## Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Gladys Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000686</td>
</tr>
<tr>
<td>Centre address:</td>
<td>53 Lower Kimmage Road, Harold's Cross, Dublin 6w.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 492 7624</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:june@harveyhealthcare.ie">june@harveyhealthcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Willoway Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>48</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 November 2019 09:00  To: 25 November 2019 16:00
25 November 2019 09:00  25 November 2019 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Not applicable</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td>Not applicable</td>
<td>Compliant</td>
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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 48 residents were accommodated in the centre. About 60% of residents had a dementia diagnosis or some symptoms but no formal diagnosis. There was no dementia specific unit but one area did predominantly support residents with higher needs due to their dementia.

Residents were seen to be receiving a service that met their needs, including those with dementia. Residents' needs were assessed thoroughly when they were admitted to the centre. Care plans were developed that described residents' preferences and their chosen routines, and this supported staff to know each resident well, and further build on their knowledge of each individual.

There was good access to allied health professionals, and where residents' needs were changing this was identified quickly due to focused nursing practices in the centre, that included good record taking and hand over between each shift.

There were sufficient staff to meet the residents' needs, and all of those who spoke with inspectors said the staff were kind and supportive. There were training opportunities for staff to ensure their practice was up to date. All staff had completed fire safety training and safeguarding older people. Other staff had completed training in the most effective ways to support residents with dementia.

There was a range of meaningful activity available in the centre with a focus on music, art and exercise to support people to maintain their skills and independence as long as possible. Residents were seen enjoying a range of activities during the inspection and were positive about the options available.

The premises met the needs of the residents. There were a range of communal spaces, and accessible gardens at either end of the centre. Storage continued to be an issue in the centre, and this remained outstanding from previous inspections.

Fire safety arrangements were in place, with staff very clear about how to respond if the fire alarm was evacuated. Fire drills showed compartments in the centre could be evacuated in a timely manner. One improvement was required to address one area of the centre with a single route of escape, and the provider was progressing with that work.

These are discussed further in the report and in the action plan at the end.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
Residents’ wellbeing and welfare was being maintained by a high standard of evidence-based nursing care.

Inspectors reviewed a selection of residents' records and found each had an assessment prior to their admission to ensure the centre was able to meet their needs. When the resident was admitted to the centre a more detailed assessment was carried out by nursing staff and care plans were developed for all identified needs. Care plans were seen to cover a range of clinical and social care needs such as nutrition, continence, personal care, dementia, mobility and responsive behaviour. The plans set out the residents skills, abilities and preferences, and promoted that residents must be involved decisions in all aspects of their lives. There were also records of involvement with relatives, with the permission of residents, and feedback from families was considered during the reviews. All care plans had been reviewed in the last four months or sooner if required.

A range of nursing assessment tools were being used in the centre to support nursing staff to assess and review resident's nursing and health care needs. These included assessing the risk of falls, malnutrition and pressure areas. Examples were seen where care plans were reviewed following the feedback of healthcare professionals, for example a dietician recommending a change to a residents diet.

There was good access to relevant medical professionals and the wider health and social care team. General Practitioners (GP) visited the centre regularly and there was an out of hours GP service that staff were clear on how to access. Families spoke with during the inspection were positive about the support provided to the residents and also to themselves, with end of life care being described as very supporting to the resident and their families.

**Judgment:**
Compliant
**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The centre maintained a policy on safeguarding of vulnerable adults which provided guidance on assessment and reporting procedures following potential or actual incidents of abuse. The policy outlined the forms abuse can take and guidance on when to refer to external agencies. Staff spoken with during the inspection were knowledgeable about the types of abuse that could occur in a care setting and knew how to respond to instances of alleged, witnessed or actual abuse of residents. Residents spoken with felt safe in the centre and told inspectors that they could raise concerns with staff.

All staff had attended training in safeguarding of vulnerable adults and staff were expected to receive refresher training sessions in this annually. Of a sample of personnel files were reviewed and all staff were vetted by An Garda Síochána prior to working in the service.

Policies were in place relating to the care of residents who presented with behaviours associated with the psychological symptoms of dementia. Care plans were in place for residents which outlined what these behaviours manifest as for each person, as well as the environmental factors or times of day such behaviour is likely to be triggered. Care plans advised staff as to the most appropriate means by which to respond to relieve distress or anxiety and comfort the resident. A small number of residents were prescribed medication to be used as required to relieve agitation, though there was instruction to only administer this if all other interventions have not been successful. Medication records of a sample of residents evidenced that this as required dosage was rarely used and in some cases, had been discontinued if no longer required.

There was a policy in place around the use of restrictive practices. At the time of inspection, twenty people had bedrails in place. Records showed that for all of these people, they were in place with the residents' consent, with the rationale for their use under regular review, and were removed where no longer required.

Inspectors reviewed the arrangements for the management retaining resident money and found the practice to be sufficient to protecting their finances. Access was limited and incoming and outgoing cash was clearly documented.

**Judgment:**
Compliant

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Outcome 03: Residents' Rights, Dignity and Consultation
**Theme:**
Person-centred care and support

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

**Findings:**
Residents were consulted with and participated in the organisation of the centre, took part in a range of activities and occupations and had their rights and choices respected.

Throughout the inspection residents and staff were seen to be communicating well together. Staff in communal areas were chatting with residents about topics that were important to them, for example family visits, and there was a pleasant atmosphere encouraging all residents to be engaged in the activities taking place. When staff were providing support to individuals inspectors heard very person centred conversations and where engaging to help residents feel settled and confident.

Residents were seen to be making choices about how they spent their time in the centre. Some residents spent time in the dining area in readiness for lunch, others were enjoying crafting in another lounge, and others were enjoying watching television in another lounge area. In the afternoon many residents were seen making their way to favoured positions in the lounge area, and told inspectors they really enjoyed the singers who came in to provide entertainment. All residents and relatives spoken with were positive about the support they received from staff, and also that they were able to choose their preferred routines, and be engaged in activities that were of interest to them. For residents with dementia staff were seen to be providing one to one support at times during the day, and other sensory activities were being explored to make sure all residents had a range of opportunities to engage in relevant activities. There had been a recent trip to a local venue and festive parties were being planned for the Christmas period.

Each resident had a clear communication plan in place, and the staff were seen to know each residents needs well. Information was presented in a range of different ways to ensure residents could access it. Posters providing information on the walls were clear and in large print, menus were available in picture versions and residents were seen to have access to written information such as the residents guide.

Inspector observed that resident’s views were sought both formally and informally in the centre. Staff were engaging with residents by checking first what they wanted to do, and explaining any support that was being given. Residents were asked what choice of meal, snack or drink they wanted, and were informed about different activities going on in the centre. There were also formal surveys carried out to seek views on the environment, staffing, meals and mealtimes and other areas of service. There was also a residents meeting held, and they provided feedback to residents and their families on changes in the centre, and also gave the opportunity to give feedback.
Residents were supported to vote if they chose to, and there was access to newspapers, radio televisions and other media of peoples personal preference. There was WiFi available in the centre.

Residents were supported to practice their religion as per their personal preferences. Holy communion was delivered twice a week.

Judgment:
Compliant

**Outcome 04: Complaints procedures**

Theme:
Person-centred care and support

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

**Findings:**
The centre had a procedure for people to make complaints which was posted prominently in the centre and clearly identified the primary contact persons. A record was maintained of complaints received by the provider which outlined the matters raised, the engagement and correspondence between the provider and the complainant, and the outcome of the investigation or process. The provider had identified avenues for the complainant to pursue should they not be satisfied with the outcome of the complaint at a local level. Verbal complaints and complaints voiced by residents to staff on the floor were treated with the same level of seriousness and attention as those received formally in writing.

Judgment:
Compliant

**Outcome 05: Suitable Staffing**

Theme:
Workforce

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

**Findings:**
The number and skill mix of staff on the day of inspection was adequate for the number and needs of the residents in the centre. Staff were available at all times to attend to
and assist residents. Inspectors did not observe residents waiting for long periods of time or call bells ringing without being answered promptly. Staff were knowledgeable of the residents, their needs and preferences, and polite and friendly interactions were observed between staff and residents. When assisting residents, staff did so discreetly with respect to the dignity of the resident. Residents spoke positively about the staff in the centre, as did family members.

A roster was in place which reflected shift changes and absences. Inspectors selected a sample of personnel files and found them to contain all information required under Schedule 2 of the regulations, including evidence of qualifications and vetting by the Gardaí.

Staff were provided with mandatory training in manual handling, fire safety and safeguarding of vulnerable adults. When speaking with inspectors, staff members were knowledgeable on their duties and obligations, including how to assist people to move in an emergency and how they would respond to suspected, alleged or actual instances of resident abuse. Staff felt supported by management to carry out their duties effectively.

There was a structure of supervision in place in the centre, with inspectors reviewing examples of how new staff were supported on induction, and how established staff were appraised in their duties on a regular basis. These included elements of self-assessment by the staff member to identify where they believed their strengths lay and where they wished to receive additional support to deliver effective care to residents.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The designated centre premises consists of an adapted two-storey period house with extensions developed on either side of the original building to accommodate up to 51 people in single and double occupancy bedrooms. Overall the building was suitable in its layout to allow residents to safely navigate alone or with assistance. Elevators were provided to provide safe transport between floors and the centre corridors were free of major trip hazards. The centre was clean and in a good state of maintenance, with natural light and nice views of the gardens and surrounding area.

The primary building contained a large central living room which was the main communal space in which residents spent their day or attended activities. Each side of
the premises included smaller sitting rooms in which residents could relax or watch TV in a space closer to their bedrooms. There was a large dining area available as well as a small family room in which residents could receive visitors in private. Kitchen and laundry facilities were located on site. There were multiple external garden areas accessible via the living rooms which were pleasant and secure, and included benches, a path walkway and smoking shelter.

Bedrooms seen during the inspection were of an appropriate size with opportunity to personalise and decorate the room based on each person's preference. Bedoons which accommodated more than one person had suitable privacy screening between the bed spaces which was, in the twin bedrooms seen by inspectors, laid out to allow one person to use their room's features without being obstructed if their neighbour had the curtain pulled shut. Residents who did not have private en-suite toilet and shower facilities of their own had accessible options close to their bedrooms. Call bells were in place for all areas of the building and were promptly answered by staff.

Inspectors encountered multiple instances of inappropriate storage of items in the centre. This included equipment such as wheelchairs and hoists being stored in bathrooms, obstructing the use of the facilities, and in refuge points of stairwells, as well as laundry items being stored on the floor of bathrooms.

The centre made good use of navigational signage, with colourful, eye-catching and pictorial signage directing people to communal areas, bedrooms and the toilets. Large simple signage was posted noting the day and date, activities on offer that day, and menus for lunch options.

Judgment:
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

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

**Findings:**
The building was equipped to detect and contain fire and smoke, and to guide people in the event of evacuation. The premises included compartments with fire-safe doors, and these compartment doors were fitted with devices which could hold doors open and automatically release if the fire alarm was triggered. Clear signage denoted the routes to follow if evacuating. The centre was well-equipped with fire extinguishers, which were visible, unobstructed and serviced in 2019. Fire safety records included maintenance and certification records for the fire alarm, emergency lighting and fire doors, and records were kept of regular safety checks.
All staff had attended and were up-to-date on their training in fire safety. Inspectors spoke with a number of staff members in the centre about evacuation procedures and the most appropriate means of transferring residents to a place of safety in an emergency. Staff members were knowledgeable of the residents, their requirements to mobilise and the most appropriate direction to evacuate the compartment. Staff were familiar with horizontal evacuation techniques and had practiced assisting people safely down stairs if required. Each resident had a simple evacuation plan which outlined their individual requirement to safely evacuate. The staff members who would take the lead in the event of an evacuation had this plan to hand and all staff were clear who would who instruct the team when conducting an evacuation.

Practice evacuation drills took place in the centre, and the records of these included the procedure followed, the time taken to evacuate residents out of the compartment, and notes on practices which were not followed correctly. Where times were not satisfactory, repeat drills were conducted with improved times based on this learning.

One first floor area of the building was noted in previous inspection activity as having a single route option to evacuate the area. While this remained the case on the day of this inspection, the provider had limited the dependency level of residents who could be accommodated in the area. The provider representative explained to inspectors the plans which were progressing to provide a secondary route of evacuation from this area.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There were clear governance and management arrangements in place that ensured the centre was being run to provide a safe and effective service for residents.

The management structure was clearly described in the statement of purpose, and was seen to be in place on the day of inspection.

There were well established systems in place to oversee the running of the centre covering the health and social care needs of residents, and also wider issues such as building maintenance and other support services such human resources and finance.

The person in charge was supervising the practice of staff in the centre and was
supporting new staff to settle in to the centre. A range of key performance indicators were monitored and reviewed. If an area of improvement was identified as being needed steps were taken to make improvements. For examples, there had been a good improvement in the person centred approach in care records.

An annual review had been completed for the previous year, and it included residents feedback on the services being provided.

There were areas from the previous inspection being addressed by the senior management team in relation to fire safety in the centre, with changes made in relation to practice in the centre, and additional fire safety measures to be implemented to address an area of risk in relation to the first floor of the main building.

**Judgment:**
Compliant

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**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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000686</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/11/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08/01/2020</td>
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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 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Examples were seen during the day of inappropriate storage of items in stairwells and bathrooms.

1. 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.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The wheelchair was removed from the stairwell immediately.
All staff were informed and re-educated on the importance of returning wheelchairs to the resident’s rooms when not in use and that hoists are returned to the identified storage location.

External storage solutions are being reviewed in light of the inspectors’ comments.

Proposed Timescale: 31/03/2020

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One first floor area of the building had a single route option for evacuation of residents.

2. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
As noted in the report the building remains fully compliant in line with fire regulations. To further improve fire safety we have identified and commenced planning for a second exit for evacuation and have commenced meetings with Fire Officers and Structural Engineers.

Proposed Timescale: 30/06/2020