



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Glendonagh Residential Home
Name of provider:	Glendonagh Residential Home Limited
Address of centre:	Dungourney, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	07 February 2022
Centre ID:	OSV-0000229
Fieldwork ID:	MON-0034122

## About the designated centre

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

Glendonagh Residential Home is located near the village of Dungourney in East Cork. It is set on well maintained, extensive grounds. The centre is registered as a designated centre under the Health Act 2007 for the care of 42 residents with 24-hour nursing care available. The centre is registered to provide accommodation for 42 residents over two floors. There is a specific nine bedded dementia care unit for residents who required additional support called the Orchard unit. Care is provided by a team of nursing staff who are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 7 February 2022	21:30hrs to 01:30hrs	Mary O'Mahony	Lead
Thursday 24 February 2022	08:45hrs to 18:15hrs	Mary O'Mahony	Lead
Monday 7 February 2022	21:30hrs to 01:30hrs	Caroline Connelly	Support
Thursday 24 February 2022	08:45hrs to 18:15hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that Glendonagh Residential home was a nice place to live in and a place where residents felt their rights were supported. Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. Inspectors met most of the residents during the inspection and spoke with up to ten residents in more detail. They also met eight visitors who were seen to be welcomed by staff and well known to them.

The centre is divided into three units named the Orchard unit, which accommodates nine residents in seven single rooms and one twin room, the Courtyard unit which accommodates 14 residents in two twin and 10 single rooms and the Manor unit accommodates 19 residents over two floors. The majority of bedrooms have en suite facilities. The communal accommodation comprised of two dining rooms, two sitting rooms, two visitors/ quiet rooms and an oratory, available daily to residents for additional seating space at present. Communal rooms were spacious, well decorated and suitable furnished.

The inspectors saw that there was easy access to the spacious gardens and there were walkways and seating in the garden to be enjoyed by residents. On the second day of inspection it had snowed and residents said they enjoyed looking at the scenic views which were enhanced by the snow fall. Two ornamental deer were seen on the drive up to the centre and were much admired by residents and relatives alike.

The inspection was undertaken over one evening/night and a full day. The initial evening of the inspection commenced at 9.30 pm and concluded at 1.30am. When inspectors arrived at 9.30pm they were unable to gain access as the main gate was locked, the main gate call bell system on closed circuit TV (CCTV) was not answered, the phone was not answered and the front door bell was not answered for an extended period of time. Staffing levels in the centre at that time were such that all staff were busy attending to residents needs. However, inspectors were concerned that relatives trying to contact residents and staff would experience the same delayed response and this fact was acknowledged by staff.

After a brief introductory meeting with the nurse, and having complied with all the required infection control guidelines, inspectors walked around the centre while the nurse was completing her duties. The staff were assisting the remaining few residents who were still up to bed. Once all the residents were in bed the centre appeared calm, call bells were heard to be answered in a timely manner and staff on duty appeared knowledgeable and very attentive. Inspectors spoke with one resident who welcomed the chat and diversion it created for her. She requested something to eat as she said she was 'always hungry'. This was responded to immediately and a fresh sandwich and hot drink was brought to her. She was extremely complimentary about the staff in the centre and particularly about the care assistant assisting her at night. She had her call bell within reach and shared

parts of her very interesting life story with inspectors.

The staff on duty after 9pm for the night, consisted of one nurse and three health care assistants (HCAs). The inspectors observed that care staff were allocated to the three different units of the centre and generally worked alone in these areas. The staff, after ensuring all residents were safely in bed, were seen to clean all the chairs in the day room and to wash floors in the corridor, the dining room and the sitting room. Two of the HCAs answered call bells while the nurse completed her resident care matters, medicine records and care plan updates. One care assistant remained in the orchard unit all night attending to the nine residents residing there.

Throughout the first evening of this two day inspection, inspectors found that the centre was warm and comfortable. TVs were heard to be on in some bedrooms and the centre was calm. Residents said snacks were available at night and staff confirmed this. Inspectors saw that residents had accessible drinks and call bells on their bed tables. The inspectors visited the laundry area to evaluate fire safety provision in that area of high risk, as the machines also operated at night. Inspectors saw that the door between the laundry and the store room had been wedged open and there were numerous boxes of combustible material piled high in the link corridor and in the open store room between the two areas. This and other fire safety risks are outlined under Regulation 28. When inspectors emerged from the lift located at the far end of the Orchard unit hallway they found that the Orchard unit was mainly in darkness. The staff member on duty said it was to prevent disturbance for residents. There was no additional supervision available in that unit on the night inspection as there were a number of residents on the unit that were COVID-19 positive and no other staff assisted on that unit. The inspectors were informed that some residents on that unit required two staff to attend to their needs however there was only one HCA available to them for the night. This staffing and supervision issue is discussed further in the report.

The inspectors observed that medication practices required action in that storage of some medication was on top of the medication trolley and not stored inside the trolley as required by best practice guidelines. The inspectors were informed that due to COVID-19 being present in the Orchard unit a nurse did not go into the unit during the night and administered medication from door of the unit to the care staff to give to the residents. This is outlined further in the report.

On the second day of the inspection which took place a number of weeks later the inspectors followed the infection control guidelines as before. They were met by the person in charge who was later joined by one of the directors of the company. Inspectors discussed the previous inspection findings, progress on recruitment and on the actions required following the previous inspection.

On the second day of the inspection inspectors walked around all units and observed morning care. Residents were very nicely dressed. One HCA showed inspectors how she had styled the resident's hair in a manner similar to her own. Another resident was beautifully dressed in coordinating clothes and lipstick and was seated comfortably in a reclining chair. Her window view was of the surrounding snow covered fields and staff had put on relaxing music for her. Flower

arrangements and personal photographs decorated her room.

The corridors were busy areas with staff observed going in and out of residents' bedrooms attending to morning care. There were trolleys with care items and personal protective equipment (PPE) at various locations and bins available for disposal of gloves and masks on the corridors. Alcohol hand gel was available at numerous locations throughout the centre. Inspectors saw that staff washed their hands, applied hand gel and generally wore appropriate PPE. Nevertheless, inspectors observed some inappropriate mask wearing by a number of staff throughout the day.

The inspectors saw and were informed that cleaning processes had been improved since the previous inspection, trolleys for this purpose were noted to be clean and appropriately stocked. Staffing for household duties had been increased and the results of this, as well as later finishing times, had led to a much improved standard of cleaning. Oversight and supervision of cleaning processes were carried out by the household manager on duty who spoke with inspectors about the training they had undertaken. Staff spoken with were familiar with the cleaning products in use and the protocol to be followed to deep clean a room. All residents had individual movement and handling slings which were washed regularly.

Inspectors saw that most of the bedrooms were personalised with residents' family photographs, flower arrangements, ornaments and other personal memorabilia. There was adequate storage space available in residents' bedrooms for their belongings and items of personal assistive equipment, such as walking frames, were readily available. A storage room had been cleared out to provide for more storage space for wheelchairs and the boxes of PPE previously kept there had been put in storage externally.

Residents were very complimentary about the food and inspectors saw that residents were offered choice. Inspectors saw menus displayed and staff also informed residents that they had various options each day. Fresh fruit and scones were available for breakfast daily. Dinner was seen to be an enjoyable, social event in the dining room. Residents were offered a choice of three hot meals on the day of inspection. Residents were seen to enjoy their meal and reported that the food was good. There were sufficient staff in the dining room to support those residents who needed assistance with their meal, and where possible residents were encouraged to eat independently. Gravy and sauces were offered to residents so they could choose their own quantity. Food generally looked appetising, however the preparation and presentation of some modified diets required review, this was detailed under Regulation 18: food and nutrition. Residents in the Orchard unit had their own dining facilities which were used by residents living in that unit.

Residents praised staff and said that they were friendly, patient and understanding. A number of the staff were local and were heard discussing local news and chit chat with residents. They described the person in charge as kind and approachable and the person they would talk to if they were dissatisfied about any areas of the service provided. Residents were also seen to interact with the administration and management personnel stopping into the office for a chat and reassurance. Kind

and personal interactions were seen between staff and residents and it was obvious to inspectors that they were familiar with residents' life stories. One resident was seen enjoying a pint of beer during the day and staff said that a number of residents enjoyed a glass of wine also.

The inspectors met numerous visitors throughout the day. Visitors spoken with told the inspectors they were very happy with the care their loved one received, and were particularly complementary regarding the kindness of staff. They were known to staff and were happy to talk freely with them. They said that they were confident that any concerns would be addressed. They particularly praised communication during the outbreaks and the access to compassionate visiting.

Residents told inspectors that they were kept well informed by staff and were aware when there was a COVID-19 outbreak in the centre. Inspectors saw the residents who had recovered from COVID-19 in the last outbreak were mobilising well and looked well-nourished and cared for. Overall, the residents expressed feeling content in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided was safe, appropriate, effective and consistently monitored. However, these new and improved systems were in the early stages of implementation and required time, attention and further management to ensure their effectiveness. Many of the issues identified on previous inspections had been addressed and improvements were seen. However, staffing levels and skill mix at night time and supervision of staff continued to be of concern and required action, to ensure adequate supervision and attention to care needs of residents.

The centre had a recent history of poor compliance with the regulations identified over the course of two inspections on 11 August 2021 and on 28 September 2021. There had been ongoing engagement with inspectors of social services which included the issuing of a notice of proposal to cancel the registration of the centre. In response to this notice the provider submitted comprehensive representation to the Chief Inspector setting out the changes and improvements which had been implemented and requesting that, in light of these improvements, the Chief Inspector reconsider the notice. This inspection was undertaken to assess whether the changes that had been implemented were effective in ensuring the safety and welfare of residents in the centre and in improving regulatory compliance. This inspection was conducted over two separate dates, the first date comprised an

evening/ night time inspection, followed by a full day inspection.

Glendonagh Residential Home Ltd, is a limited company comprised of two directors. Following the previous inspection the Chief Inspector was notified of a change of director and the finance and governance manager is now a director of the company. She is fully involved in the day to day operation of the centre and is present in the centre four days a week, working from home on the fifth day. The other director has also taken a more active role in the oversight of the centre and attends the centre weekly to undertake maintenance and hygiene checks. The person in charge is experienced in the role of person in charge in this centre. The role of clinical nurse manager (CNM) has been filled by two experienced nurses, undertaking a job sharing post until the full time CNM returns from leave in the next number of months. The provider has also been successful in appointing a new Assistant Director of Nursing (ADON) who is due to start in the centre in March 2022. An administration manager who had been in post for over one year further strengthens the management team. The inspectors found on this inspection that there was a more clearly defined management structure in place with division of managerial roles of caring and household to promote better oversight of the centre. The household staff reported to the administration manager and the catering and maintenance staff reported to the finance and governance manager, leaving the director of nursing to manage and supervise the clinical staff only. Improved and more robust management systems were being implemented however, the effectiveness of same had yet to be fully established and embedded.

The management team met with the inspectors during the second day of the inspection and outlined the improvements that had been and were being implemented. For example

- Regular governance meetings were seen to discuss and address pertinent issues to the running of the service.
- They had retained the services of a consultancy firm to assist them to implement the numerous changes and improvements required.
- The premises had been redecorated and updated internally.
- Nursing staffing levels had increased with the recruitment of three new nursing staff, therefore the person in charge was not required to work as a nurse providing direct care, which meant she was now more available for managerial oversight of the centre.
- There were two cleaning staff on each day and three on duty three days per week with extended working hours. Intense training had been provided to the cleaning staff from an external company.

Notwithstanding the above improvements

- there were some aspects of infection control which were impacted on by inadequate supervision and these were highlighted under Regulation 27.
- not all staff had received up-to-date training in key areas like fire safety, moving and handling, safeguarding and responding to responsive behaviours.
- staffing levels and the skill mix at night time, as seen on the night time inspection, were not sufficient to meet the needs of residents and supervision

of staff, and this is outlined under Regulation 15 Staffing.

The person in charge was collecting weekly key performance indicators on aspects of care such as falls, wound care, restraint and so on. However, the system of audit that was in place required strengthening, to ensure comprehensive action plans were developed to respond to audit findings.

There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken for example, in the review of any resident following a fall. The complaints policy was now on display at the entrance and was easily accessible to all.

## Regulation 15: Staffing

Inspectors found that although the recruitment of extra nurses had resulted in improvements in day time staffing levels and skill mix, the night time staffing levels showed little improvement. While there was a commitment to having a second nurse on duty until 10pm this was not always possible, as seen on the night of the inspection, due to staff shortages

As found on the previous inspection the practice of rostering one nurse on duty for the night, to supervise care and meet the nursing care needs of 42 residents led to inadequate supervision and oversight of resident care. Inspectors found that 25 of the 42 residents in the centre were documented as high dependency or maximum dependency, meaning that they required specific nursing care, often requiring the attention of two staff.

- There was only one nurse on duty over three units laid out over two floors and the dementia specific unit. Care staff were allocated to separate areas of the centre including one care staff in the Orchard unit which had two residents with COVID 19 at the time of the night inspection. A number of residents in that unit required two person care interventions, according to staff, but this was not facilitated by a second person being made available on the night of the inspection.
- It was difficult for one nurse to observe and supervise the care delivered to all residents in the centre as well as administering the night time medications and undertake the required nursing tasks.
- Following the previous inspection the provider had committed to having an extra nurse on duty from 2pm to 10pm, however on the night of the inspection, due to sick leave, there was no additional staff nurse on duty on the 2pm to 10pm shift. Instead a health care assistant (HCA) from the day staff cohort had stayed on to help until 9pm in the Orchard unit.
- When inspectors arrived at the centre on the night of the inspection they failed to gain access for a substantial period of time. The nurse on duty reported that they were all busy with residents, the front entrance gate, door or phone were not answered for a substantial amount of time. This could be

indicative of an insufficient staffing level and could cause distress to relatives if they were trying to contact the centre.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff supervision was not adequate as addressed under Regulation 15 Staffing :

- With only one nurse on duty over two floors and the Orchard unit, staff were not being appropriately supervised. This was evidenced by inappropriate PPE wearing by some staff for example, incorrect mask wearing and one staff member at night was seen wearing gloves and a plastic apron when going up and down stairs to attend to residents. In addition, a nurse was not available to supervise care particularly, to residents in the Orchard unit on the night of the inspection.
- lack of supervision at one mealtime in the Orchard unit resulting in a resident not being supported with their meal in a dignified manner.

A number of clinical staff had not attended required training and some were outstanding updated training :

- safeguarding training x 1 out of date, 1 with no date
- manual handling training x 4 staff required practical training
- training in responsive behaviour x 1 with no date, 1 out of date and 7 online training only
- fire safety training x 2 staff with no training and 1 out of date.

Moving and handling and fire safety training was scheduled 31 of March and 07 April 2022

The updated training matrix provided following the inspection did not have the management team, housekeeping, catering and maintenance staff on it, so it was difficult to establish their level of compliance with training requirements.

Judgment: Substantially compliant

### Regulation 21: Records

Some records were not stored in an appropriate, safe manner, for example a number of files were stored in the electronics communication room.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Although there had been improvement in the overall management structure and the commencement of more comprehensive management systems, further improvements were required to ensure the service was appropriate, safe and effectively monitored.

- Staffing levels had not been fully addressed in relation to adequate nursing care based on the needs and rights of the residents, the diverse layout of the centre over two floors and the supervision requirements of staff.
- there was not adequate supervision of staff, as outlined under Regulation's 15 and 16
- As per the findings of the previous inspection this inspection found that the system in place for monitoring staff training was not sufficiently robust, which is discussed further under Regulation 16.
- While audits had taken place they were not sufficiently robust to provide oversight of all aspects of the service. It would take time for this system to become embedded and for staff to become familiar with the audit process. A schedule of audit was required for 2022,
- Further systems were required for the oversight of fire safety, as outlined under Regulation 28
- More robust systems were required for the oversight of medication management

Judgment: Not compliant

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

The contracts available for residents contained appropriate details. The contract included the room number to be occupied, the fee structure and a description of how residents' needs would be met.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose of the centre which sets out the ethos, the staffing, the registration details and care provision in the centre required updating:

For example:

- the registration certificate included in the document was not up to date
- a full list of all the rooms in the centre detailing their size and primary function was not included, as required under Schedule 1 of the regulations.
- the new governance and staffing arrangements required inclusion

This document was being updated at the time of inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Complaints, which were infrequent, were seen to be recorded in detail and each element of the complaint was documented.

Complainants were advised of the appeals process and advised to use this if they were dissatisfied with the outcome of any complaint

It was apparent that efforts were made to address the issues involved and to communicate the outcome.

Judgment: Compliant

### Quality and safety

Overall, residents in Glendonagh Residential Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and opportunities for social engagement. Residents' meetings were held and surveys were undertaken which were in the main, seen to praise the service and the staff. The centre had been chosen to take part in the National Nursing Home Experience Survey and information about this was available in the centre. Staff were found to be knowledgeable and were seen to be kind to residents. Nonetheless, this inspection found that some improvements were required in the quality and safety dimension of this inspection, in relation to medicine management, food and nutrition, infection control, residents' rights and fire safety.

Between the first evening of this monitoring event and the second day of inspection a few weeks later, the centre had experienced and resolved an outbreak of COVID-19. Luckily this was confined to one section of the centre and residents had remained relatively well with mild symptoms only. Public Health advice had been followed. Similar to previous findings, however, this inspection found that

procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA, 2018, were not fully implemented by staff. Findings in this regard are detailed under Regulation: 27.

The centre had observed precautions and guidelines in relation to visiting during the outbreaks, while always facilitating compassionate visits. On the second day of the inspection the visiting was seen to be normalised and the visitors were seen to continue to observed hand hygiene, mask wearing and temperature check precautions as required to protect the residents.

Throughout the two days of inspection, inspectors found that an ethos of respect and care for residents was evident. The design, decor and layout of the premises enabled residents to spend time in private and communal areas of the centre while maintaining social distancing, if this was necessary. There was easy access to the spacious gardens and there were walkways and seating in the garden to be enjoyed by residents. The centre had been decorated and improved room identification signage was planned for the Orchard unit.

There was generally, a good standard of care planning in the centre and care plans were seen to be personalised. Validated risk assessments were completed to assess clinical risks including risk of malnutrition, pressure ulcers and falls. Residents were prescribed nutritional supplements where required and medicines were reviewed on a regular basis.

Since the previous inspection improvements were seen in fire safety. The majority of the staff had received fire safety training. Daily and weekly checks had been completed. An evacuation drill of the largest compartment simulating the time of lowest staffing levels was conducted in a timely manner. However, on this inspection inspectors found that not all supervisory staff had taken part in such a drill. Further serious fire safety concerns were identified on this inspection. These and other fire issues are outlined under Regulation 28: fire precaution. Following the inspection the provider said they would request a fire risk assessment to be carried out by a competent person in fire safety.

Inspectors were assured that residents' dietary and fluid requirements were well met. Food was generally seen to be nutritious and appetising. The dining experience for residents, with two separate sittings, facilitated residents to have a relaxed and social dining experience in the nicely decorated dining room. However, preparation and serving of modified food (food of a different consistency for those with assessed swallowing difficulties) was not of a good standard and did not conform to the best evidence available for the presentation of such meals. This was addressed under Regulation 18: food and nutrition.

Residents were seen to have access to radios, television, telephones and newspapers. They spoke with inspectors about the garden walks on fine days and they said they enjoyed activities such as hand massage, bingo and art work. One resident was seen to enjoy a pint after dinner and he was seen to sit and converse with another resident for a period of time in the afternoon. Residents meetings were detailed and attended by the chef so food preferences could be discussed and

established. there was evidence of actions taken to residents suggestions particularly around food and activities. Overall, inspectors formed the view that residents' rights could be further enhanced by access to an improved skill mix of staff .

### Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were taking place in line with the current Health Protection Surveillance Centre (HPSC) guidance. Visits were encouraged with appropriate precautions to manage the risk of introducing COVID-19. Visitors were required to wear a suitable mask, use hand sanitising gel and have their temperatures checked prior to entering the centre. Updated guidelines were on display and relatives were allowed visit in the relevant, single bedrooms or in the room assigned for visits.

Judgment: Compliant

### Regulation 17: Premises

The premises had undergone a programme of refurbishment since the last inspection. Flooring in one en suite bathroom had been replaced and residents' beds in that three bedded room had been reconfigured to afford more space and privacy. The orchard wing had been painted and looked much brighter. There was easy access to the outdoor space from many areas of the centre.

Overall, the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Judgment: Compliant

### Regulation 18: Food and nutrition

Inspectors found that modified diets were not visible appealing when prepared, without clear definition as to the content of the meal.

In addition, inspectors found that this modified meal was not served properly to a resident within the Orchard unit. This was important for the resident's dignity, as the resident had been diagnosed with dementia and may not be in a position to express

dissatisfaction with the way the meal was served.

Judgment: Substantially compliant

## Regulation 27: Infection control

Infection prevention and control practices in the centre were not in line with the National Standards for infection prevention and control in community services and other national guidance. Staff did not demonstrate full competence in applying standard and transmission-based precautions as per standard 2.1. As a result, efforts to prevent and control COVID-19 transmission were restricted.

For example:

- Inspectors observed that personal protective equipment such as masks were not worn correctly by a number of staff during the course of the inspection.

The provider did not comply with legislation and national and international best practice recommendations for the infrastructure of the facility to effectively reduce the risk of infection as per standard 2.2 and 3.1.

For example:

- Hand hygiene facilities were not provided in line with best practice and national guidelines. There was a limited number of hand wash sinks dedicated for staff use in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection as outlined in National standards 2.8 and 2.3.

For example:

- Inspectors saw that urinals were not stored in accordance with infection control guidelines and racks were required in both sluice rooms for the correct storage of urinals.
- Some items of furniture observed during the inspection were damaged. Large chairs in the sitting room and some pressure relieving cushions were seen to be worn with tears obvious in the covering. This impeded effective cleaning.

The registered provider explained that they are going through the process of renewing the worn chairs in the designated centre. There had been delays in getting suitable products but each week chairs were being removed and recovered. This

should be completed in the near future according to the provider.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were risks identified in relation to fire safety management.

On the first night of the inspection the inspectors identified

- In one cupboard labelled 'electrics room' there was a large roll of oil cloth stored which would exacerbate any potential electrical fire.
- The second 'electrics room' could not be opened with the master key available to the staff member on duty. This meant that any potential electrical fire could not be tackled early, due to lack of access to the room.
- There were boxes of PPE and sanitary items piled up and stored in the store near the laundry and in the corridor in the basement between the laundry and the store. These would accelerate any fire due to their combustible nature. This arrangement was compounded by the fact that the fire safe door, meant to provide a barrier for an hour against fire and smoke, was wedged open with a white plastic wedge. In addition, loose electrical wires were seen down stairs hanging from the ceiling in the large store room adjacent to the laundry. Additionally, a store room in the corridor was packed tightly with piled up boxes of PPE.
- Three other fire safe doors around the home were also wedged open, which negated their purpose in containing fire and smoke for a period of time.
- Not all staff on duty had taken part in an evacuation drill of the largest compartment in the centre to facilitate efficient evacuation at the time of reduced staffing levels.

On day 2 of the inspection a number of the above actions had been resolved the two electrics rooms upstairs referred to above had been cleared out and the PPE and sanitary wear had been moved to an appropriate storage shed outside. Loose wires had been attended too. However, other issues were identified

- For example: inspectors found that there were three fire safe doors held open with a wedge or a chair. A protocol or risk assessment was required to reduce any risk, where this practice could not be avoided.
- As found on the previous inspection inspectors saw inappropriate items stored in the electronic communications room in the basement, including residents' paper files, boxes of gloves and other PPE which posed a high risk of accelerating a fire as the room was located in the basement. This was removed while the inspection was in progress.
- On the second day of inspection a leaking pipe was noted in the ceiling of the

laundry room. This was addressed immediately as the leak was adjacent to electric sockets and posed a risk of fire or electrical injury to staff operating the machines. The provider stated that a plumber had been informed of this and was planning the optimal time to repair the leak.

The provider was asked to risk assess the use of a bolt on an exit door from the dining room to one hallway, which was reported to be used for cleaning purposes only. The use of this would need supervision to ensure it was in use on a short term basis as stated, or to source alternative devices which would release on the sounding of a fire alarm.

The provider said they would request a fire risk assessment to be carried out by a competent person in fire safety.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were not administered or managed in line with the professional guidelines for nurses from Bord Altranais agus Cnaimhseachais na hEireann 2020.

On the first date of this inspection

- Inspectors were informed that due to COVID in a specific area of the centre that medication administration was not comprehensively supervised by a nurse for a small group of residents. In addition some medicines were not signed for immediately after administration as required by the above guidelines.
- As identified on the previous inspection a small number of medicines were not securely stored in the medicine trolley and were seen on top of the trolley in the clinical room.

On Day 2 of the inspection: Improved medicine processes were seen with correct administration and storage of medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of five care plans viewed appropriate interventions were in place for residents' assessed needs. There was generally, a good standard of care planning in the centre and care plans were seen to be personalised. Validated risk assessments were completed to assess clinical risks including risk of malnutrition,

pressure ulcers and falls. Care plans were updated four monthly or as required.

Judgment: Compliant

### Regulation 6: Health care

There was a good standard of evidence-based health care provided to residents. Residents were regularly reviewed by their attentive general practitioner (GP). There was evidence of access to health and social care professionals such as physiotherapist, dietitian and occupational therapist (OT). GP visits continued weekly, and more often if required, during the outbreak and staff and residents praised the medical care available to them. Input from the dietitian and the speech and language therapist (SALT) was seen in relevant care plans. The provider said that plans were well underway to engage the services of a physiotherapist to visit regularly to promote and sustain residents' mobility needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of restraint in the centre required review to ensure that it is only used in accordance with the national policy as published on the Department of Health website. Inspectors found that there was a high use of bedrails at almost 50% of residents using them without evidence that all least restricting methods had been tried. This required further management to promote a restraint free environment and optimise residents' independence.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse.

However, safeguarding training was not up to date for staff, which is addressed under Regulation 16: staff training.

Good practices were seen in the management of residents' finances and a robust system was implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were respected and promoted in the centre. There was good evidence of access to a wide range of activities which was a great improvement on the previous inspection. Minutes of residents' meetings were seen to be person centred, detailed and included the voice of the resident.

Residents had access to beautiful outdoor surroundings and garden walks were facilitated. Each resident had access to TVs, radios and daily papers. Residents said their choices were respected in relation to meal choice, access to their personal phones as well as getting up and going to bed times.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glendonagh Residential Home OSV-0000229

Inspection ID: MON-0034122

Date of inspection: 08/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Registered Provider has always tried to ensure an appropriate skill mix and level of staffing, even throughout the past 2 years and these continued exceptional times. In 37 years of nursing care The Registered Provider has never experienced an issue in the care provided at night. The Registered Provider has always risk assessed the requirement for a second nurse particularly when we have end of life care or additional care requirements.</p> <p>A full review of staffing at night was carried out in 2021 with particular focus on the roles of the nursing team. All members of the night team were happy with the staffing levels with no concerns being noted. Further more time trials were carried out throughout the building ensuring our nurse can easily access any area within 1 minute of being contacted, this includes the use of a lift to the only first floor area which is located in the Manor.</p> <p>HIQA carried out an announced night inspection commencing at 9.40pm during which they are aware is a particularly busy time period in every single care home, it is also a time that most families respect as our focus is completely on the care of our residents.</p> <p>The Registered Provider has electric gates which at this hour are closed for the safety of our residents and staff. Should a family member, ambulance, doctor any person need access to the Home they would always contact us in advance so as the gates can remain open to ensure safe and prompt access. HIQA would not have been able to call via a phone from the gates as there is no phone coverage in Dungourney, something that is out of The Registered Providers control. The gates do have an intercom system which is linked to the office and nurses station only. At 9.40 at night our staff are on the floor but with full access to telephones which are located throughout the facility. Whilst visitors are welcome at any time, The registered provider would not generally encourage this hour as our priority is solely focused on the night time routine of our resident ( unless EOLC is an issue)</p>	

At the continued request of HIQA we have now put a second nurse in place, this commenced on 25/03/2022. The registered provider is committed to ensuring the safety of our residents and remaining compliant with HIQA and the regulations.

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

- The PIC with the support of the Administration Manager will ensure the training matrix is up to date at all times thus ensuring all staff have received up to date mandatory training and education in line with legislative and regulatory requirements, respectful of public health restrictions. Training updates will be provided at the weekly governance meetings with the PIC.
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- The Registered Provider has a team of over 60 staff members. Like many businesses the Registered Provider has experienced unprecedented levels of sick leave primarily due to COVID. The Registered Provider is acutely aware of the serious and imperative nature of Training and endeavors to ensure every single staff member has their annual training certified requirements however this has been particularly challenging over the past 2 years. If a staff member is on sick leave during a scheduled training course, they are highlighted to ensure they are prioritized for training upon their return. All new members of staff are given a very detailed induction on commencement of employment which takes a minimum of 3 days. No member of staff will work with The Registered Provider without having the correct training in place.
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- At the time of Inspection all staff members were provided with comprehensive training and continual certified training scheduled for those whom required it. The training matrix was not requested by HIQA for the Maintenance operative, Kitchen, Housekeeping or management Team. All training is in place for these teams as per regulatory requirement. The RPR will continue to support the PIC to ensure that all training is up to date and that a training matrix is reviewed at management meetings to enable the PICs full compliance with Regulation 16.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
 The Registered Provider is aware that files were stored in a fully locked and secure room,

with a fire door in place however at the request of HIQA these were removed on the day of the audit. The importance of correct records management and storage is of upmost importance at all times. A review of all records was carried out post the inspection to ensure compliance throughout the facility.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider currently has a full time Registered Provider Representative (RPR), Person In Charge/ Director of Nursing (PIC/DON), Assistant Director of Nursing (ADON), 2 Clinical Nurse Managers (CNMs) and an Administrative Manager in place for a 42 bedded facility. A further review of all management roles was carried out to ensure clear ownership and accountability is in place at all times.

The role of the management is to ensure there is correct staffing levels, skill mix and supervision at all times. However, we continue to face challenges in regards sudden staffing changes due to the nature of COVID. On the night of the unannounced night visit there was 1 hour short in terms of the then current staffing levels and this was due to a nurse taking unwell that morning. The Registered Provider will always try to mitigate these unforeseen circumstances and did so by having an additional senior HCA staff member in place until 9pm (Normal business would have been an additional Nurse until 10pm).

The Registered Provider is in daily contact with other local and national care homes in an effort to further understand any way in which we can better our service. Unfortunately staffing is one of the most challenging areas at this time.

The Registered Provider carries out regular audits to ensure there is a robust management system in place. A number of monthly audits are also in place to ensure correct oversight and competent staff knowledge.

PPE/hygiene audits are carried out on a monthly basis. The importance of correct usage of PPE is also reiterated on handover both morning and night and at regular staff meetings.

- All Nurses are fully trained in regards Medication Management and are aware of the importance of Medication Management practices. Daily overview of medical practices and drug rounds are overseen by the PIC. On the night in question when inspectors did their inspection the nurse on duty was completing her medication round and didn't have sufficient time to clear her trolley before going to meet the 2 inspectors. Our medication trolleys are always kept behind locked fire doors.

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Registered Provider constantly reviews the Statement of Purpose to ensure that it is updated to reflect all evolving requirements as stipulated by the regulations.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The variety, choice and presentation of food for our residents is paramount as mealtimes are very much a social occasion and to be enjoyed.</p> <p>On site training has been organized for 27th April for all catering staff in textures, variety and presentation. This will be followed at a date to be decided for virtual training by trainer.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The Registered Provider continues to arrange education and training of staff on best practice, hand washing, PPE, and infection control, carrying out audits on a regular basis. PPE, Handwashing audits are carried out monthly with staff</li> <li>• The Registered Provider, especially through the PIC and her senior nursing team continues to follow Public Health advice and direction in the management of the COVID-19 public health outbreak within our residential care setting</li> <li>• The Registered Provider will conduct a review of the hand hygiene sink with professional advice with a view to assuaging the concerns voiced by the Inspectors in this regard.</li> <li>• As per the request of HIQA drying racks have been added to the sluice rooms so as urinals can be stored post disinfection in the commercial washers.</li> </ul>	

- The Registered Provider has always endeavoured to ensure the esthetic nature of the facility is of the highest standard along with the ability to support best Infection Controls practices. Chairs and all equipment are constantly assessed and upgraded.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Registered Provider has reviewed all electrical cupboards and would like to state that all electrical boards are serviced annually and kept closed within the fire-retardant boxes which are within a cupboard that has a 120-minute fire door. No materials are stored around these boards. There is a separate shelf located below the boards, behind the fire doors with which items are stored. As per HIQAs request these have now been removed.
- The second electrical cupboard could not be opened due to the Nurse feeling under pressure and nervous as two inspectors stood beside her and watched. When management tried the cupboards with the same key they opened perfectly. All electrical cupboards are opened via a master key which the nurse on duty has access to at all times.
- On the day of the audit 0.6 tonne of pads had been delivered, maintenance was aware of the items and was in the process of restocking our stores.
- The noted store room with PPE is again protected with a 90 minute fire door
- The Registered Provider continually educates the team in regards the importance of fire safety and tries to ensure that no door is held open by a door stopper.
- The Registered Provider is aware of two residents whom request that their door be left open during the day when staff are around the facility, these are noted on their care plans and known should there be a fire.
- The Registered Provider has contacted one of their 3 fire audit companies to review the options available to support residents request to keep doors open in the safest manner.
- The leaking pipe which was found on the inspection was known to management and the plumber was in the process of fixing it – this was explained to the inspectors. Due to the serious nature of the leak a part had been ordered and all relevant people were aware whilst we awaited the completion of works.
- Inspectors noted a bolt on an exit door from the dining room. The bolt is used when the central dining room is being cleaned or the server which contains boiling water, may be unattended prior to or post service. The exit is only for the benefit of residents during meal times due to the central positioning of the room within the facility.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• As previously noted, all Nurses are fully trained in regards Medication Management and are aware of the importance of proper Medication Management practices. Daily overview of medical practices and drug rounds are and continue to be overseen by the PIC.</li> <li>• Please note whilst The Registered Provider endeavors to meet best practices at all times the clinical room where the medical trolleys are securely stored is kept locked at all times.</li> <li>• All nurses will continue to have medication management competency assessments done to ensure safe and effective care for the resident.</li> </ul>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The home is committed to providing as much as possible a restraint free environment. All residents have individual risk assessments done taking into account their cognitive and physical ability. Bedrails are never used until individual assessments are done. These residents will be continued to be reevaluated on a regular basis in a bid to reduce the use of restraint within the centre.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	22/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	22/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/04/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	27/04/2022

	and drink which are properly and safely prepared, cooked and served.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	22/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	22/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	22/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	22/04/2022

	staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	22/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	22/04/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/04/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	22/04/2022
Regulation 29(5)	The person in	Substantially	Yellow	22/04/2022

	charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Compliant		
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/04/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	22/04/2022