

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glendonagh Residential Home
Centre ID:	OSV-0000229
Centre address:	Dungourney, Midleton, Cork.
Telephone number:	021 466 8327
Email address:	info@glendonaghnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Glendonagh Residential Home Limited
Provider Nominee:	Gillian Hornibrook
Lead inspector:	Mary O'Mahony
Support inspector(s):	Mary Dunnion
Type of inspection	Announced
Number of residents on the date of inspection:	42
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.

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 Quality 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:
26 July 2016 09:15	26 July 2016 16:45
27 July 2016 09:15	27 July 2016 16:45

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	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was the eleventh inspection of Glendonagh Residential Centre by the Health Information and Quality Authority (HIQA). The providers had applied to renew registration of the centre. The inspection was announced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives, the provider, the person in charge and staff members. Inspectors observed practices

and reviewed documentation for example, care plans, medical records, training records, policies and procedures and staff files. The provider and person in charge were proactive in response to the actions required from previous inspections. There were 42 residents in the centre during the inspection. The centre was previously registered for 44 residents. However, changes had been made to multi occupancy rooms to provide more space for residents.

Inspectors found the premises, fittings and equipment were of a high standard and the centre was clean and well maintained. There was a good standard of décor throughout. Pre inspection questionnaires sent by HIQA prior to the inspection, were reviewed by inspectors. Feedback from residents and relatives was one of satisfaction with the service and care provided.

There was a variety of social and recreational activities facilitated in the centre which were designed to suit individual resident's needs. Family and community involvement was encouraged. Relatives and friends of residents were seen visiting during the day. Those who were spoken with by inspectors stated that they were always welcomed by staff and were complimentary of how residents were cared for. Overall there was a good standard of person-centred care in the centre and the quality of life of residents was enhanced by access to the extensive outdoor gardens, the involvement of all staff in providing social time in the afternoons and the provision of a variety of home cooked meals.

While inspectors found that the centre was in substantial compliance with the requirements of Regulations some improvements were required to comply 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. These included staff files, training, contracts and medication management.

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 Quality 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):

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

Findings:

Inspectors viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis.

Adjustments will be required in September when a new provider will take up her position. This was discussed with the present provider.

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:

The quality of care and experience of residents was monitored and reviewed on an

ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. Inspectors viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff meetings reviewed. There was evidence of consultation with residents and their representatives.

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 Resident's Guide available to residents. It contained all the required information and a copy was seen in each resident's bedroom. In a sample of residents' files reviewed inspectors found that there was a written contract signed and agreed on admission. Each resident's contract outlined the care and services available in the centre.

However, the contracts did not specify the extra fees to be charged for example for hairdressing fees, bus outings, chiropody and specialist mattresses, if required.

Judgment:
Non Compliant - Moderate

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:

The person in charge had been in the centre for nine years. She worked full time. The person in charge demonstrated extensive clinical knowledge and confidence to ensure suitable and safe care. She demonstrated knowledge of the relevant legislation and of her statutory responsibilities. She was actively engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with members of the management team and staff. Minutes were maintained of these meetings. The person in charge organised audits and analysed the outcomes to improve care. She explained to inspectors that she was engaged in continuous professional development and promoted continuous improvement in residents' care and best evidence based practice. Inspectors found strong evidence of the person in charge prioritising residents' needs and wellbeing. It was evident on inspection, through observation and engaging with staff, residents and their families that the person in charge placed the resident to the fore, knew each resident well and had developed a strong rapport with them and a deep understanding of their needs.

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):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible to inspectors. However, training records were not comprehensive and there were some gaps in the sample of staff files reviewed. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by inspectors.

The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. Staff were aware of the policies and the person in charge stated that

these were implemented in practice, for example the policy on communication and the policy on advocacy and consent. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents and relatives.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of her statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. There was a suitably qualified and experienced person in place to deputise in the absence of the person in charge.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures were in place for the prevention, detection and response to

abuse. This was being updated at the time of inspection to include reference to the Health Service Executive safeguarding policy (HSE) 2014. Staff with whom inspectors spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Training records were reviewed. However, it was not clear if all staff had received this training as the records were not comprehensively maintained. Residents stated they felt safe in the centre and attributed this to the kindness of the person in charge, the provider and the staff.

Systems were in place to safeguard residents' money and this system was monitored by the provider. This system included two staff signing for any money lodged or withdrawn. A sample of records checked were seen to be in order. Residents had a locked storage space available for storage of personal items. Some personal items were listed on residents' property lists as being stored in a safe box in the nurses' station. A number of these items were seen by inspectors.

The use of bedrails and lap belts was notified to the Authority as required by Regulations and these were checked regularly when in use. A log of these checks was maintained in the centre and reviewed by inspectors. Consent for their use had been signed and inspectors viewed the risk assessments which had been undertaken prior to their use, all of which included review timelines. These was evidence that these reviews had been completed within the stated timelines .

A policy on managing behaviour that challenged, which was related to the behavioural and psychological symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. The policy contained guidelines on distraction and de-escalation techniques to be used as a first response to behaviour escalation. Staff spoken with were aware of this policy and the majority of staff had received updated knowledge and skills in managing and understanding this behaviour. The person in charge showed inspectors the training schedule for staff who had yet to attend this training. The training was scheduled for August 2016.

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

Findings:
Actions required from the previous inspection were addressed. Fire exit doors were

unobstructed and designated fire doors had been fitted with suitable door closures.

A health and safety statement was in place and it was updated in 2015. The risk management policy was reviewed by inspectors and risk assessments carried out were specific to the centre and to residents' safety. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets and an audit of health and safety was undertaken monthly.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures were displayed and a contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits, ensuring the alarm panel was working and weekly testing of the fire alarm. The fire alarm panel was serviced regularly and all fire equipment was serviced on an annual basis. These records were viewed by inspectors. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety. Fire drills took place on a three-monthly basis. Records of the previous fire drill were reviewed by inspectors. This took place on 7 July 2016. However, records of the fire drills were brief and did not indicate how long it took to evacuate residents or what occurred during the drill. In addition, emergency lighting had not been serviced, as required, on a quarterly basis. Furthermore, the fire training certificates for 2014 and 2015 were not available in staff member files.

Staff were trained in moving and handling of residents. Training records viewed by inspectors confirmed this. Documentation was available which indicated that hoist equipment was serviced regularly.

Judgment:

Non Compliant - Moderate

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:

Each resident was protected by the designated centre's policies and procedures for medication management. Inspectors reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance

with current guidelines and legislation. Staff followed appropriate medication management practices. There were procedures for the handling and disposal of unused and out of date medicines in the centre. Medication management practices were reviewed and monitored. For example, staff nurses checked the medication stock and residents' prescriptions on a monthly basis and regular audits were undertaken. However, inspectors found a number of discrepancies in a sample of the medication records on the day of inspection. For example: medication was stored in the fridge for one resident for the months of May and June. It was not clear to inspectors if the resident involved had received the prescribed medication. In addition, the medication fridge had been recently repaired as the temperature gauge was not working, As a consequence, the labels on the medication boxes in the fridge were illegible. On day two of the inspection the medication fridge had been replaced. In addition, there was a discrepancy between the prescription and the medication administration sheet. This was corrected by the GP.

Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by the pharmacist was accessed for staff and residents. The pharmacist carried out an audit in the centre on 25 May 2016. This was viewed by inspectors.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents which occurred in the centre. Quarterly notifications were provided to the HIQA as required.

The person in charge was found to be aware of the Regulations related to notifications.

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):

No actions were required from the previous inspection.

Findings:

A comprehensive assessment of residents' health and social care needs took place prior to and on admission and appropriate care plans were seen to be in place. Care plans were reviewed four monthly. Residents and their representatives where appropriate, were involved in formulating the plan of care. Residents signatures were seen on consent forms within the care plan and on their contracts of care.

Residents had access to GP services and appropriate treatment and therapies. Medication was reviewed by GPs on a four-monthly basis. Allied health care services such as physiotherapy, occupational therapy (OT) and the dietician were available when required. Inspectors saw documentation which indicated that optical and dental services were availed of by residents. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments with consultants. For example, the person in charge informed inspectors that one resident was awaiting an appointment with the consultant psychiatrist. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were carried out among others. Residents' right to refuse treatment was respected and documented.

There were opportunities for residents to participate in activities that suited their needs, interests and capacities. For example, residents with a cognitive impairment were provided with reminiscence therapy and one to one activity. Residents with restricted mobility had access to music, dog therapy, chair based exercises, skittles and singing sessions. Residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers. Access to outdoors, radio, TV, favourite movies and outings was also facilitated. Some activities had been adapted to residents different abilities. For example, skittles were set up on tables and to ensure that residents would experience success a large beach ball was used to knock the skittles. Residents informed inspectors that they enjoyed the daily sessions and they were seen to participate in large numbers. In addition, it was noted that staff accepted residents right not to participate if they so choose. Throughout the inspection, inspectors observed members of staff sitting with residents while activities were going on and were heard to chat with them about their lives and about family issues.

Residents were supported to maintain their independence. There was an emphasis on promoting health and residents' general well being. All residents were encouraged to exercise daily. This varied from independently walking in the extensive gardens, dancing, chair based exercise, passive exercises and utilising their walking aids. A number of residents were seen to go outside on a couple of occasions during the day. Paths and driveways were designed in such a way that residents with walking aids or

wheelchairs could move around safely. Members of staff and family members accompanied residents outside whether walking or in wheelchairs. Two residents were seen to go out for the day with family members.

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:

Glendonagh Residential care centre was located near the village of Dungourney in east Cork. It was situated on extensive and well maintained grounds. It catered for the needs of 42 older adults. The grounds provided opportunities for walks and there was suitable seating available at intervals along the walk way. There were two inner courtyards within the care complex which were planted with colourful plants and shrubs.

All bedrooms were en-suite and were equipped with a call button linked to the nurses' station, flat screen TVs and a telephone if required. There were health, social and leisure facilities available in the centre including beauty salon, library and multi denominational chapel with religious services weekly. There were two visitors' rooms available for residents' use and these were occupied at various times during the inspection. The centre had a dementia specific unit which was equipped with its own kitchen, dining room, sitting room and secure garden.

There were eight en suite double bedrooms in the centre, 21 single en suite bedrooms and one three bedded en suite room. Rooms in the centre were personalised to the likes and preferences of residents and their relatives. Photographs, paintings, personal items and drawings were displayed in residents rooms. The bedroom doors on the dementia unit had been painted different colours and were designed to look like front doors. Specially designed signage has been installed which was located at a suitable height for residents. Residents photographs were framed next to their individual room door. A secure garden area had been carefully planned and designed for residents with dementia. Plants had been chosen to provide sensory stimulation and there was adequate outdoor seating and pathways for residents' use.

Upstairs bedrooms were accessed by lift even though the provider explained that the original staircase had been retained to support the homely atmosphere and decor in the centre. This was an older section of the building where not all rooms had en suite shower facilities. There was one large shower room which was shared by six residents. Inspectors observed that there was an assisted bath available for residents. The person in charge explained that one resident had requested a key for her bedroom door and this door was seen to be locked in accordance with the resident's wishes.

Linen and store cupboards were plentiful and sluice rooms were noted to be clean and well maintained. Sanitiser gels and hand washing facilities were accessible throughout the centre. Notice boards displayed information on complaints, advocacy, activities, menus and local events. Photographs on display indicated that residents had celebrated proclamation day, birthdays, St Patrick's Day and other celebrations.

However, inspectors observed that two bedrooms in the centre had condensation within the double glazed window panes. The provider undertook to get this repaired.

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:
Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents and relatives expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. There was a transparent open approach to listening and dealing with complaints. The contact details for the ombudsman was added to the complaints process during the inspection.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Similar to findings on the previous inspection only four staff nurses had attended end of life care training. This was addressed under Outcome 18: Staffing. However, the provider showed inspectors the upcoming scheduled training dates. In addition, nursing staff had been trained in the use of syringe drivers and a policy had been developed for this since the previous inspection.

Care plans and care practices were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room and access to specialist palliative care services if required. Inspectors reviewed the end of life policy. The policy focussed on the holistic needs of residents and their relatives. There was a spacious oratory in the centre and the provider stated that she attended the funerals of residents. Inspectors noted that photographs of deceased residents were displayed in a 'memory' corner on the notice board.

End of life care plans were in place for a number of residents. Advanced care planning had been discussed with residents and their family members. Property inventories were maintained for residents who were encouraged to bring in some items of favourite furniture and pictures from home. These inventories were updated when necessary.

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):

Findings:

There was a policy for the management of food, nutrition and hydration which was updated in 2016. Based on a sample of records reviewed, all residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed on admission and monthly on an ongoing basis. There was little evidence of weight loss for residents. However, residents were reviewed by the dietician and the speech and language therapist when required.

Inspectors observed mealtimes, mid-morning snacks, lunch and tea time. The person in charge stated that breakfasts commenced at 08:00hrs for most residents. However, a number of residents had requested early morning or late breakfasts and this was facilitated. Most residents had their breakfasts in their bedrooms. However, residents were also seen to avail of the dining room depending on their preference. A number of residents required assistance at mealtimes, and this was provided discreetly and with respect. Most residents ate their dinner in the dining room. The dining room was located beside the main kitchen; it was spacious and had sufficient seating to accommodate 24 residents at one time. There was also a kitchenette and dining area in the dementia unit. The main kitchen was clean and well stocked. There was a separate toilet and changing room for catering staff. Fresh drinking water was readily available throughout the day and light snacks, fresh fruit and drinks were offered between meals. The first sitting of evening tea commenced at 16.00hrs and the second at 16:45hrs. Inspectors spoke with residents at this time and observed that residents were offered a choice of three options for their evening meal. Residents stated that the food was good and they told inspectors about the choices available during the week. Supper was available for all residents at 19:30hrs and snacks were accessible outside of these times.

A number of residents with swallowing difficulties were prescribed modified diets following speech and language therapy assessments and a copy of these were maintained in residents' records. There was an adequate system in place for communicating with catering staff in relation to residents' likes and dislikes and also in relation to specialised diets. Care staff and catering staff members spoken with by inspectors were very knowledgeable of residents' individual needs, their likes and dislikes and had documentation which supported the various dietary consistencies. There was evidence that staff did their utmost to accommodate residents' preferences and ensure that their individual dietary requirements were met. When required, nutritional supplements were prescribed by residents' general practitioner. A sample of medication prescription records were reviewed confirming this practice. There was an adequate system in place to ensure residents were administered these dietary supplements.

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):

No actions were required from the previous inspection.

Findings:

Residents were consulted daily in an informal way for their input into the operating of the centre. The person in charge met with residents each morning and sought feedback with regards to care. Residents attended the residents' forum meetings three monthly. Residents informed inspectors about the suggestion box in the hall. Minutes of residents' meeting indicated that residents had been informed of how to access an advocate, they discussed laundry issues and activity provision. Information on this external service was displayed and was readily available to residents. Families and representatives were asked to complete an annual survey. The person in charge stated that she got a good response to this and changes would be implemented if requested. Residents were facilitated to exercise their political rights; voting was accommodated in the centre. The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this; for example, screening curtains were drawn in twin rooms when personal care was being attended to. Residents could access telephone facilities in private. Two rooms were available for residents to receive visitors as discussed under Outcome 12: Premises. The provider had removed CCTV cameras from the visitors' rooms to further enhance residents' privacy and dignity.

Staff were aware of the different communication needs of residents and systems were in place to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour. During the inspection residents were seen to sit and chat together in the dining and sitting rooms. Other activities such as walks and outings were discussed further under Outcome 11: Health and social care needs. However, inspectors observed that life story information was not utilised on the pre admission assessment form and not all residents had life story information available to inform care plans and communication strategies. Following discussion, the person in charge stated that she would ensure that such life story information would be gathered and made available to further enhance the quality of life of residents.

Judgment:

Substantially Compliant

*Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can*

appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents maintained control over their personal property and possessions. Inspectors viewed the policy on personal possessions and clothing. There were adequate laundry facilities with systems in place to ensure that residents' personal clothing was marked and safely returned to them. Inspectors viewed the laundry facility which was well equipped and tidy. Bed linen was laundered internally and adequate clean supplies were stored in the linen cupboard. Personal clothing was washed at home by residents' representatives in the case of a number of residents.

There was adequate space for each resident to store and maintain their own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom for personal items.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. There were adequate staff numbers on duty for the size and layout of the

designated centre, according to the roster viewed by inspectors. The majority of staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example training in manual handling, elder abuse, behaviour issues in dementia and food hygiene. Staff with whom inspectors spoke confirmed their knowledge of this training. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted in accordance with the centre's policy.

A sample of staff and volunteer files viewed by inspectors. Most of the information required by Schedule 2 of the Regulations were contained in the staff files. However, gaps were seen in the CVs of a number of staff. As discussed under previous Outcomes training records were not maintained in a comprehensive manner. All appropriate training such as end of life care training and dementia care training had yet to be afforded to all staff.

The provider was asked to keep the night time staffing levels under review as there was only one nurse on duty for 42 residents.

Judgment:
Substantially 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:

Mary O'Mahony
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:	Glendonagh Residential Home
Centre ID:	OSV-0000229
Date of inspection:	26/07/2016
Date of response:	23/08/2016

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The registered provider failed to ensure that the contracts for residents clearly set out the fees to be charge for extra services such as hairdressing, chiropody and outings.

1. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated

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

centre and includes details of the fees, if any, to be charged for such services.

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

The contract of Care has being updated to reflect these changes.

Proposed Timescale: Immediate

Proposed Timescale: 23/08/2016

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:

The records required under Schedule 2 of the Regulation were not complete, for example there were gaps in the CVs of a sample of staff files reviewed.

Training records required under Schedule 4 (8) (c) were not adequately maintained in the centre.

2. 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 the Chief Inspector.

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

All the staff files are going to be reviewed to ensure all relevant documentation is in place. Training records will be properly updated and filed to confirm the provision of ongoing professional development.

Proposed Timescale: 23/10/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff have received training to update their knowledge and skills in behaviours that challenge associated with BPSD.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

BPSD training to be arranged for all staff.

Proposed Timescale: 6 weeks

Proposed Timescale: 04/10/2016

Theme:

Safe care and support

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

Gaps in documentation in training records resulted in inspectors not being able to verify if all staff had updated training in the prevention of elder abuse.

4. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Ongoing training in the prevention of Elder Abuse to be continued within the centre in particular for those staff who failed to attend previous sessions & for new recruits. Documentation to be reviewed and updated.

Proposed Timescale: 23/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Not all risks in the centre were assessed, for example, the oxygen cylinders had not been risk assessed.

5. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All risks in the centre will be identified and assessments carried out

Proposed Timescale: 2-4 weeks

Proposed Timescale: 13/09/2016

Theme:

Safe care and support

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

Emergency lighting had not been reviewed on a quarterly basis.

6. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Contractor has been contacted and visited premises awaiting report from contractor.

Proposed Timescale: 23/09/2016

Theme:

Safe care and support

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

While fire drills were being undertaken on a three monthly basis there was inadequate documentation available to evaluate how staff reacted during the drill, what learning occurred and how long it took for staff to evacuate residents.

7. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We will add the time to our fire drill booklet signature sheet and add details in regard to how staff reacted during the fire drill.

Proposed Timescale: 23/08/2016

Theme:

Safe care and support

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

Certification for fire training for 2014 and 2015 were not available in staff files and fire training records were not comprehensively maintained.

8. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Further training to take place to complete records.

Proposed Timescale: 23/10/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Inspectors were unable to verify if all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

-medication which was signed as having been administered was still in the container when checked

-labels were unclear on some medication boxes

-one prescription did not correlate with the medication administration sheet

9. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication in individual bottles will be counted on receipt from pharmacy to ensure proper amount of medication received for individual Residents .ie Florinef

Pharmacy contacted re- sending short term medication in blister packs stated on days , times & dates i.e antibiotic therapy.

Weekly audit check in place for the Fridge to include list of medication stored.

Proposed Timescale: 01/09/2016

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:

Ensure that the windows which have condensation within the glass panes are repaired.

10. 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:

Contractor has being contacted and work is occurring to fix problem with condensation on windows.

Proposed Timescale: 23/09/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Information on residents past occupation and interests was not in place for all residents to ensure that activities were available which suited their interests and capacities.

11. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

New questionnaire implemented for all the residents which will provide the Residents information about their home , their family, their job etc. On admission the questionnaire to be completed by Residents/NOK . This information to be included in the individual care plan so to have a person centred approach involving the residents in their care planning.

Proposed Timescale: 23/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had access to appropriate training, such as end of life care and dementia care.

12. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff will have access to training in EOLC & Dementia care and this will be ongoing to include new recruits.

Proposed Timescale: 4-6 months

Proposed Timescale: 23/02/2017