

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Centre address:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w.
Telephone number:	01 492 7624
Email address:	janetl@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Seamus Brady
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 January 2017 09:30	24 January 2017 16:45
25 January 2017 09:30	25 January 2017 13:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was a high level of compliance with the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During the inspection inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records,

medication records, and the organisation's policies and procedures.

Inspectors found the staff to be very knowledgeable about the needs of the residents. They were seen to offer care and support in a way that respected the resident's privacy and dignity. Residents and relatives fed back that there was a positive atmosphere in the centre. There was sufficient staff, and they had received relevant training to ensure they had the necessary skills to meet the needs of the residents.

The governance and management systems operated in the centre provided assurance to the person in charge and the provider that the centre was providing a safe service to residents. Regular audits of records were carried out to check that the policies and procedures were being followed, and appropriate health and social care was being provided to the residents.

Two areas of improvement were identified in relation to storage in the centre, and effective recruitment practice. The action plan at the end of the report identifies where improvements were required in order to comply with the regulations.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of purpose set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It was kept up to date and revised in January 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found there were effective systems to ensure the service provided was safe, appropriately resourced, and met the needs of the residents.

The person in charge and the assistant director of nursing carried out audits and observations in the centre to ensure day to day practice was in line with the aims of the

provider. The results of the audits supported them to identified areas where practice was effective, where improvements were needed and to be assured that residents needs were being met. These results fed in to the management meetings.

There were regular management meeting where the person in charge met with the operations officer to discuss a range of topics including accidents, incidents, residents care needs, training and staffing levels. Records of these meetings showed good practice and areas for improvement were identified. Actions required for improvement were identified and clearly allocated to a staff member for action. This process provided assurance to the provider that the centre continued to be operated to ensure quality and safety of care.

Where there were resource implications this was escalated to the provider for decision. On the day of the inspection the centre was found to be appropriately resourced. The premises were maintained to a good standard, there was sufficient staff to meet the needs of the residents and suitable aids and equipment where specific needs had been identified, for example hoists. The service provided was in line with the statement of purpose produced by the provider.

An annual report was available that reviewed the main areas of practice in the centre for the last year, and an improvement plan for the coming year. Improvements noted in the report included the use of quality improvement tools for care and premises improvements.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a residents' guide in the centre. It was available to the residents and included information about the services and facilities in the centre including how to raise any concerns or complaints, and the arrangements for visiting.

Inspectors checked a sample of residents records and found that there were signed contracts of care that covered the terms and conditions of their stay. They also covered the service to be provided, fee's to be charged and a list of any other services offered that were not covered by the fee.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a full time person in charge of the centre, and the information submitted to HIQA showed that they had relevant experience and qualifications to undertake the role. For example they had over three years experience of managing services in the health and social care area.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

All of the documents required by schedule 3 and 4 of the regulations were available for review during the inspection, and met the requirements of the regulations. All of the documents were well presented and easy to read. For example records in respect of each resident and staff member, and other records such as the residents guide, and a record of any comments or complaints made.

There was a recruitment procedure in place that met with the requirement of the regulations. Inspectors reviewed four staff files that contained the expected documentation. However, one case was identified where a Garda Vetting disclosure, that is required in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, had not been received. There was evidence it had been applied for but had not been obtained prior to a member of staff commencing employment. The provider took immediate action to address this matter when it was brought to their attention.

There were copies of each of the policies listed in schedule 5 of the regulations, and during the inspection it was observed that they were put in to practice.

All documentation was seen to be stored securely but was accessible if required, including archived documents.

Judgment:
Non Compliant - Major

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

Theme:
Safe care and support

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

Findings:
There were systems in place to safeguard residents that included a clear policy, procedure and staff training. There were also systems in place to promote a positive approach to behaviours that challenge and the management of restrictive practices were in line with the national policy.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice.

Inspectors spoke with staff during the inspection who were clear what signs of abuse may be, and the action to take if they suspected, observed or had alleged abuse reported to them. Records showed that where concerns had been raised they had been acted on, including making contact with other relevant services such as the Health and Safety Executive (HSE).

There were policies in place on the management of challenging behaviour and the use

of restraint. Both documents were in line with national policy.

Where residents had responsive behaviour (challenging behaviour) the staff spoken with knew the best way to support the residents, and followed the resident's personal care plan. The care plans that set out what may trigger each resident to become anxious and how best to respond to support them to feel calm again.

There was a commitment in the centre to work towards a restraint free environment. Where restrictions had been identified as the most appropriate action to take a full assessment was completed including whether other solutions that were less restrictive would meet the needs of the residents. Risk assessments had been completed where risks were identified, for example when people had a fall. They set out the risk, ways to manage and reduce the risk, and how it was to be monitored. There was a review of all restrictive practice at least 4 monthly, and opportunities were taken to try alternative approaches to reduce the overall levels of restriction in the centre.

Residents spoken with during the inspection, and those who completed HIQA questionnaires said they felt safe in the centre. Relatives also confirmed that they felt confident residents were well cared for.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Inspectors found that the health and safety of residents, visitors and staff was protected. Any risks within the centre were being identified and managed.

The centre had a health and safety statement in place that had been updated and signed by a representative of the provider in 2017. The health and safety statement also contained a working risk register that detailed identified risks in the centre. Possible risks were rated in severity and actions were detailed in order to mitigate the risks. Any recent additional action taken in response to risk had also been recorded in the risk register, for example additional oxygen tanks had recently began to be stored securely outside. The centre had a comprehensive and up to date risk management policy which contained information on how to identify possible hazards. It also instructed how to assess, mitigate and record risk. There was a policy in place around infection control and throughout the inspection the inspectors noted this was being adhered to. There was a

comprehensive plan in place to deal with unforeseen emergencies including a gas leak and flooding. It also detailed an emergency full evacuation plan of the centre.

There was a fire safety policy in place in the centre. The procedure to follow in the event of a fire was displayed in the front reception area of the centre. All staff had received training in fire safety. Inspectors spoke to a number of staff and found that the staff were knowledgeable of their role in the event of a fire and they told the inspectors in a step by step fashion what would happen in the instance of the alarm sounding.

The centre had self closing fire doors on magnetic locks throughout the building. The doors would close on the sounding of the alarm to slow any spread of fire and smoke. The centre also had an adequate amount of fire fighting equipment in the centre. Inspectors reviewed the service records of the fire fighting equipment and it had been serviced within the last year. The fire alarm and emergency lighting had also been serviced on a quarterly basis. Fire exits throughout the centre were well signposted and were unobstructed. A weekly test of the fire alarm and fire doors was carried out in the centre. During the weekly test of the alarm all relevant staff would assemble at the fire panel to mimic the procedure that would occur in the event of a fire.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Systems were in place to ensure receipt, storage, administration and disposal of medication was in line with relevant professional guidelines.

Inspectors saw effective storage arrangements in place in the centre, including a store room, and lockable drugs trolleys used when administering medication around the centre. Where residents were managing their own medication, they had a lockable space in their room to ensure safe storage.

Inspectors observed nurses administering medication appropriately. A review of the medication records showed they were clear, gave clear instruction and had been signed and dated when administered. Where medications were crushed this had been prescribed by the general practitioner (GP) and was signed on the relevant records.

Where medication needed to be administered covertly, this was done in line with the centres policy and had been agreed by a multidisciplinary team including the GP. This practice was reviewed regularly, and removed when it was felt it was no longer needed or alternative methods were effective.

Nurses kept a register of controlled drugs, and storage was seen to be secure. The medication was checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Nurses spoken with were clear about the process for returning out of date medication, and records showed that this practice followed the procedure available in the centre.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Each resident had an assessment prior to moving to the centre, to ensure the centre was able to meet their needs. Then a full assessment was completed on their arrival at the centre that included developing care plans where specific needs were identified.

The policy on admissions to the centre was seen to be followed in practice in the centre, and there was a process to ensure when people arrived their room was ready for them, and staff knew about the resident and their care needs.

Inspectors reviewed a sample of resident's records and found that where they needed treatment, care or support, there was a care plan that gave clear direction to staff about how it was to be provided. Where residents needs changed, the care plans were updated to detail the change. For example where resident's needs around eating and drinking changed records clearly showed the change and the new approach to be followed. Care plans were also reviewed with residents and families, who signed a record to say that they had taken part in the review.

Records showed that where residents had healthcare needs they were met following evidence based nursing practice. Assessment tools were used to assess residents needs,

and where the outcomes identified action was needed, evidence was seen that it was taken. For example, where residents mobility levels changed referrals were made to the physiotherapist or occupational therapist to identify what support would be appropriate. Residents were seen using mobility aids and had seating appropriate for their assessed needs.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of the residents needs and guidance on any interventions needed.

Staff were seen to know the residents well, and examples were seen where nurses advice was sought if they had any concerns about a residents presentation.

Residents and relatives spoken with felt there was a good standard of care provided by all of the staff in the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

Findings:
The design and the layout of the centre were suitable for its stated purpose and met the needs of the residents. Inspectors identified some improvement required around storage in the centre.

The centre consisted of an original townhouse building which had been extended with two wings to the right and left. The centre was over a total of two floors. The centre was well laid out, in good repair and was suitably well-light and heated. The corridors throughout the centre were wide and had handrails. All staircases in the centre also had handrails on both sides of the stairs. The flooring in the centre was safe and free from trip hazards. All of these factors contributed to the promotion of residents' independence.

The centre had three day rooms and a dining room. Residents were observed to use all of these communal rooms throughout the inspection. The day rooms were suitably decorated and had a homely atmosphere. Two of the day rooms were used almost constantly throughout the inspection, with a very social atmosphere observed. The day room the right of the centre was less busy but provided residents and their families a more relaxed area to spend time in. A visitors' room was also available to residents if they wished to receive visitors in private.

Residents had access to two secure garden areas. The gardens were free from hazards and well maintained. They both were spacious and had various types of vegetation such as flowers and shrubbery. The garden on the left side of the building also contained an external smoking hut which was observed to be used by a number of residents throughout the inspection.

The centre consisted of a mixture of both single rooms and double rooms. All residents had suitable storage for their belongings in their rooms consisting of a wardrobe and a lockable bedside locker. Each resident also had a chair and call bell in their room. Residents who shared rooms had a screening curtain in place to respect their privacy and dignity. Residents' bedrooms were located on both floors. There were three lifts available throughout the centre to provide access to both floors.

There were a sufficient number of wheelchair accessible toilets and showers throughout the centre which had grabrails in place. The wheelchairs and hoists used in the centre were in good working order. The inspectors reviewed the service records of the equipment in the centre and all had been serviced in the last year.

There was however improvement required around storage. For example, at some points throughout the inspection it was noted that wheelchairs and hoists were being stored in communal toilet and shower areas, in one case this made the toilet inaccessible for use. It was also noted that laundry bags were also being stored on the floor of the toilet and shower areas during the morning and afternoon also making them difficult to access especially for residents with reduced mobility.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:

There was an accessible complaints procedure available in the centre.

Inspectors spoke with residents and relatives who knew about the process to follow and who they would speak to if they wanted to give feedback or make a complaint. They knew who dealt with complaints in the centre and they felt confident to raise any issues. The questionnaires returned to HIQA from residents and relatives also confirmed this. The complaints policy was seen to be displayed in the centre in prominent place so it could be seen.

The policy set out the procedure to follow when comments or complaints were received, and included a nominated person to deal with them and an appeals process. There was also a process to ensure complaints were investigated in a timely way, and correctly documented. A review of the comments and complaints showed that this procedure had been followed including confirming the complainant's satisfaction with the outcome.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were seen to have access to drinks both in communal areas of the centre, and also when in their bedrooms. Hot drinks and snacks were also offered at regular intervals.

The menu offered at least two options for each meal, and staff were seen checking with each resident what meal they wanted directly ahead of being served. The menu was displayed on notice boards around the centre, on tables in the dining room, and there were also pictures of the meals to support people to select what they wanted.

Meals were seen to be well presented. Portions were seen to vary depending on the needs and wishes of the residents. Where residents had nutritional needs, reviews were carried out in the centre and referrals were made to allied professionals such as the dietician, speech and language therapist or the occupational therapist. Where professional recommendations were made they were seen to be known by the staff and meals served matched the recommendation.

Where residents needed support with eating and drinking it was provided discreetly, and at a pace that suited the resident. Where residents asked for something to accompany their meal, for example bread or another drink, staff responded quickly.

Kitchen staff worked in a tidy environment, and had sufficient equipment and storage to safely prepare, cook and serve meals. They were knowledgeable about the residents needs, likes, dislikes and allergies.

Residents could choose where to take their meals. There was a main dining room, a lounge area and some residents took meals in their rooms.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

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

Findings:

Residents were seen to be treated with respect by a staff team who were focused on each resident as an individual.

There was a planned programme of activities and entertainment each day, and the plan for each day was displayed in a prominent position. Activities coordinators were seen leading groups, and also spending time with individuals either speaking with them or carrying out activities such as hand massage. On the day of inspection there was a singer who came to perform in the centre which the residents enjoyed, many getting up to dance. Later in the day another person came in to carry out an exercise session. During the two day inspection there were activities taking place in different parts of the centre, for example baking in the dining room, and bingo in the lower lounge area. Residents spoke of the Christmas party, and pictures around the centre showed other events that had been held in the centre and trips out in to the community.

Residents were seen to be spending time in different part of the centre as suited them, and many said when the weather was better they enjoyed spending time in the gardens. People were joining in with the activities and practical sessions as suited them, and confirmed they always had a choice about whether to join or not. Residents were also

making decisions about other aspects of their lives, for example when to get up, what to eat and where, where to spend time in the centre. Staff told inspectors that they always ask residents before providing any care and support, and this was observed in practice through the inspection, for example knocking on bedroom doors, and explaining any care provided before it took place. Inspectors also saw examples of staff encouraging residents to maintain their skills and independence, for example walking around the centre, keeping mobile and eating meals.

Visitors were seen in the centre, and confirmed they could spend time in private with their relative if that was their relatives wish.

There was access to television, radio and wi-fi. There were a range of books and DVDs available for people to use if they chose, and a range of music from the 50s, 60s and 70s that individuals were seen to be enjoying. Newspapers were also available for residents if they wanted them.

There were regular residents meetings that were hosted by an independent advocate. Minutes of the meetings showed topics such as menus, activities and the premises were discussed. Actions from meetings were clearly listed, and feedback given at the next gathering. It was confirmed that residents were supported to vote if they chose to, with voting officials attending the centre.

The independent advocate attended the centre on a regular basis and spoke with people individually. There was also access to the national advocacy agency if residents wanted that, or staff felt it may support the resident.

The centre had links with religious groups in the area and services were held in the centre for residents to attend if they chose to.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

Findings:

Inspectors observed that there were sufficient staff available to support the residents, with relevant skills and qualifications. Through the day staff were involved in different tasks, for example providing personal care and support in the morning and evening, supporting residents with meals, and engaged in social interactions such as entertainment and art/ craft/ baking activities. Over the course of the day inspectors observed that residents received person centred care from a staff team who know them well. The questionnaires received by HIQA from the residents and relatives predominantly described the staff very good.

There was a planned and actually worked roster that was seen to include all the staff, and provided up to date information about who was working and in what capacity. There were two nurse on duty at all times in the centre supported by health care assistants. There were also housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met. They were also seen to be interacting in a positive way with the residents and were respectful of their needs and abilities.

The provider explained that the staffing levels were reviewed regularly and reflected the changing needs of the residents in the centre.

Staff training records were reviewed. All staff had completed training appropriate to their role, and refresher training was taking place for Fire Safety and Safeguarding of vulnerable adults. Staff had also completed other courses relevant to their roles such as CPR, dementia care and nutrition.

All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland.

There were no volunteers working in the centre.

Recruitment practices require improvement and an action for this is under outcome 5.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Gladys Nursing Home
Centre ID:	OSV-0000686
Date of inspection:	24/01/2017
Date of response:	20/02/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Garda vetting had not been obtained for one member of staff prior to commencing employment, and so the record was unavailable.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Garda vetting is now in place for the staff member referred to in the report and in place for all staff and volunteers working in the centre

Proposed Timescale: 29/01/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvement was required around the storage of residents' equipment and laundry in the centre.

2. Action Required:

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

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

Staff have been reminded to ensure that equipment is stored in the correct storage area and this will be monitored on an ongoing basis. In addition the laundry bags will be collected more promptly and will not be obstruct the use of the bathrooms

Proposed Timescale: 20/02/2017