



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre Designated Activity Company
Address of centre:	Kiltarnan Care Centre, Glebe Road, Kiltarnan, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	25 July 2018
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0022132

About the designated centre

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

The centre is on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. There is a mixture of single and double en-suite bedrooms provided over three units. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units. One unit has been designed to provide accommodation for residents with dementia, it has a communal area, dining room, and the corridor provides space for residents to walk safely with objects of interest placed at intervals. There is access to the gardens from each of the three units. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 48 beds to male and female residents primarily over the age of 65.

The following information outlines some additional data on this centre.

Current registration end date:	12/04/2020
Number of residents on the date of inspection:	48

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 July 2018	09:30hrs to 16:00hrs	Helen Lindsey	Lead
25 July 2018	09:30hrs to 16:00hrs	Paul McDermott	Support

Views of people who use the service

Residents and family members who spoke with inspectors were positive about the service provided in the centre. Staff were reported to be kind and welcoming with an interest in the residents and their families, and also observant so if there were any changes to the residents needs they responded quickly. Residents provided positive feedback about the quality of meals provided in the centre, and felt there was a good choice at each meal. Other residents described their bedrooms as comfortable with everything they needed close to them.

On the day of the inspection residents were seen joining in a range of organised activities, going out or chatting in the centre with visitors, or reading quietly. Staff were seen to encourage all residents to be involved in the day to day life in the centre, but respected their choice to be independent in their pass times if they chose.

Capacity and capability

A good quality service was being provided to the residents. There were sufficient numbers of staff who had completed relevant training to ensure they had the necessary skills to provide a caring service. Residents knew how to raise any issues about the quality of care, and clear governance and management arrangements ensured all feedback was taken seriously and responded to within agreed time lines.

The staff team was made up of the person in charge, CNMs, nursing staff and healthcare assistants. They were supported by cleaning, maintenance and kitchen staff to meet residents needs in relation to providing a comfortable environment, good quality nutrition, and person centred care. A review of staff rosters and observations of the care delivered showed consistent staff levels were maintained, with regular staff to provide consistency for residents. The communication skills of staff were seen to be effective and reflected residents' skills and abilities. Staff had completed a range of courses relevant to their roles. They included fire safety, safeguarding, CPR and dementia care as mandatory courses for all staff. Some staff were completing courses to develop their practice including dementia specialist care, and meeting residents' nutrition needs. Through discussion with staff inspectors found they were knowledgeable of the residents' and their needs. They also knew the procedures to follow in the centre to ensure safe and good quality care was provided to each resident.

There was a clear procedure in place for residents to raise concerns, and those who spoke with inspectors felt confident they knew who to speak to and were clear of

their rights. The complaints policy in the centre was clearly presented and set out the steps to be followed if a complaint was made. A review of records showed clear evidence of swift contact with anyone who raised concerns, the investigation, the outcome, and whether the complainant was satisfied with the outcome. Regular audits were carried out to ensure the policy was being followed, and a summary was included in the annual review.

Effective governance and management arrangements were in place. The person in charge provided oversight of the day to day running of the centre, supervised staff practice, and ensured resident care was in line with care plans. The management team met on a regular basis to review a range of information about the centre and assess if any area of provision required review. Examples were seen where these reviews had led to improvements in the service provided, for example an increase in night staffing levels following a review of residents needs and staff tasks. All policies included a quality improvement element and there was a focus in the management discussions on driving improvement. There were internal and external audits carried out to provide assurance to the management team of safe and effective care being delivered consistently.

Regulation 15: Staffing

There were sufficient levels of staff to meet the residents needs. Each shift was staffed with a range of nurses, healthcare assistants and household staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to relevant training such as fire safety and safeguarding of vulnerable adults. There were supervision arrangements in place to ensure all staff received appropriate support including oversight of staff practice in the centre, and annual appraisals.

Judgment: Compliant

Regulation 23: Governance and management

The centre was appropriately resourced to ensure residents needs were being met. There was a clear management structure in place, and all staff were clear of their role in the centre. There were robust arrangements in place for the governance and oversight of the centre that had been developed using national and international best practice guidance.

Judgment: Compliant

Regulation 30: Volunteers

Each volunteer in the centre had their roles and responsibilities clearly set out in writing, and a Garda vetting disclosure in place.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' were provided with information about the complaints procedure in the resident handbook, and there were also copies of the process displayed in prominent positions around the centre. A review of records showed the centres policy was being fully adhered to.

Judgment: Compliant

Quality and safety

Residents' health and social care needs were being met and there were good systems in place to ensure quality care was being provided. An effective risk assessment procedure was being used that ensured risks were identified and managed, this included ensuring there were appropriate fire safety measures in place, and ongoing maintenance of the premises.

There was a clear admissions procedure that set out the actions to be completed prior to a resident being offered a place, this was to ensure their needs could be met in the centre. The initial assessment covered a range of skills, abilities and needs and supported the person in charge to assess if it would be appropriate to offer a place. When residents moved to the centre a more detailed assessment was carried out and residents were encouraged to complete a document with their families about their life experiences and achievements. Care plans were then developed to address how residents' individual needs were to be met and included

residents' preferences and choices. The sample reviewed was seen to reflect the residents' skills and abilities, and also gave clear instructions to staff. All care plans were reviewed every four months or more frequently if needed. To support the reviews there was a range of nursing tools to identify if residents needs were changing, for example in relation to their nutrition needs, or if there was a change in relation to the risk of falls, skin issues, and cognitive abilities.

Nursing staff were clear of residents' needs, and described the actions they would take if changes in needs were identified, and examples were discussed where referrals had been made to healthcare professionals to ensure appropriate assessments were carried out. Where residents required emergency medication there were clear guidelines and protocols in place. Where residents were identified as having responsive behaviours care plans detailed how the resident may respond in different circumstances, things that may cause them to become upset or frustrated, and how to support them to become calm again. Risk assessments had been completed and a review was carried out to ensure all measures were in place to reduce any risks identified. The staff were seen to be skilled in supporting the residents and any incidents had been well managed.

A range of activities were available in the centre. Staff carried out some group sessions, small groups, and one to one activities. There were also entertainers who visited the centre on a regular basis. For people with dementia staff focused on a range of sensory activities and focused on the type of engagement residents enjoyed. As part of their care assessment residents' interests and dislikes were recorded. Staff then supported residents to make choices about how they spent their time, respecting their wishes, preferences and choices. Residents also received visitors, and went out in to the local area with friends and family as they wished. For those who wished to practice their religion, there were opportunities to attend services and prayers for those who were Church of Ireland and Catholic. Other religions could be supported if a request was made.

The centre was found to be clean, comfortable and well maintained internally and externally. There was adequate private and communal space for residents in a homely environment, and there was good access to a number of garden areas, some with raised beds and tools for gardening for those who liked to garden. The design and layout of the centre was appropriate to the number and needs of the residents, with equipment available to support residents with mobility around the centre, for example there were hand rails on all corridors and seating at intervals for those who needed. Residents had individualised bedrooms with art, photographs and small items of furniture, and reported their rooms were comfortable.

A review of the fire safety arrangements of the premises was undertaken and was found to be satisfactory, with regular drills taking place to ensure staff knew the procedure to follow if the alarm was raised. Regular checks and risk assessments were carried out to ensure exits remained accessible and all equipment was functioning correctly.

Regulation 17: Premises

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

Judgment: Compliant

Regulation 26: Risk management

There was a clear risk management policy in place that was seen to be followed in practice. Individual risk assessments were seen for residents, and a corporate risk register identified any risks relating to the centre, with clear steps in place for managing them.

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements were in place to manage the risk of fire. Documentation reviewed confirmed that fire fighting equipment, fire detection and alarm system and emergency lighting were regularly checked and serviced. Circulation corridors and Fire exit doors were unobstructed and kept clear. Training records demonstrated that Staff had received specific fire safety training and regularly participated in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were being assessed prior to them being offered a place in the centre. On admission more detailed assessments were carried out resulting in care plans being developed for each identified needs. These care plans were then monitored and reviewed in line with any changes in residents' needs. Resident care was seen to be delivered as described in their care plans, and staff knew their needs well to ensure a personalised service was being delivered.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and healthcare, and the care delivered followed evidence based practice. Residents could choose to use their own GP, or use the GP services that supported the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A clear policy set out the procedures to support residents with responsive behaviours in the centre. There were clear individual assessments detailing how to support residents, and this was closely monitored by the management team to ensure their needs continued to be met.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was run in a way that respected each residents' background. There were opportunities for recreation and activities were provided that matched the interests of the residents. Residents rights were being respected and residents were encouraged to make choices and decisions about how they spent their time in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant