



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

Issued by the Chief Inspector

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre DAC
Address of centre:	Kiltiernan Care Centre, Glebe Road, Kiltiernan, Dublin 18
Type of inspection:	Announced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0040019

About the designated centre

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

The centre is located on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 54 beds to male and female residents primarily over the age of 65. There is a mixture of single and twin en-suite bedrooms provided over four units. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units, and one unit has been designed to provide accommodation for residents living with dementia. There is access to the gardens and internal courtyards from each unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Wednesday 6 September 2023	09:30hrs to 15:30hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations and from what the residents told them, it was clear that the residents living in the centre received a high standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with comfortable surroundings and friendly staff.

On the day of the inspection the inspector was met by both the person in charge and the assistant director of nursing. Members of the senior management team were also available throughout the day of the inspection. The centre is made up of four units. While touring the premises, the inspector observed that all the units were clean and well-maintained.

Residents' bedrooms were observed to be bright, spacious and comfortable spaces. Many residents had personalised their rooms with photographs and personalised possessions. There were five twin occupancy rooms which were laid out to ensure the residents living in these rooms had their privacy and dignity maintained at all times.

One unit was a dementia specific unit that had a circular layout. This facilitated the residents to safely mobilise around without feeling restricted. There were two small sitting rooms and a dining room for residents in this unit to use. The dining room wall had a bright colourful mural on it. In one sitting room residents were seen participating in various activities including jigsaw puzzles, reminiscence therapy and nail care. The other sitting room was being used for residents who prefer quieter areas to sit in. There was a small enclosed garden off this unit, accessible to only the residents residing on this unit. At the time of inspection this space was not available to the residents due to being a falls hazard, caused by uneven ground surface and loose patio slabs. This had been out of use for quite a few months. There was an action plan in place for maintenance ground works, to make it a usable space again. Residents in this unit also had access to a large enclosed garden used by all residents in the centre.

All the units converged into a large communal area that contained a sitting room and dining room space. The room was bright and tastefully decorated. There was comfortable seating for residents to use and the dining tables were well laid out and well-presented with nice table coverings and small vases with artificial flowers. The sitting room had residents' artwork on display. Residents were observed using this space throughout the day. There were also smaller communal areas available for residents' use and suitable to receive visitors in if they so wished. One of these rooms was particularly used for family gatherings to celebrate occasions such as birthdays. Residents were seen enjoying reading the daily newspapers. The inspector observed a religious service held in the large communal sitting room during the afternoon of the inspection.

There were two safe enclosed gardens, accessible through the communal sitting and

dining room space, available for use by residents in the centre. The inspector observed these to be colourful and well-maintained spaces. Residents and their visitors were observed using this space during the inspection. Visitors spoken with expressed satisfaction with the service that their loved ones received.

The inspector observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining room allowed all residents to dine at the same time. A daily written menu was available for residents. There was a choice of three meal options at dinnertime, including a vegetarian option and a choice of hot and cold meals in the evening. The dinner was observed to be well-presented, warm and with ample amounts on the plate. The meals were home cooked on site. There was an appropriate level of supervision and help for residents who required it.

Information boards around the centre informed residents about the weekly activity schedule, complaints procedure, advocacy services and various health services.

The inspector spoke with some residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. One resident told the inspector how they enjoyed the company since moving into the centre as they were lonely at home. Another resident talked about how helpful and kind the staff were. Residents were complimentary about the food in general but some felt there could be some improvements made, particularly around the timing of meals. This was also reflected in the surveys that residents filled out prior to the inspection.

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

Capacity and capability

Overall the inspection found that the registered provider provided a high standard of care and support to the residents living in the centre. The provider had arrangements in place to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, some gaps around documentation were identified that required improvements. The provider had also failed to adequately address issues with clinical hand washing sinks, that were identified in the last inspection.

This was a one day announced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clear governance and management structure in place. The registered

provider of the centre was Cowper Care Centre DAC. There was a person in charge who was responsible for the oversight of the day-to-day running of the centre, including the health care and social needs of the residents. The person in charge was supported in their role by an assistant director of nursing, clinical nurse managers and clinical staff, including nurses and health care assistants. Other staff also included activity co-ordinators, household and catering staff. The person in charge was also supported by two senior managers in the centre. In addition, the person in charge also had access to a quality and safety officer, who worked for the registered provider, who provided further support when required.

There was a copy of the annual review made available to the inspector. The report was detailed and identified areas for quality improvement in 2023. There was evidence of significant input from residents and their families into the report.

Written policies and procedures were available to review in the centre and were in line with regulatory requirements. The complaints policy had recently been revised and amended to reflect recent changes in the regulation.

A directory of residents was made available for review on the day of inspection. The inspector found that the directory of residents was not maintained in line with regulatory requirements. This is further discussed under Regulation 19; Directory of residents.

The inspector followed up on the provider's compliance plan from the previous inspection and found that the provider had made improvements to a number of areas, including premises and the oversight of audits. However, there was an outstanding action in respect of the installation and location of clinical hand washing facilities. While one sink had been moved, as per their compliance plan, it was still not readily accessible to staff. This is further discussed under Regulation 23; Governance and Management

Regulation 19: Directory of residents

The registered provider had established a Directory of residents, however it was not maintained in line with the regulatory requirements, as set out under paragraph (3) of Schedule 3. For example:

- The sex of residents was not recorded.
- There were multiple omissions where no General Practitioners (GP) were recorded or had their contact details missing.
- There were multiple gaps in the contact details for next of kin/person to be notified.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an insurance policy in place which included loss or damage to residents' property. Residents were informed of this cover in their contracts of care.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, a number of gaps were identified that required review;

- The registered provider had failed to appropriately address issues around clinical hand washing sinks, that had been identified on the previous inspection. One sink was located in an area that was not easily accessible to staff. A compliance plan submitted to the Office of the Chief Inspector gave assurances that this sink would be moved to give better access to staff. However while the location of the sink on the wall had been moved, it was still not accessible. Staff also had to walk long distances to avail of hand washing facilities, due to a lack of clinical hand washing sinks in the centre.
- In the dementia unit, one of the small enclosed gardens had not been accessible to residents for a number of months due to being a trip hazard. This was not in line with registered provider's statement of purpose.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were clear and concise and in compliance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures were reviewed and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were well catered for. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times. Residents were well supported by staff and were able to choose how they spent their day.

Residents with communication issues had access to specialist services including speech and language therapy, audiology and ophthalmology. Care plans clearly demonstrated appropriate individualised means of communication for these residents. Staff were seen to be familiar with the needs of residents and were patient in their interactions with them.

The dietary needs of residents were based on a nutritional assessment in accordance with their individual care plan. The food served was nutritious and residents received a choice at meal times. There was access to fresh drinking water and a selection of refreshments at all times. An adequate number of staff were available to assist residents with their meals and refreshments.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Residents had access to televisions, radio and daily newspapers. While residents residing at the centre were predominantly Church of Ireland all religions were welcome and the provider had provisions in place to meet the religious needs of all residents.

There were no restrictions on visiting. Many visitors were observed visiting throughout the day of inspection, with many using the garden space to enjoy the

good weather.

Residents had safe access to medications, which were administered appropriately and in accordance with guidelines as set out by the Nursing and Midwifery Board of Ireland. The provider had also ensured the safe storage of medications and there were appropriate policies in place around the management of medications.

A residents guide was available which described key area of the service but improvements were required. The information around the complaints policy and procedure needed to be reviewed to reflect recent regulatory requirements.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely in the centre. Where specialist requirements were required residents had access to appropriate services and care plans adequately reflected the needs of the resident.

Judgment: Compliant

Regulation 11: Visits

Visits were not restricted and were in line with regulatory requirements.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents.

Judgment: Compliant

Regulation 20: Information for residents

<p>The information for residents' guide had not been updated to reflect recent regulatory changes. It did not provide detailed information around the complaints procedure and did not include detail around external complaints processes.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 26: Risk management</p>
<p>An appropriate risk management policy was in place and in accordance with regulation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through survey and regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.</p>
<p>Judgment: Compliant</p>

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
Capacity and capability	
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe House Nursing Home OSV-0000039

Inspection ID: MON-0040019

Date of inspection: 06/09/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>All missing information required under the regulation has been added. A monthly review and audit will be conducted by the PIC to ensure that required details are consistently recorded.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Clinical Hand Washing Sink – Wing 1 Sluice room. A feasibility study and risk assessment will be conducted to determine suitability of relocating or re-arrangement of the clinical hand washing sink in the sluice room as recommended.</p> <p>Enclosed Garden – Dementia Unit. A plan has been approved for the refurbishment of the garden. The work will commence in October this year.</p>	
Regulation 20: Information for	Substantially Compliant

residents	
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The complaint procedure has been revised in accordance with updated guidance. This includes the maximum number of days to respond to a complaint and information of available external supports. Also, the resident's guide has been updated.</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/09/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	07/09/2023
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.	Substantially Compliant	Yellow	30/03/2024
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/12/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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