clergy were available to residents as required.

Good communication systems and arrangements were in place. Notice boards, information leaflets and screens were strategically placed to provide information to residents, staff and visitors. Access to a telephone, computer, radio, DVD, CD and a movie projector and large screen was available. Daily newspapers and magazines were available to residents.

Residents with mobility problems had aids to promote their access, mobility and freedom of movement. Residents with communication difficulties were supported to optimise their communication with communication aids as necessary.

A comprehensive residents' guide and brochure was available for residents that included a summary of the services and facilities available in the centre. Each resident had access to a copy of the document for their information.

Arrangements were in place to ensure that residents could participate in local and national elections and referendums.

An open visiting policy was in place in the centre, unless restrictions were required. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in an area outside of their bedroom as there were quiet spaces around the centre in which to do so. A record of all visitors to the centre was maintained. Families and friends were encouraged to be involved in the day to day lives of the residents and a high number of visitors were seen coming and going over the two days of the inspection which gave the centre a real sense of community.

Residents were provided with adequate storage space for their clothing and personal belongings. Residents were supported to access and maintain control over their property and had personalised their bedrooms with plants, family photos, memorabilia and furniture.

A laundry service was provided for residents. Residents' clothes were well maintained, clean and appropriate. Some residents wore accessories and personal effects such as jewellery and all complimented the access to hair dressing and support with personal grooming.

There was an independent advocacy service available for residents and information about the service was displayed around the centre. This service was used in the past to support residents when required. Relatives told the inspector they were well informed of any developments and had opportunity to give their feedback on the service provided. A dementia care survey issued to residents and relatives earlier this year had been carried out with residents and family which resulted in mainly positive responses. Any areas recommended for improvement were actioned.

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:

There were policies, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

The complaints procedure was displayed in the reception area and throughout the centre. Suggestion slips, boxes and complaint leaflets were available on both floors.

Residents who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Management and staff were open to receiving complaints or information in order to improve the service. There were no unresolved or active complaints at the time of this inspection. Records maintained were comprehensive demonstrating action taken, engagement and level of satisfaction of the complaint management.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The self-assessment tool (SAT) completed by the provider was rated as moderate non-compliant in this outcome with some areas for improvement identified in relation to inclusion of carers in the review of care plans and meetings held with family, and to ensure training in dementia is provided to all relevant staff. These actions had been implemented and were ongoing.

There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Residents confirmed the staff team were kind and responded quickly when they were called on. There was adequate levels of staff on duty on the days of inspection and new staff had been inducted since the previous inspection.

The staff team included clinical nurse managers, nurses, health care assistants, activity, catering and household staff. The director of nursing was supernumerary to support and advise staff as required. The clinical nurse managers and practice development facilitator also supervised the delivery of care and quality of services.

The person in charge and provider representative were on duty and present during the days of inspection. Both shared the responsibility of staff recruitment and development programmes. There were effective recruitment procedures in place in the centre. A sample of staff files were reviewed and all contained the requirements of Schedule 2 of the Regulations. The person in charge confirmed all professionals had evidence of current registration and that all staff had Garda vetting in place.

There were clear supervision arrangements including a detailed induction process, on-going supervision of practice and annual appraisals.

An on-going training plan was in place. Staff were able to provide feedback on what training they had completed in relation to their role and responsibilities. The provision of mandatory and relevant staff training was evident. Staff spoken with were familiar with the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their families. A record or assurance that all relevant staff had completed cardio pulmonary resuscitation (CPR) training or refresher was not available. The person in charge undertook to audit this area of training, identify gaps and ensure the roster included those that had completed CPR training and were competent to deliver this service offered to residents.

Management told the inspector that no volunteers worked in the centre but a plan to recruit was being considered.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In the main the premises met the needs of the existing residents in its layout, and design. But additional shower and toilet facilities were required on each floor to ensure residents without an en-suite shower facility were in close proximity to suitable bathrooms.

The centre was homely and residents said they found it comfortable. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents. The actions outlined in self-assessment tool (SAT) completed had been completed which was to involve the OT in assessing the environment with regard to residents living with dementia and provision of signage.

The centre was a comfortable temperature, well lit, maintained and ventilated. It is laid out over two floors and has capacity to accommodate 66 residents in 62 bedrooms. Bedrooms and bed spaces had been personalised to each individual's preference. Twenty eight bedrooms are located on the ground floor and 38 on the first. A passenger lift was used by all to move between floors and a chair lift was available in one stairwell. The two twin bedrooms and four of the single bedrooms on each floor had a full en-suite that included a shower, wash hand basin and toilet. The remaining 30 residents on the first floor shared three communal bathrooms (two baths and one shower). Two of the four bedrooms with full en-suite facilities on the first floor were accessible by five low and deep steps and only suitable for ambulant and independent residents. The bathroom with the accessible shower facility was located at this end of the floor and residents accommodated at the opposite end had bath option close to them however many preferred the option of a shower. On the ground floor 20 residents (without a shower in their en-suite facility) shared two bathrooms (one with a bath and the other with a shower). The inspector found that the number and proximity of bathroom facilities was an areas to improve and was discussed with the provider representative, person in charge, staff and residents who were of the view that an additional shower bathroom close to residents bedrooms was required on each floor to enhance residents' comfort and dignity. The demand and usage of the existing three baths was also to be reviewed to meet the demands and preferences of residents.

Several communal areas were available with armchairs and seating available in alcoves

along corridors and at lift areas for visiting and rest. The communal areas were nicely decorated and had a warm and welcoming atmosphere. The visitors lounge off the reception area had a display of relevant information available to residents and visitors. There is a large chapel on the ground floor that was open and accessible daily for prayer, mass and reflection. Residents enjoyed visiting the chapel at all times of the day.

All bedrooms inspected were personalised, and had sufficient lockable storage and space for the resident's belongings. Appropriate furniture was provided in each room, including a spacious wardrobe, table, comfortable chair and bedside locker. Residents were able to lock their room if they desired and bring additional items with them if they chose to. There was a call bell located by the bed and in the en-suite if assistance was required. Call bells were also in the communal rooms. Most windows had been designed to provide good levels of sunlight and views outside when seated. There was overhead and dim lighting for residents to use in their bedrooms as they chose.

All bedroom doors had a clear number and if residents chose they could have a picture and name on the door also. The corridors had handrails both sides and were well decorated with murals and sign posts to orientate and direct people. Large clocks, notice boards with day, month, year, activities and weather forecast aided communication and orientation. The lobby area opposite the lift on the first floor had computers available for residents use and sitting areas. One area overlooked the entrance and driveway. This area was regularly occupied by residents with dementia who enjoyed this view out and were heard commenting on the variety of colours they could see, people coming and going, and any activities they observed happening outside.

A variety of outdoor garden paths and furnished internal courtyards with colourfully planted and decorated spaces was available with a variety of seating. One courtyard had handrails and a ramp that residents were seen accessing independently.

Good signage and signposting was in place to promote way finding. There were handrails on both sides of corridors and grab rails in bathrooms to support residents. There were aids and adaptations available to meet the needs of the residents and promote their independency. Contrasting strong colours such as toilet seats were seen in some bathrooms. Flooring was seen to be non slip and free from glare and trip hazards.

The centre had sufficient space for dining and a range of lounge and day areas on each floor. They were decorated in a homely fashion and seating was arranged to provide different options, for example watching the television or looking out of the windows or into the planted garden area. There was a range of individual and communal seating available to take account of residents differing mobility needs that including modified, powered or high backed chairs and chairs with arms to support individual preference. There were some seats located along the corridors to aid those who needed or chose to rest when walking around or to support socialisation opportunities. The corridors allowed for residents to walk or mobilise with or in their mobility aids unimpeded.

The housekeeping and staff team were seen to be working to ensure the centre was well presented and clean throughout. There were also laundry arrangements in place and residents were satisfied with the care of their belongings.

Judgment:
Substantially Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose and associated floor plan did not fully comply with Schedule 1. Management agreed to review the areas highlighted and resubmit a complete and accurate version of each.

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Gabriel's Nursing Home
Centre ID:	OSV-0000174
Date of inspection:	09/07/2019
Date of response:	12/08/2019

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 Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The written operational policies informing the ordering and prescribing of medicines to residents required review to include and detail the process involving the pharmacy that supplied the printed prescription cardex to the centre and the arrangement for amending an existing prescription cardex completed by the prescriber.

1. Action Required:

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

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

All policies and procedures are currently under review by the Director of Nursing and the Clinical Nurse Managers. The written operational policies informing the ordering and prescribing of medicines to residents will include and detail the process involving the pharmacy that supplied the printed prescription cardex to St Gabriels. The review will also include the arrangement for amending an existing prescription cardex completed by the prescriber

Proposed Timescale: 15/09/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Up to nine separate medicines were block signed by the prescriber, and one prescription record had been altered without a date or signature to identify the person that authorised or completed the amendment to the prescription record.

2. 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:

Competency assessments were completed as part of an overall assessment to maintain a high standard of evidence based nursing All nurses completed medication management training. Our Pharmacy has provided medication management courses for each nurse. Link nurses are in operation to ensure up to date practice in each area of speciality we currently have two nurses who are trained medication prescribers. The nursing home has employed on a part time basis a physiotherapist and two occupational therapists. We currently have three General Practitioners who provide medical care to the residents all work within their scope of practice in keeping with the terms of their professional license

Proposed Timescale: 15/08/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A record or assurance that all relevant staff had completed cardio pulmonary resuscitation training or refresher was not available.

3. 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:

Training for cardio pulmonary resuscitation took place on the 6th and 7th of August all relevant staff will have completed or attended refresher training by the end of September 2019. Each shift on the roster will identify the person or persons competent to perform cardio pulmonary training

Proposed Timescale: 20/09/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The suitability and provision of shower and bathroom facilities on each floor required improvement to meet the number and needs of all residents.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

A review of the premises by our architect identified key areas to extend the number of shower and bathroom facilities. The proposal is to install a new shower room on the ground floor increasing the ratio of bathroom and shower facilities to 9 for 28 residents. The first floor will also increase the shower facilities by installing an extra shower room creating 10 shower/ bathrooms for 38 residents

Proposed Timescale: 20/02/2020

Outcome 09: 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 and associated floor plan did not fully comply with Schedule 1.

5. 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:

A revised statement of purpose is now in place containing the information set out in schedule 1 of the Health Act 2007 the new statement of purpose has been submitted to the authority

Proposed Timescale: 09/08/2019