



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

## Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0030842

## 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 has 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.**

Number of residents on the date of inspection:	41
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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 21 October 2020	09:15hrs to 16:45hrs	Sarah Carter	Lead

## What residents told us and what inspectors observed

The inspector met with residents but opportunities for meaningful engagements with residents were limited as residents were observed to be busy attending activities or busy with staff who were attending to their care needs.

Residents who interacted with the inspectors, expressed satisfaction with their daily lives and with opportunities for social activities. At other times residents were noted to be enjoying drinks and meals with staff. Some residents were observed spending time participating in "window visits" with their friends and relatives.

Residents who were not able to communicate verbally were observed to look well and were well dressed. Those that were independent and able to move about freely and were seen to be accessing the garden area throughout the day.

The inspector observed residents and staff throughout the day in the different day rooms observing social distancing requirements, this gave the appearance of the day rooms being full, with residents spaced throughout the rooms at 1-2 metres distance. Most residents were observed to spend the majority of the day in the communal area, where they dined and engaged in group activities.

There was two separate garden areas accessible to residents, both had pathways suitable for walking and had pleasant planting throughout. A recent addition of a "visitor pod" had been installed in the garden and this will be discussed further in the main body of the report.

## Capacity and capability

This was a short-term announced inspection conducted over one day. The centre is registered by Willoway Nursing Home Ltd. The personnel involved in the provider entity had changed at the start of the year. As a result, there was a new senior management team in place. The person in charge in the centre remained the same during this transition, however they had tendered their resignation prior to the inspection, and a new person in charge had been appointed but had not yet commenced there role.

The centre had a good history of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The inspection was announced the day before it was due to take place. This was done in order to ensure that the inspector was aware of the current infection control

procedures that were in place in the designated centre and to ensure that key staff would be available to speak with the inspector.

This purpose of this risk inspection was to monitor and review compliance levels in the centre and provide assurances on the providers capacity to respond to COVID-19 outbreaks.

The centre had experienced an outbreak of COVID-19 in the first wave of the pandemic, from 10th April until 3rd June 2020 . During this time, over half of the residents had received a diagnosis of COVID 19, and sadly 6 residents lost their lives to the virus. During the acute weeks of the outbreak, the provider had struggled to maintain staffing levels due to staff having been diagnosed with the virus or having to self isolate. The provider requested support from the HSE, however no was available and some agency staff were sourced as an interim measure.

The Inspector acknowledged that this was and continued to be a very challenging time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. The provider had put into place a contingency plan in the event of another outbreak of COVID-19 in the designated centre. The provider had reviewed the COVID-19 outbreak and lessons learnt from it, which had informed their contingency plan in the event of a second outbreak.

There were 41 residents accommodated in the centre on the day of inspection, with 10 vacancies. The centre is registered to provide accommodation for 51 residents with the following bedroom layout:

- 15 twin bedrooms
- 21 single bedrooms

There were 36 bedrooms in total, and 7 of these had ensuite bathrooms. A further 12 bedrooms have a shared bathroom with one other bedroom. The residents who occupy the remaining 17 bedrooms share bathroom facilities nearby their bedrooms. As result of the COVID-19 outbreak in the centre, the Provider had reduced the occupancy in some twin rooms. Out of the 15 twin bedrooms, 7 were occupied by two residents, 2 remained vacant for isolation care, and 6 were occupied by a single resident.

The provider had committed to maintaining an occupancy rate of approximately 80% since the outbreak, to ensure that there was sufficient rooms available for any resident that may fall ill with COVID-19 and require isolation care.

While there were adequate and effective governance systems to ensure that the quality and safety of care delivered to residents achieved regulatory compliance, it was noted there were some gaps in risk management. The senior management team had completed a look back exercise on the outbreak, and some of its findings, or the lessons learned from this had not been adequately risk assessed by the management team. The governance system also included regular reviews of

infection prevention and control audits and activities in the centre.

Staffing levels were sufficient in the centre to provide care and meet the needs of the residents, and reflected the layout of the building. The centre had been halved – into a Side A and a Side B. Separate staff groups were rostered to work on each side. Each side of the building had its own staff nurse and care staff at night time. The staff who provided activity and recreation for residents had begun to work every second weekend. Staff had access to training, and following the outbreak of COVID-19 in the centre, household staff had been given access to additional training.

Complaints were well managed in the centre. A clear policy was available to guide complaint management, and records were well maintained separately from any resident file or information. Complaints were overseen by the senior management team and reviewed at governance meetings.

### Regulation 15: Staffing

The registered provider had ensured a sufficient number of staff were on duty to meet the needs of the residents.

Due to the building layout, the provider had divided the centre into 2 sections, and was staffing each side separately. This was the providers response to the guidance requesting that staff cohort groups be established to respond to the risk of COVID 19. A roster was maintained and showed that this arrangement was in place. This arrangement met the needs of staff and the size and layout of the centre.

Due to the reduced occupancy there was in-built capacity within the staff team to take on additional shift work if required. In addition the provider had created a service level agreement to source and work with one agency only in the event of staff shortages that could not be filled by their own team.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a wide variety of training, both virtually and in-person training was offered on site. Between 87% and 99% of staff had attended the core infection prevention and control training, hand hygiene and donning and doffing personal protective equipment.

All staff had attended fire training in the recent months.

Staff received supervision in their roles. There was a comprehensive approach

in place to manage induction of new staff. An additional process had also been developed and implemented that allowed the person in charge or her deputy to orientate and induct agency staff if they were required to fill any shifts on the roster.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had sufficient resources in place to provide the care described in their statement of purpose.

There was a clearly defined management structure in place, with senior management personnel available in the centre every week. The person in charge had resigned, and during her notice period her deputy received a handover, ensuring succession planning and a continuity of care. A new person in charge had been appointed.

The governance systems were robust, and included regular governance and quality meetings, where key performance indicators, audits and complaints were reviewed.

One area of the governance system that required strengthening was the interpretation of incident analysis findings into the risk register. A comprehensive incident analysis had been completed on the April 2020 outbreak of COVID 19, however not all causal factors identified had been risk assessed and added to the risk register.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints log was available, and the sample of records reviewed showed details on the nature of the complaint, the investigation, communication with the resident and family, and recorded the level of the satisfaction of the complainant. There was evidence to show that overall both minor concerns and formal complaints were appropriately reported, investigated and responded to in line with local policy. There was a nominated overseer responsible for ensuring that all complaints in the centre were appropriately addressed.

The complaints policy had been reviewed and it met the regulatory requirements, including an appeals process. The complaints procedure was clearly displayed in the designated centre.

Residents indicated to the inspector that they knew how to raise a concerns or



complaint. Staff were familiar with the complaints process

Judgment: Compliant

## Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Some improvements required were identified within infection control systems.

As previously stated there was significant outbreak of COVID-19 in the centre, and the outbreak had concluded on 3rd June 2020. There was a fortnightly swabbing programme in place in the centre. This was overseen by a the provider and the person in charge. The centres premises is small, and one area of risk is the small changing area for staff, and the limited storage within. The provider was aware of the challenge this posed, and had been considering long term solutions to the issue of space in the premises.

The provider took a proactive approach to managing risk in the centre. While there was a risk management policy and an emergency plan in place to guide staff, the risk register had not outlined all the measures that had been put in place to prevent further resident and staff infection. This has been discussed earlier in the report.

The premises provided residents with a homely and comfortable environment. The premises were well decorated. The findings of the last inspection identified an issue with storage in the centre. Overall storage had improved in the centre, largely owing to the reduction in occupancy. Despite this some adaptive equipment was seen stored on corridors during the inspection. The reduction in occupancy further supported the ability to care for residents in day rooms throughout the day, at an appropriate physical distance. There was a laundry on site which laundered residents clothing.

There were facilities available for residents to receive "window visits" in a designated area of the centre. When residents were at the end of their life, visits were facilitated in the residents room which was safely supported by staff. The provider had recently installed a separate visitors pod in the garden area - an independent room accessible from the garden, which they intended to use to facilitate in-person visits when guidance allowed.

Care plans were person centred and were reviewed regularly in line with regulation 5. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents had access to a wide variety of specialists and were accessing hospital care when required.

One area of non-compliance identified in the centres previous inspection, was under the fire prevention regulation. The provider had taken steps to improve staff training in the area, and had applied for planning permission to ensure a suitable fire exit could be added to the building.

### Regulation 11: Visits

All visits were pre-arranged with the management team over seven days each week. A policy was in place guiding visitors to have their temperature checked and declare that they were symptom-free. Visitors also completed a visitor screening questionnaire which staff reviewed prior to the visit to ensure the safety and security of the residents.

At the time of inspection, most visiting and communication with families was maintained through the facilitation of widow visits, video calls, phone calls.

Judgment: Compliant

### Regulation 17: Premises

It was noted that due to reduced resident occupancy in the centre, the premises could accommodate residents needs in light of the COVID-19 pandemic. For example, there was some space within day rooms, so residents could - for the most part - remain physically distant from each other.

A small amount of adaptive equipment was observed to be stored on corridors.

The provider had taken steps to reduce the occupancy in twin bedroom, with some twin bedroom now occupied by one resident. Two twin rooms in addition were left vacant to accommodate the need for isolation care.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a live risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated as required. Some additional risks were identified by the inspector, and this is reflected in regulation 23 above.

A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering, laundry and visiting arrangements to name a few.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes and a serious incident review in respect of the COVID-19 outbreaks had been completed. It informed the centre's preparedness for future outbreaks and the learning derived had been adopted and integrated into local policies.

A local emergency management team had been set up which included representatives from senior management team and key clinical personnel. They met on a regular basis and ensured that all the agreed measures were appropriately communicated to staff and implemented.

Judgment: Compliant

## Regulation 27: Infection control

There was an infection control policy in place which included COVID-19 precautions and had been updated with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

There was strong evidence that staff were knowledgeable about the standards and updated guidance for the prevention and control of health care associated infections. Hand hygiene notices were displayed throughout the centre and staff were observed practicing good hand hygiene during the day.

All staff had access to personal protective equipment and there was up to date guidance on the use of these available. Staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel and disinfecting wipes were in plentiful supply and available throughout. Staff were seen using the equipment appropriately.

There were comprehensive daily cleaning records and deep cleaning schedules which were well-maintained. Staff were observed in practice decontaminating the equipment between residents. Staff who spoke with the inspector were aware of their roles and responsibilities regarding infection prevention and control. There were safe laundry and waste management arrangements in place, and household staff were completing additional hygiene training at the time of inspection.

Staff temperature was recorded twice daily and they were aware of the local policy

to report to their line manager if they became ill. There was a staff uniform policy however the staff changing area was very small and posed a challenge for staff to maintain distance and store their belongings away from others.

Staff were assigned to different zones in the building and there were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units. Staff took their break and meals in a dining room on the ground floor, at times outside of resident meal times.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken steps to increase staff training in fire prevention as a follow up to the centres last inspection report.

In addition the provider had applied for planning permission for an additional emergency fire exit at the rear of the building, however this process was not complete by the time the inspection took place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to the centre to ensure the centre could meet the residents' needs. New admissions were accommodated in an isolation area for 14 days with dedicated staff.

All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. A range of evidence based assessments were completed and this information informed the care plans. Care plans were well maintained and updated in line with regulatory requirements. There was evidence of ongoing discussion and consultation with the residents and where appropriate their families.

In their daily interactions staff were observed to be person-centred and knew the residents' current health needs and their preferences as expressed in their care plans.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to a General Practitioner (GP) and other relevant allied health professionals. Input from the wider health and social care team was incorporated into the resident's assessment and care plan. At the time of inspection the GP was visiting the centre and a specialist team from the area mental health service were also in attendance.

Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

Physiotherapy, dietetics and tissue viability services were available following a referral.

Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day and residents' vital signs and baseline measurements were recorded on a minimum of twice a day

Judgment: Compliant

## Regulation 9: Residents' rights

Residents said they felt safe and happy in the centre and that their rights, their choices and privacy were respected. The atmosphere in the centre was relaxed and comfortable. Interactions between staff and residents were kind and person-centred.

As far as was practicable, under the restrictions of COVID-19 opportunities were made available for residents to participate in social and recreational activities. There were facilities in place for recreational activities and residents were observed throughout the day enjoying activities in small groups while also respecting social distancing requirements.

Residents had access to daily newspapers, television and internet services.

Residents indicated they were satisfied with the measures in place to support them to communicate and maintain contact with their families and said that phone calls, window visits and video calls were facilitated whenever possible.

While residents understood and accepted that the restrictions on their life and recreational activities were necessary to keep them safe, it was also evident that

they missed their previous lifestyle and liberties and were longing for a return to normality.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Gladys Nursing Home OSV-0000686

Inspection ID: MON-0030842

Date of inspection: 21/10/2020

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The risk registers have been reviewed and updated with lessons learned from the root cause analysis completed by the home. The registers will be reviewed by the PIC and PPIM on a regular basis moving forward.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Internal and external storage is under review in the home. An action plan to address the storage will be completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The home has a compliant fire certificate. Planning permission has been applied for and approved since the date of inspection for the additional staircase requested by the authority. The staircase will be constructed in a timely manner and in line with government restrictions during this world wide pandemic.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2021
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	30/06/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	30/06/2021

	persons in the designated centre and safe placement of residents.			
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