Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Gladys Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	15 August 2018
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0022357

About the designated centre

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

The centre is in a suburb of Dublin and close to local shops, bus routes and social amenities such as parks. It is a period building which as been developed to each side of the original building. It is registered to provide care for up to 51 residents. There are 21 single rooms, and 15 sharing rooms. Some of the bedrooms are en-suite and there are accessible bathrooms and toilets throughout the centre.The centre provides care of the elderly, but can also support residents under retirement age. The service is provided to residents with low, medium, high and maximum dependency. They focus on meeting residents needs in relation to care of the elderly, Alzheimer's, dementia or psychiatric needs.

The following information outlines some additional data on this centre.

Current registration end date:	12/04/2020
Number of residents on the date of inspection:	51

How we inspect

To prepare for this inspection the inspector or 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
15 August 2018	09:15hrs to 17:00hrs	Helen Lindsey	Lead
15 August 2018	09:15hrs to 17:00hrs	Paul McDermott	Support

Views of people who use the service

Feedback from residents was positive about the service they received. They said the staff were nice and care and support was provided when they needed it. Feedback about the quality of food was also positive, with residents seen to be enjoying freshly prepared meals in a variety of places in the centre in line with their choice to be with company or alone.

Relatives who spoke with inspectors said they were always made welcome, and were able to join their relative during meal times if they chose too. They confirmed they knew the process to raise concerns and felt confident to do so if necessary.

Inspectors observed residents choosing how they spent their time in the centre. Some were enjoying the busy and active lounge area, others were choosing to watch TV in quieter spaces, or spending time in their own bedrooms. On the day of the inspection some residents were seen to be enjoying a selection of games put on by the activities coordinator.

Capacity and capability

A good service was being provided to the residents by a staff team who knew their roles clearly and were able to meet individual residents needs in a timely manner. Training was provided to ensure staff knowledge was kept up to date in relation to care practices and the policies and procedures in the centre. Comments and complaints were responded to in line with the organisation policy and there were clear governance and management arrangements in place. One area of improvement was identified in relation to oversight of fire safety to ensure guidance was being met fully in the centre.

There were sufficient staff to meet the needs of residents in the centre, with nurses and healthcare assistants attending to call bells quickly and addressing any needs expressed by the residents. All of the staff team were engaging with residents creating a pleasant social atmosphere. The senior management team, nurses, healthcare assistants, household and kitchen staff knew residents individually and were able to communicate with them effectively. Staff had received training in how to support of people with dementia, and responsive behaviour at training sessions, and were also very clear of their responsibilities in relation to safeguarding vulnerable adults and also fire safety in the centre. Nursing staff were also completing a number of courses to ensure their practice remained current, including medication management refresher courses.

There was a clear policy on managing concerns and complaints, and information was displayed in prominent places around the centre, including the entrance hall. It was evident from reviewing records that steps were taken to manage any concerns at a local level and address them to the satisfaction of the complainant. Those who spoke with inspectors said that action had been taken if ever they raised concerns.

There were clear arrangements in place for monitoring practice in the centre. The person in charge monitored the care and support delivered by staff, and held annual appraisals to support staff in developing their skills effectively in the centre. A range of audits were carried out monthly, and the policies and procedures were reviewed on a regular basis to ensure they reflected national guidelines. There was a regular management walk around by the person in charge and senior management team, this was to observe practice in the centre, speak with residents, relatives and staff and to identify if there were any areas for improvement. An annual review had been carried out for 2017 where the performance of the centre was described. It included an action plan for areas where improvements were identified as being required. It also included a review of key performance indicators for the centre, used to check a quality service was being provided, and overall feedback from residents. There was effective resourcing to ensure residents needs were being met and the centre was operating as described in the statement of purpose. While oversight arrangements covered all areas of practice, inspectors identified two areas of risk that had not been picked up through audit and governance arrangements, and so a review was required to ensure areas requiring improvement were identified and addressed appropriately.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of the residents. The staff shifts ensured that nurses, healthcare assistants, housekeeping and kitchen staff were available at appropriate times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed safeguarding training, and fire safety training, or were booked on a course in the weeks following the inspection. There was also the opportunity for staff to attend a range of other training sessions to cover topics relevant to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and staff were clear of the lines of authority and accountability. While oversight arrangements were in place and covered the majority of areas of practice effectively, there was one area of risk in relation to fire safety that had not been identified by the provider, and so improvement was required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents that occurred in the centre were notified to HIQA as required by the legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear policy that set out the procedure to be followed if a complaint was made. The steps to follow were displayed around the centre, and those spoken with during the inspection were clear who to speak to if they wanted to make a complaint. The policy included a commitment to try and resolve all issues at a local level. Documentation available showed any historical complaints made had been dealt with in line with the policy.

Judgment: Compliant

Quality and safety

Residents' were receiving a good quality service that ensured their needs were being met. While areas of good practice were identified in relation to healthcare, safeguarding and resident's rights, some improvements were needed to ensure care planning and fire safety arrangements were comprehensive.

Prior to being admitted to the centre residents health and social care needs were assessed to ensure they could be met appropriately and to ensure it was the right centre for the individual, this process was seen to support resident needs being

met effectively in the centre. When residents were admitted a full assessment was completed by the nursing staff covering a range of healthcare and daily living skills, a review of the documents showed residents and their families provided information along with relevant healthcare professionals. Care plans were then developed to describe how identified needs were going to be met. These areas of care were then reviewed every four months. This ensured any changes were being identified, and care plans reviewed. The system was seen to be effective at identifying changes of residents conditions, and staff were able to describe the changes made to address the need identified. While care plans were in place and many reflected current needs, some examples were seen where they did not, for example in relation to nutritional status. Staff were able to show appropriate referrals had been made, assessments had been carried out and appropriate care was being delivered, but improvement was required to ensure that all care plans reflected the care being delivered and how the care was to be provided.

Some residents had care plans in place to ensure they received appropriate support in relation to responsive behaviour or behavioural and psychological symptoms of dementia (BPSD). Staff were very clear of residents preferences and how they liked to be supported, and the plan in place to support individuals if they were experiencing stress or anxiety. Low levels of incidents showed the support being provided was effective.

The provider had a range of methods to gather feedback from residents on the quality of the service being provided, this included management making themselves available for discussion, surveys asking about residents experiences and a regular residents meeting. Records showed that where residents had raised feedback it had been addressed, specifically in relation to the menu and activities. There was a range of opportunities for residents to take part in, including arts and crafts, baking, games, quizzes and music sessions. There were outings arranged to local places of interest. Birthdays and cultural events were also celebrated. Residents' were supported to follow their chosen faith with services and prayers being read in the centre regularly.

There was a range of systems in place to review risk in the centre. There was a safety statement and corporate risk register that addressed appropriate risks relative to the business of the centre. There were checks and audits carried out to ensure practice was safe, and also risk assessments were in place for individuals in relation to their needs or activities they took part in, for example for smoking or the use of any restrictive practice such as bed rails. The risk documentation was used in management meetings to keep the areas identified under continual review. Polices and procedures relating to safeguarding vulnerable residents were in place and kept under review. Where concerns had been raised appropriate steps were taken to safeguard the residents and the procedures were fully implemented.

The centre was found to be clean, comfortable and well maintained internally and externally. While some areas were busy there was adequate private and communal space throughout the centre for residents in a homely environment. There was good access to the secure garden areas that provided a pleasant environment with seating and planting for privacy . The design and layout of the centre was

appropriate to the number and needs of the residents, with equipment available to support residents with mobility around the centre, for example there were a number of lifts provided, along with hand rails on the corridors.

A review of the fire safety management found areas where practice was good, but some improvements were needed. Staff demonstrated a good awareness of the procedure to follow if the alarm was raised, and the guidance provided clear information to follow if a fire occurred in the centre. Regular checks and risk assessments were carried out to ensure exits remained accessible and all equipment was functioning correctly. While regular checks were carried out it was observed that door closers on a number of fire doors required servicing. When this matter was drawn to the attention of the provider, it was addressed within two days of the inspection. It was also identified that one 1st floor area had a single means of escape in the case of a fire, and so a review was required to ensure there was safe placement of residents in that area.

Regulation 17: Premises

The design and layout of the premises was appropriate to the number and needs of the residents. The centre was clean and suitably decorated with adequate private and communal accommodation available. Garden areas were accessible and well maintained.

Judgment: Compliant

Regulation 26: Risk management

There were appropriate risk management policies in place covering appropriate risks relative to the centre with clear steps in place for managing them. Practice was in line with the policy.

Judgment: Compliant

Regulation 28: Fire precautions

Documentation reviewed confirmed that fire fighting equipment, fire detection and alarm system and emergency lighting were regularly checked and serviced. Circulation corridors and Fire exit doors were unobstructed and kept clear and staff were clear of the action to take should the fire alarm sound. Improvement was

required to ensure there were adequate arrangements for containing fire and evacuating, including the safe placement of residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Pharmacy services were available to residents in the centre for prescriptions and advice. When medications were received in the centre thorough checks were carried out, and then safe storage guidelines were followed. Nursing staff practice was seen to be in line with national legislation, and residents were receiving medication at the times prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents needs were assessed on admission and then reviewed on a regular basis to ensure they were met effectively by staff. Care plans were in place for each identified needs. While good examples were seen, some improvement was needed to ensure they consistently provided clear guidance and reflected residents current needs.

Judgment: Substantially compliant

Regulation 6: Health care

There was access to appropriate medical and healthcare for residents. A range of nursing tools were used to assess residents needs and where they changed referrals were sent to allied professionals as appropriate. The was a general practitioner linked to the centre, and there were also out of hours arrangements if necessary. There were also community nursing services who were able to provider support where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A clear policy was available in the centre that set out assessment and care planning instructions. There was information about what may be the underlying causes for residents having responsive behaviours to support effective care planning. Staff were found to know residents well, and knew how to support residents through appropriate communication styles and redirection approaches.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy in place, and practice in the centre was seen to follow the procedures described. Staff had all received training and were knowledgeable about what to if abuse were reported to them. Where safeguarding concerns had been raised they had been fully investigated, and appropriate measures were put in place to safeguard the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents privacy and dignity maintained in the centre.There were arrangements in place for residents to be involved in a range of activities and occupations in the centre, and the residents made choices about what to take part in. The provider took feedback informally, and asked a selection of residents to complete their questionnaire about their experience of the centre, so they could assess if any improvements were required. There was also a regular residents' meeting where residents could raise any issues.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Gladys Nursing Home OSV-0000686

Inspection ID: MON-0022357

Date of inspection: 15/08/2018

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have ensured that the centre is managed in line with the Fire regulation and Fire Certificate but in addition will assess residents in the first floor of the main building until an additional means of escape is added to that area.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: As stated in the report the door closures that were not functioning properly on the day of inspection were repaired immediately by our in house maintenance team. Despite checks being carried out regularly by our staff doors will become damaged and we will ensure that any issues are entered in the maintenance book as soon as they are noticed so that the maintenance team can attend to them as soon as possible.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans are updated regularly in line with the regulations but we will insure that the care plans are more person centered in regards to reflecting the residents' needs, wishes and preferences as assessed.	

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 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.	Substantially Compliant	Yellow	17/8/18
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/8/18
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	1/9/18