

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Gabriel's Nursing Home
Centre ID:	174
Centre address:	Glenayle Road, Edenmore
	Raheny
	Dublin 5
Telephone number:	01-8474339
Email address:	stgabriels@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	SGNH Limited
Person authorised to act on behalf of the provider:	Peter John Murphy
Person in charge:	Helen Jones
Date of inspection:	19 August 2013
Time inspection took place:	Start: 10:05 hrs Completion: 12:40 hrs
Lead inspector:	Sheila McKevitt
Support inspector(s):	N/A
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	53
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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 4 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input type="checkbox"/>
Outcome 8: Medication Management	<input type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection, the inspector met with residents, relatives, and staff members. The Inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The provider had submitted an application to vary registration condition seven of registration. The inspector reviewed the completed application form and adjoining documents prior to inspection. The application was to increase the maximum number of residents from 53 to 66. The provider had changed internal structures and developed four twin and five single bedrooms, to provide 13 additional beds.

The inspector viewed all bedrooms, reviewed the statement of purpose and the draft staff roster to be put in place when occupancy increased to 66 residents. The bedrooms were painted, decorated and contained the required equipment, all had en suite bathrooms. A few items needed to be addressed which included putting blinds on all new bedroom windows and restricting the opening to windows on the ground floor. The bedrooms required renumbering throughout the centre and needed to be configured with the bleep/call bell system.

The inspector found that the management cover would need to be improved and ensure cover seven days per week when resident numbers go from 53 to 66. The planned additional staff for 66 residents would need to be reviewed again when residents were in the centre. However, the proposed additional numbers appeared suitable.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the statement of purpose and found that it had been updated to include new bedroom, and sitting room measurements and the fact that the maximum number of residents' would be increasing from 53 to 66. It described the services and facilities provided in the centre. The information was in accordance with Schedule 1 of the Regulations.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She has worked in the centre for the one year and has strived to improve services and facilities available to residents'.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The four twin rooms and five single en suite bedrooms viewed were above the size referenced in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They contained all the required furniture to meet the needs of a low to maximum dependant resident. All bedrooms contained electrically operated low-low beds, appropriate seating, and adequate storage space including a lockable space. Each en suite contained a wash-hand basin, toilet and a wheelchair accessible shower. Windows in four of the five single bedrooms did not have restricted opening and eight of the nine did not have blinds. The numbers on the bedrooms needed to be reviewed as it was currently not evident on the display/ bleep system which resident in the twin bedroom was calling the bell.

The dining room space was large. However, the furniture in the room meant it could accommodate no more than 40 residents at one time. 66 residents need to be accommodated at mealtimes in the dining room.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The proposed staff roster for 66 residents was reviewed. It included an increase of one qualified nurse on duty during the day, three additional care assistants each morning, one additional care assistant in the afternoon and one additional carer on night duty. This will be reviewed when residents' have been admitted. The inspector noted that the person in charge and two clinical nurse managers employed fulltime in the centre mainly worked Monday to Friday 08:00 hrs to 16:30 hrs, one clinical nurse manager worked alternate weekends. In view of the resident numbers being increased this needed to be reviewed to ensure there is adequate management of the centre seven days per week.

Closing the visit

At the close of the inspection visit a feedback meeting was held with a director of the provider company, the person in charge and the human resources manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

20 August 2013

Provider's response to inspection report *

Centre Name:	St Gabriel's Nursing Home
Centre ID:	174
Date of inspection:	19 August 2013
Date of response:	27 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Effective care and support

Outcome 12: Safe and suitable premises

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

Windows in four of the five single bedrooms did not have restricted opening.

Windows in eight of the nine bedrooms did not have blinds.

The numbers on the bedrooms needed to be reviewed as it was currently not evident on the display/ bleep system which resident in the twin bedroom was calling the bell.

The dining room could not accommodate 66 residents due to lack of furniture.

Action required:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Provide adequate dining space separate to the residents' private accommodation.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All bedroom windows now have restrictors in place.	27 August 2013
All of the bedroom windows identified now have blinds in place.	27 August 2013
All bedroom doors have been re-numbered and checked to configure with the nurse-call system. System clearly identifies which resident in the twin room is requesting assistance.	27 August 2013 27 August 2013
Dining room space has been reviewed and all residents will be appropriately accommodated to ensure they have an enjoyable dining experience.	27 August 2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect:
The nursing management of the centre is not adequate seven days per week.
Action required:
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.
Reference:
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Current nursing management levels have been reviewed and an appropriate structure developed and will be implemented when bed numbers are increased. New staffing rosters to reflect these changes are attached. New changes will include Clinical Nurse Manager cover over a 7 day period.</p>	<p>When bed numbers are increased.</p>