



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glenashling Nursing Home
Name of provider:	Riada Care Limited
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 April 2022
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0033913

About the designated centre

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

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24-hour nursing care to people with the following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose-built facility. Accommodation consists of 51 single rooms and 12 twin rooms. There are 44 beds with en-suite facilities. There are 13 communal rooms available to residents, which include oratory and a hairdressing room. The centre's stated aims are to provide evidence-based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69
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How we inspect

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
Friday 29 April 2022	09:30hrs to 15:00hrs	Helena Budzicz	Lead
Friday 29 April 2022	09:30hrs to 15:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

The overall feedback from residents was one of satisfaction with the care and service provided. Residents were cared for in a respectful and supportive manner that promoted the rights and abilities of each resident. Inspectors observed that staff offered a choice to residents throughout the day, which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Residents said that they felt the staff listened to them and helped to sort out any concerns or worries they might have. Staff were observed to be prompt in recognising residents' needs, including those residents who had difficulty in making their wishes or feelings known. Inspectors saw that staff were skilled in communicating with residents. They approached residents in a respectful and encouraging manner and gave them enough time and space to answer in order to ensure residents' views were heard.

On arrival, the inspectors were guided through the centre's infection control procedures before entering the building. Following an opening meeting, the inspectors were accompanied on a tour of the premises, where inspectors also met and spoke with residents in their bedrooms and in communal areas. Residents spoke positively about the staff in the centre. Residents expressed their satisfaction with the care and services provided within the centre and described staff as "great" and "the best". Residents spoken with said that staff were available to them when needed and that they were well looked after.

Inspectors observed that the centre was warm throughout, and there was a relaxed, homely and friendly atmosphere. The centre is a two-storey, purpose-built nursing home that can accommodate a maximum of 75 residents. An outdoor garden area provided unrestricted access to a pleasant outdoor space for the residents. Throughout the day, the inspectors observed residents socialising with each other and with the staff in the various areas of the centre. Residents could move around freely, and inspectors observed a number of residents moving around the centre independently or with the help of staff. The inspectors saw residents working in the garden and in the area of a spacious car park and chatting joyfully about their work with the centre's provider representative. Other residents were observed to be content in their own company, reading, watching television or enjoying some quiet time. Call-bells were available in all areas and answered in a timely manner.

The inspectors spent time observing the residents' dining experience. The inspectors saw that the dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. Some of the residents were able to serve the meals for themselves or with minimal assistance or encouragement from the staff. Those residents who required support were assisted appropriately and discreetly. The inspectors saw that the meals served were well presented, and there was a good choice of nutritious food available. Staff and residents were observed to

chat happily together. Residents were offered frequent drinks and snacks throughout the day.

There were dedicated activity staff, who were supported by healthcare staff to provide residents with a range of activities. The schedule of activities for the residents was displayed in prominent places around the centre. The inspectors observed a number of residents in the centre's living rooms, engaging in singing, reminiscing, playing games and doing arts and crafts. The centre prepared a regular newsletter for residents and their families where they reflected the residents' participation in life in the centre. The newsletter contained photographs from social events, special occasions and parties that took place in the centre. Residents were also seen to be going out of the centre, some with relatives.

The inspectors observed that the centre provided a service for residents under 65 years of age and those above 65. There were 25 residents living in the centre under the age of 65 on the day of the inspection. The inspectors saw evidence that residents had access to independent advocacy services. Residents who spoke with the inspectors said that they would go out to local shops or travel to other towns, make a trip to the beach and participate in activities in the community.

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 on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that there were effective governance and management arrangements to ensure that the service was well resourced, consistent, effectively monitored and safe for residents. The management team were proactive in responses to issues as they arose and used regular audits of practice to improve services.

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Inspectors followed up on notifications received from Person in Charge (PIC) in respect of the registered provider. One area that was reviewed was in relation to the arrangements for pension agent, and this was found to be operating in line with national guidance.

Riada Care Limited is the registered provider of Glenashling Nursing Home. There is one company director who has an active role in the management of the centre. The person in charge was working full-time in the centre. They were also supported in their role by a supernumerary clinical nurse manager (CNM), nurses, healthcare

assistants, domestic, catering and maintenance staff. There was an activities staff member who organised a range of different activities in the centre. The person in charge reported that the schedule was agreed on a monthly basis, with a seasonal theme. Examples of activities included a choir, and a musician performed in the centre one evening a week. There were also weekly physiotherapy sessions to encourage mobility. Residents were also supported in being involved in their own preferred pastimes, with a number of residents having personal computers set up for gaming and other hobbies such as watching movies.

The centre had experienced an outbreak of COVID -19 at the beginning of March 2022. During this outbreak, 26 residents and 19 staff members tested positive for COVID-19. At the time of this inspection, residents and staff had completed their required period of isolation, and the outbreak had been declared over by public health on 25 April 2022.

Inspectors observed that there were staff throughout the centre supporting residents to undertake personal care or social activities or waiting to be guided by residents in their preferred activity. Residents said they were well supported, and inspectors observed that there was a relaxed communication style with residents and staff laughing and joking with each other. Staff knew residents' needs in a very detailed way and knew how to deliver care and support in a way that ensured a relaxed experience for residents, including those with complex needs.

Staff had access to a range of training. The training delivered reflected the needs of the residents; for example, there was a regular multidisciplinary team meeting including a psychologist to review how residents were engaging in their environment and to ensure all support reflected their needs and preferences. Quick reference pages were developed to ensure staff could keep up to date on any revisions. This was seen to have a positive impact on residents, in that staff were knowledgeable of residents' needs and incidents of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were low.

There was a person-centred approach to the delivery of care and support in the centre, and this was seen in the management approaches, record keeping, care plans, and through to the delivery of care. There was a quality improvement plan in place, which was developed following an assessment of the service being delivered, completed against the National Standards for Older People living in Nursing Homes. There were some areas identified to further improve the service being delivered, and each had a corrective action plan with tasks allocated to a named person with expected time lines for completion of the task. Improvements that had been implemented included a zoning approach to staffing to reduce the risk of cross-contamination of infection and also for consistency for residents. There was also a detailed audit schedule which covered all areas of service delivery in the centre. Recent audits included safeguarding arrangements in the centre, communication needs of residents, and residents' rights and diversity. Audits were seen to include interviews with residents about their experiences.

There were records of regular meetings between the management team, who reported that as well as reviewing issues formally in meetings, they also resolved issues as they arose on a daily basis. There were regular staff meetings where key information and updates were provided to staff.

Residents who spoke with inspectors said they knew who to raise any concerns or complaints with. A review of the complaints register showed that of the five complaints made in 2021, four were from residents. One was about the poor reception of a favourite TV station, and the outcome was that a new service had been sourced to ensure improved reception.

The provider representative was a pension agent for six residents. Residents' monies were managed in line with the Department of Social Protection guidance in that monies were deposited into a separate resident account, and a statement was provided in relation to charges and available monies per resident. Contracts clearly set out residents' fees for living in the centre and any additional charges to be paid. A selection of invoices reviewed showed that actual charges were in line with those stated in the contracts. The sample reviewed showed residents were charged on an individual basis for the extras relevant to them, for example, newspapers, toiletries or a social charge if they took part in activities. Some cash was held on the premises for residents. A sample was cross-checked, and the amount available matched the balance record and receipts. Any withdrawals or deposits were signed for by the resident, when possible, and by two staff members.

Regulation 15: Staffing

There were sufficient staff available to meet the residents' needs. Rosters showed there was a clear management structure in place, and management personnel were available in the centre daily.

Judgment: Compliant

Regulation 16: Training and staff development

There was a clear system for tracking the training completed by the full staff team. All staff had completed fire safety and safeguarding vulnerable adults training. There was a range of other courses available to staff, including supporting people with dementia and responding to responsive behaviours.

There was a detailed induction programme for new staff, and it included being familiarised with the premises, policies and procedures. Supervision was provided by

the nursing management team, and staff were clear in relation to their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

A sample of staff recruitment records was reviewed and held all the relevant documents, such as two references and An Garda Síochána (police) vetting documents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. Residents and staff were seen to be engaging with the provider representative and person in charge throughout the inspection, who were in the centre on a regular basis.

There were comprehensive oversight arrangements in place. The person in charge had clear systems for the oversight of training, staffing levels, residents' needs and healthcare needs. Any issues that required resolving were identified, documented and addressed. There was a clear process for recruiting staff and also for oversight of the premises to ensure resources were allocated appropriately.

There was a comprehensive audit in place, which assessed the centre's performance against the regulations and national standards. Where improvements were identified as being necessary, corrective steps were taken, and the improvements were seen in practice.

There was an annual report for 2020, which included the views of residents. A survey had been undertaken of residents in 2021, and the annual plan was being developed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' files and found that there was a contract of care in place for each resident setting out their allocated room number, the

occupancy of the room, and the fee they would pay for the service they received. Any additional fees were also clearly described.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints process in place, and it was displayed around the designated centre. The policy included who would manage complaints in the centre, and who would monitor that the policy was being implemented.

The record of any complaints made showed verbal complaints were taken seriously, and resolution reflected the concerns of the complainant.

Judgment: Compliant

Quality and safety

Overall, residents in Glenashling Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents told the inspectors that they felt safe and supported living in the centre.

The ethos of the service promoted the rights of each resident. Residents' privacy, dignity and personal choices were respected. Residents were enabled to live their lives the way they chose to live within the designated centre and to exercise their personal preferences and independence. The inspectors found that care was person-centred and that staff were encouraged to get to know the residents and to support them in their needs. Inspectors observed that residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items from home or of their interest. Residents appeared to have sufficient space for storing their clothes, toiletries and other belongings.

Residents' health, social care and spiritual needs were well catered for. Residents in the centre had access to appropriate healthcare and health and social care professionals. Residents' healthcare needs were regularly reviewed, and recommendations were implemented. The centre had an electronic nursing documentation system in place. Residents' needs were assessed using clinical assessment tools, and care plans were developed to meet residents' identified needs. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. The inspectors reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred.

The design and layout of the premises met the residents' needs, and this had a positive impact on their quality of life. Inspectors observed many good examples of infection prevention and control practices on the day of inspection that included, for example, the alcohol-based hand sanitiser was readily available throughout the centre and staff were observed to comply with good hand hygiene practices. Infection prevention and control (IPC) measures were in place, and there was a COVID-19 contingency plan available to guide staff. The staff monitor daily symptom and temperature checks of residents. Cleaning chemicals were labelled, and a safety data sheet was available to guide the appropriate use and disposal of chemicals.

Visiting was facilitated in line with current Health Protection Surveillance Centre (HPSC) guidance, COVID-19 Guidance on visits to Long Term Residential Care Facilities.

Regular resident meetings were held, which ensured that residents were engaged in the running of the centre. Residents were observed to have their individual style, and appearance respected and were supported by staff to maintain this.

Regulation 11: Visits

Arrangements were in place to facilitate residents to meet their visitors in private in an area outside of their bedrooms if they wished. There was a risk assessment on visiting in place which was in line with visiting arrangements seen on the day of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Observation of the environment and staff practices highlighted good practices in relation to infection prevention and control practices. Staff had good access to infection prevention and control (IPC) training, and inspectors observed staff carry out hand hygiene and use of personal protective equipment (PPE) according to the public IPC guidance. The person in charge monitored the staff use of PPE and hand hygiene regularly. Household staff reported that they followed a detailed daily cleaning and deep-cleaning schedule, which specified all items of equipment to be cleaned. Storage practices were appropriate, and inspectors observed clear segregation of clean and dirty equipment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on pre-admission. A variety of evidence-based clinical tools were used to assess needs, including nutrition, personal preferences, mobility, communication and skin integrity. Based on a sample of care plans viewed, appropriate person-centred interventions for residents' assessed needs were in place.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to medical care from local general practitioners (GPs) who reviewed residents weekly. Out-of-hours medical cover was also available. Inspectors saw ongoing referrals and reviews by a variety of health and social care professionals such as dietitians, speech and language therapists, palliative care services, physiotherapists, chiropodists and psychiatrists of old age, if appropriate. In addition, the inspectors observed that advice was sought from a behavioural psychologist, who reviewed residents' behavioural patterns in consultation with the staff working in the centre. There was evidence that these reviews resulted in positive outcomes for the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices in the centre and found that all restraints were documented clearly and subjected to regular review. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Residents exhibiting responsive behaviours were appropriately supported by staff.

Judgment: Compliant

Regulation 8: Protection

The centre was a pension agent for six residents, and adequate arrangements were in place for the management of residents' finances.

Staff who spoke to inspectors were knowledgeable about the policy and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected, and their choices were promoted in the centre by all staff. The inspectors saw evidence in the documentation reviewed, and from conversations with residents, that residents were consulted in respect of the quality of the service provided. There was evidence that residents were consulted in relation to the programme of activities. The inspectors observed that there were newspaper and magazine stands in the communal areas available for residents to access. Internet and telephones for private usage were also readily available.

Information was provided to all residents about advocacy services, with a handout listing all the advocacy services available and support groups for a range of needs. Easy-to-read versions were also available.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant