

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Glendonagh Residential Care Centre
Centre ID:	0229
Centre address:	Dungourney
	Co Cork
Telephone number:	021-4668327
Email address:	info@glendonaghnursinghome.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Glendonagh Residential Home Ltd
Person authorised to act on behalf of the provider:	Gillian Hornibrook
Person in charge:	Anju Menon
Date of inspection:	4 December 2012
Time inspection took place:	Start: 09:10hrs Completion: 17:20hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	Ann O Connor
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	2

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 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 18 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 checked="" 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 checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This report set out the findings of an unannounced inspection. This was the eighth inspection of Glendonagh Residential Care Centre by the Health Information and Quality Authority's Regulation Directorate. This inspection took place over one day on 4 December 2012. As part of the inspection, inspectors met with the person in charge, the provider, the administrator, nursing staff, residents, relatives, the chef and other staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of 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*. Residents' comments are found throughout the report.

A new person in charge had been appointed since the last inspection and took up her post on 19 November 2012. A fit person interview was conducted with her during the inspection. She had been a person in charge in another designated centre prior to her move to Glendonagh and was an experienced nurse. She displayed a good knowledge of the standards and regulatory requirements and her role of person in charge.

In summary, the person in charge was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time.

The centre was finished to a high standard and there were ongoing improvements in the appropriate use of color, pictures and soft furnishings to create a homely comfortable environment for the residents.

There were substantial improvements in recruitment procedures seen by the inspectors since the last inspection with the introduction of more robust recruitment system which included the checking and signing of all employee references by the management team.

It was noted that staff did not have updated elder abuse training, the statement of purpose required updating and that there needed to be a more systematic process for other records held in the centre.

These improvements and other improvements as outlined below are required to comply 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*. The provider was required to complete an action plan to address these areas.

These improvements included:

- provision of elder abuse training
- Statement of purpose requires updating
- Residents guide requires updating
- contracts of care to include the fee
- improvements in record keeping
- care planning to involve the resident or his/her representative
- skill mix of staff at night time requires review.

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: Governance, Leadership 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 statement of purpose and function was viewed by the inspectors; it described the service and facilities provided in the centre. It identified the staffing and numbers of staff in whole time equivalents and also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

However, the statement of purpose required updating to reflect the recent changes to the management structure and to include the new person in charge. There is also a requirement to include the conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Health Act, the age range the centre can provide care for, that 24-hour nursing care is provided, the arrangements made for residents to attend religious services of their choice and the number and size of the rooms in the designated centre. This is required by legislation outlined in schedule 1 Schedule of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Contracts of care had been implemented for residents and a number of completed contracts were seen by the inspectors. Although the contracts were comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided, they did not include the fee to be paid which does not meet the requirements of legislation.

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:

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

Inspection findings

There was a new person in charge since the last inspection who took up post on 19 November 2012, a couple of weeks prior to the inspection. A fit person interview was conducted with her during the inspection. She had been a person in charge in another designated centre prior to her move to Glendonagh.

She displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and showed an awareness of the challenges facing the centre in line with *the National Quality Standards for Residential Care Settings for Older People in Ireland*.

The person in charge is an experienced nurse and manager and is actively involved in the day-to-day organisation and management of the service. She has kept her knowledge base up to date by undertaking a number of post registration qualifications including a diploma in management and a diploma in social studies. She is developing a reporting mechanism to ensure that she is aware and kept up-to-date in relation to the changing needs of the residents. Staff and residents identified

the person in charge as the one with the overall authority and responsibility for the service. She was found to be committed to providing quality person-centered care to the residents and despite her short time in post had implemented a number of changes to enhance the care of the residents.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance Improvements required *

* The Residents' Guide required updating; it also needed to have with it a copy of the last inspection report as required by legislation.

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required *

General Records (Schedule 4)

Substantial compliance Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance Improvements required *

Directory of Residents

Substantial compliance Improvements required *

* The directory of residents did not include date, time and cause of death as required by legislation it also required GP address and where resident admitted from.

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

The Chief Inspector is notified 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 his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

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

Inspection findings

There had been a number of changes to the person in charge throughout the year and as identified earlier in the report there was a new person in charge since the last inspection. The provider had informed the authority in accordance with legislation of the changes but due to the number of changes of person in charge and acting persons in charge it was difficult to ensure effective and consistent governance of the centre during that period.

The new person in charge works full time and is supported in her role by a number of senior nurses, two who had covered in the absence of the person in charge in the past and are notified to the Authority as key senior managers. It was recommended that a more robust management structure is now put in place to ensure all senior nurses are aware of the cover arrangements in the absence of the person in charge. Senior staff nurses also take charge of the centre at the weekends and at night time.

The new person in charge told the inspectors she plans to meet with the provider formally on a regular basis to ensure good governance of the centre.

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 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Staff interviewed demonstrated an awareness of what to do if an allegation of abuse was made to them and told the inspector there was no tolerance to any form of abuse in the centre. However, elder abuse training had not been provided to new staff and other staff had not received regular updated training. Elder abuse training is required to be provided to all staff as required by legislation.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. The inspector saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Procedures for evacuation in the event of fire were posted throughout the building. Staff spoken with outlined the procedure to inspectors and demonstrated their knowledge of what to do in the event of fire. Documentation of fire checks was reviewed and found to be satisfactory. Records of fire training and fire drills were reviewed by inspectors. The most recent fire training had taken place on 20 September 2012 and inspectors saw records of staff attendance at that training. A number of staff had also received extra training to act as fire marshals to take charge and manage the situation in the event of a fire. Fire fighting and safety equipment had been serviced in 2012 with the fire alarm serviced on 25 November 2012.

Records showed that regular fire drills took place with staff confirming they took place on a three monthly basis.

There was a risk management policy which covered clinical and non-clinical risk. The new person in charge had updated the policy and the risk assessments were reviewed and updated. Risk assessments for individual residents were seen in the risk assessment folder and in residents care plans.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence, moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the building, on the corridors and throughout staff and resident areas. Staff had received infection control training. The inspectors observed staff abiding by best practice in the moving and handling of residents and in the use of hoists and other equipment. Records of staffs' attendance at moving and handling training were viewed and seen to be up to date.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines

Standard 14: Medication Management

Action(s) required from previous inspection:

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

Inspection findings

On the previous inspection medications were not stored in accordance with best practice guidelines. This was rectified and on this inspection the inspectors observed that medications were prescribed, stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). Residents who spoke with the inspector were knowledgeable about their medications. The local pharmacist is involved in reviewing medications and has undertaken audits on general storage and medication management. Resident medications were being reviewed on a three-monthly basis and sooner as required.

Safe practice in medication administration and in the recording of the drugs administered was observed and this was carried out in line with An Bord Altranais Guidelines 2007. The medication prescription sheet contained all the required information and included the resident's photo.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses displayed a good knowledge of medications, effects and side effects.

The medication policy seen by the inspector was reviewed on 3 May 2012 and included required policies and procedures on all aspects of medication administration storage and safe keeping as required by legislation.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

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

Inspection findings

On the previous inspection the person in charge had not notified the Regulation Directorate of an accident that resulted in an injury, had not submitted quarterly returns and had not given notification of allegations of misconduct by staff as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

On this inspection the inspectors were satisfied that the person in charge had notified the Regulation Directorate of incidents as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Notifications were looked into prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The quality of care and experience of the residents was being monitored and a number of audits had taken place on medication management, care planning documentation and trending on accidents and incidents. Quarterly key performance indicators were being collated and monitored for trends and improvements. Residents' views were elicited through the residents committee which will be discussed under outcome 16. As the person in charge is new to her post she told the inspectors she would be looking at the whole system of quality monitoring on an ongoing basis.

The inspector requested a report to be submitted with the quarterly returns to the Chief Inspector in respect of any future reviews conducted and any changes implemented in relation to practices.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

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

Inspection findings

Two general practitioners (GPs) provided medical services to all residents. One GP provided medical care to the majority of the residents. This GP holds a clinic in the centre on a weekly basis. Residents, relatives and staff described the GP services as very good. There was a responsive out-of-hours service available to residents seven days per week which was provided by the southdoc service. Residents' health status was reviewed regularly, at least every three months by the doctor and their medication was reviewed by the GP and pharmacist.

Residents' additional healthcare needs were met. Physiotherapy services were available if required and paid for privately. The chiropodist visited every six weeks and saw residents as required. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. Audiology services were provided on a referral basis. Mental health services were provided by a

psychiatrist from a local mental health day hospital, who attended the centre following GP referral. Residents and relatives said they were satisfied with the healthcare services provided.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Water was freely available and accessible to residents throughout the day. Residents received regular checks of their weight, blood pressure and pulse.

There was a social and recreational programme in place and residents informed inspectors that they were aware of the activities available. Inspectors saw this programme displayed on the notice boards throughout the units. The residents in the dementia-specific unit had a specific programme geared to meet their needs in the orchard unit. The organised activities included music and movement exercises, art work, knitting, bingo and cards. Bingo was a particular favourite with many of the residents. Links were maintained with the local community through a number of local musicians who provide entertainment for residents on a regular basis. Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others choose to spend time in their room.

The facilities in the nine-bedded dementia-specific unit were tailored to meet the needs of the residents. The unit was full on the day of inspection. Most of the residents shared their meals in a small dining room and shared a sitting room. The décor of the unit was appropriate with domestic furnishings. The layout of the unit allowed residents to walk unimpeded and residents who liked to wander were free to do so. There was always a nurse and a care staff allocated to this unit during the day and a member of care staff there during the night. Other staff were allocated to the unit at different times of the day to assist with specific tasks or activities. Residents appeared well groomed and smartly dressed; inspectors observed staff encouraging and providing appropriate assistance particularly in relation to maintaining residents' independence.

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 centre is a two-storey building that was originally built as a manor house. It was established as a nursing home in 1987 and a purpose-built extension was added in 2007. The building is divided into three wings. The manor house is the original building and is over two floors with access to the first floor via stairs and a lift. The courtyard wing and the orchard wing are on the ground floor.

The orchard wing is a nine-bedded secure unit designated for the care of residents with dementia. There are seven single bedrooms and one twin-bedded room in this unit, which all have en suite shower, toilet and wash-hand basin facilities. Communal facilities consist of a small dining room and sitting room and a quiet room with access to a small enclosed garden.

The communal areas throughout the centre were appropriately decorated with pictures and memorabilia reflecting the age and background of the residents. There are three sitting rooms, visitors sitting/quiet room, two dining rooms and a hairdresser/chiroscopy room available for residents' use. A large oratory is also available for quiet reflection and mass takes place there once a week. Residents and visitors told inspectors that the centre offered a very homely and warm environment. Some of the residents had single bedrooms and for those who had shared bedrooms, there was adequate space around each bed and screens were provided. Residents had ample wardrobe and locker space. Some residents had opted to have their bedrooms personalised with photographs, pictures and ornaments.

The corridors were wide allowing easy access for residents using wheelchairs and other assistive equipment. There were seating areas placed at different points along the corridors and many residents and relatives were seen by inspectors to use these areas to sit and chat or look out into the garden areas.

Closed-circuit television (CCTV) is in place in communal areas throughout, including corridors. There are enclosed courtyard areas and lovely landscaped gardens with walkways and plenty of seating for residents' and relatives' use.

The kitchen was clean, well laid out and organised. There were two staff working in the kitchen a chef and kitchen assistant and all had received Hazard Analysis Critical Control Points (HACCP) training.

There was appropriate assistive equipment available to meet the needs of residents such as electric beds, hoists, pressure relieving mattresses, wheelchairs and Zimmer frames. Hoists, the lift and other equipment were all well maintained and service records viewed by inspectors were found to be up to date. However, the inspectors noted that a number of items of equipment required repair:

- there was a broken shower chair in the bathroom in the manor wing
- there was a mop bucket that was covered in rust
- the sinks in the sluice room were rusting and discoloured
- there was a call bell not working in one residents room

- screening curtains in the shared room required attention to ensure they were hung fully.

The registered provider does a lot of the ongoing maintenance of the building and gardens and also has easy access to qualified plumbers, electricians and other trades personnel as required who will respond immediately to emergency situations.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The complaints procedure contained an independent appeals policy. The complaints procedure was on display in the main foyer and in each resident's bedroom. The complaints log viewed by inspectors detailed complaints made, investigation, action taken and outcomes of these complaints as required by legislation.

Outcome 14

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Religious and spiritual needs were provided for. The oratory was available for residents' quiet reflection. For residents from a Roman catholic faith, mass took place in the oratory once a week, one resident told the inspector that she looked forward to this each week. Residents from a Church of Ireland faith and other faiths were visited by their minister.

Staff told the inspectors that they have access to services of the palliative care team and the local hospice for advice and support to enable them to provide care to residents at end stage of life in the centre when necessary. The staff have used syringe drivers for pain-relieving medication administration and involve relatives and the pastoral care team throughout end of life. A number of staff have attended end of life training and training records confirmed this.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There were two separate meal sittings in the main dining room for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second sitting was for more independent residents and those who only required minimal assistance. Many residents remained at the table after their meal to chat and socialise. In the dementia-specific unit one longer meal sitting was provided and some residents preferred to have their meals in their bedrooms and this was facilitated by staff.

Residents were aware of what was on offer for each meal and the menu was available on all the notice boards and in the dining room. Tables were attractively set and there was an adequate supply of condiments. Residents were offered a varied, nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. The variety, quality and presentation of meals was of a high standard. Inspectors who sampled the food confirmed this.

The dining experience appeared pleasant and unhurried. Inspectors noted that staff sat down beside residents who required assistance and helped them in a sensitive, discreet, appropriate and timely manner. Residents expressed satisfaction with the food and the dining experience and they told inspectors that should they require a snack at any time that this was made available to them.

Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and trays with drinks and snacks available in the day rooms and visitor rooms.

The kitchen was well stocked with adequate supplies of meat, fresh fruit and vegetables available. The chef explained that there was a variety of dietary requests each day; this information was communicated to the kitchen by nursing staff. Inspectors reviewed the menus and saw that there was a choice at all mealtimes.

Residents' risks of malnutrition were assessed using an approved tool and nutritional supplements were prescribed and administered as required.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a residents' forum and numerous meetings had been held to date. The last meeting was held in July 2012 and the inspectors observed signs advertising the next meeting to take place in December 2012. Minutes of the last meeting were seen by the inspectors which showed residents were kept up to date with changes and renovations in the centre. Items identified by residents and relatives included the need for an increase in activities including hand massages which has been increased as a result. The person in charge and staff had encouraged residents and their

relatives to become involved in this forum as a measure to improve the quality of service.

Most residents had maintained good contact with their family and friends and this was encouraged and facilitated. Residents could receive visitors in private if they wished and there was a designated visitor's room with tea and coffee making facilities. There was generally no restriction on visiting times but visitors were encouraged not to visit at mealtimes if possible to ensure the resident had their meal and to respect the privacy of other residents. Visitors were very complimentary about how welcomed they felt by staff and about the tea and coffee making facilities available to them.

Many residents were seen walking around inside and outside the building and in the courtyard areas. One of the relatives also brings in a dog to visit the residents and residents confirmed the enjoyment of seeing and patting the dog.

Outcome 17

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.

References:

- Regulation 7: Residents' Personal Property and Possessions
- Regulation 13: Clothing
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

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

Inspection findings

Inspectors saw, and residents confirmed, that residents were encouraged to personalise their rooms. Bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photographs. Plenty of storage space was provided for clothing and belongings and locked storage space had been provided as had been required from a previous inspection.

The system in place for managing residents' clothing was effective. Following residents' agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the correct resident. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

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:

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

Inspection findings

On the previous number of inspections recruitment practice was identified as not being sufficiently robust and required significant improvement. These improvements were noted to have taken place on this inspection with more robust recruitment practices including the checking and signing off of all references by the person in charge, the administrator and the provider.

The five staff files reviewed by inspectors contained all the required criteria such as birth certificates, references, curriculum vitae and identification on all staff as required by the centre's policy and as set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Garda Síochána vetting has been applied for all staff and a record of that and a letter stating there was a delay with same was seen by inspectors.

Training records reviewed by an inspector confirmed the provision of ongoing professional development tailored to meet the needs of this service. The care staff had undertaken, or some were currently undertaking the Further Education Training Awards Council (FETAC) Level 5 healthcare support programme.

Training records showed that staff had received mandatory training in manual handling and fire. Infection control training including hand hygiene training and managing challenging behaviours had been delivered to nurses and care staff.

The administrator was currently undertaking a six day gerontology course for managers and persons in charge; she informed the inspectors that she found the course very interesting and beneficial for her role in the centre.

All staff spoken with said that they were satisfied in their work and that they had a good knowledge of their roles and responsibilities. They said that they felt valued as team members and enjoyed the work atmosphere.

Staffing resources were well organised during the day. Two teams of staff delivered care to residents, one team delivered care on the dementia-specific unit and a second team in the rest of the building, both of these teams were led by a qualified nurse. However, the skill mix of staff required to meet the assessed needs of the residents at night time required review as there is only one qualified nurse on from 20:00hrs until 08:00hrs. Taking into account the size and layout of the building and having the separate dementia-specific unit there was only one nurse available to provide nursing care to 44 residents, with a large number of these residents were assessed as having high dependency and maximum dependency needs. The nursing staff also informed the inspectors that it could take up to two hours to complete the night time medication round. During this time the nurse should not be disturbed so therefore is not available to residents who require nursing care such as residents who are very sick, at end stage of life or who just require nursing interventions.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

13 December 2012

Action Plan

Provider's response to inspection report *

Centre Name:	Glendonagh Residential Care Centre
Centre ID:	0229
Date of inspection:	4 December 2012
Date of response:	28 December 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose required updating to reflect the recent changes to the management structure and to include the new person in charge. There is also a requirement to include the conditions attached by the chief inspector to the designated centre's registration under section 50 of the Health Act, the age range the centre can provide care for, that 24 hour nursing care is provided, the arrangements made for residents to attend religious services of their choice and the number and size of the rooms in the designated centre as required by legislation outlined in schedule 1 Schedule of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the

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Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has now been updated with the relevant changes as per Schedule 1 of Health Act 2007.	20 December 2012

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Contracts of care had been implemented for residents and were seen by the inspectors. However, the contracts did not stipulate the fee to be charged which is required by legislation.	
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.	
Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All the contracts of care have been updated showing the weekly fee amount per resident. We also have updated our contract of care.	20 December 2012

Outcome 4: Records and documentation to be kept at a designated centre

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

The person in charge informed the inspector that the Residents' Guide was currently being updated, as the one seen by the inspector did not fully reflect the service provided and did not contain the last inspection report as is required by legislation.

The date, time and cause of death was noted to be missing from the directory of residents viewed by the inspector as was the address of the GP and where the resident was admitted from for a number of residents.

Action required:

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Reference:

- Health Act, 2007
- Regulation 21: Provision of Information to Residents
- Regulation 23: Directory of Residents
- Standard 1: Information
- Standard 32: Register and Residents' Records
- Standard 29: Management Systems

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

Timescale:

Provider's response:

Residents' Guide will be updated with a copy of the most recent inspection report from the Authority in the completed format.

25 January 2013

We also have a summary of the Glendonagh Residential Home complaints procedure in the Residents' Guide updated.

20 December 2012

The directory of residents has been updated with the specified information as per Schedule 3 of Health Act 2007, and new directory is in place already.

20 December 2012

Outcome 6: Safeguarding and safety

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

The training records reviewed by inspectors showed that not all staff had attended elder abuse training.

Action required:

Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Regulation 17: Training and Staff Development
Standard 8: Protection
Standard 24: Training and Supervision

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

Timescale:

Provider's response:

We have an upcoming in-house education program planned for all staff of Glendonagh Residential Home on elder abuse training on 15 January 2013. Also, ongoing education will be provided for all staff as needed depending on training needs identified.

15 January
2013

Outcome 11: Health and social care needs

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

The care plans viewed by the inspector were comprehensive but there was no evidence that they had been developed and agreed with the resident and/or his/her representative

Action required:

The resident's assessed needs are to be set out in an individual person-centred care plans developed and agreed with the resident and/or his/her representative and other staff as appropriate.

Reference:

Health Act 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment

Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Care plans are being reviewed and updated on an ongoing basis. Care of residents and care plans are discussed with residents and families on an ongoing basis during residents family visits and residents family meetings. However, care plans are now being in the process of being updating and all care and changes will be agreed with resident and family and documented.</p>	<p>29 March 2013 and ongoing</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were a number of items of equipment that required repair.</p> <ul style="list-style-type: none"> ▪ there was a broken shower chair in the bathroom in the manor wing ▪ there was a mop bucket that was covered in rust ▪ the sinks in the sluice room were rusting and discoloured ▪ there was a call bell not working in one residents room ▪ screening curtains in the shared room required attention to ensure they were hung fully. 	
<p>Action required:</p> <p>Maintain the equipment for use by residents or people who work at the designated centre in good working order.</p>	
<p>Action required:</p> <p>Keep all parts of the designated centre clean and suitably decorated.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Shower chair has now being repaired.</p>	<p>5 December 2012</p>

The mop bucket has been replaced.	6 December 2012
The sinks are under repair in the sluice room.	
Call bells have been checked and are all in working order now	31 January 2013
Screening curtains are checked ongoing to ensure that they are properly maintained and they are fully hung now.	22 December 2012 28 December 2012

Theme: Workforce

Outcome 18: Suitable staffing

The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
Staffing levels at night time required review to ensure the skill mix is appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Action required:	
Ensure staffing levels and skill mix is appropriate to the assessed needs of the 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 time scales	Time scale
Provider's response: Staffing levels at night time is now under review, extra staff will be allocated depending on changing medical conditions of the residents here in Glendonagh Residential Home as needed. There are plans to recruit an extra night nurse in due course.	20 June 2013

Any comments the provider may wish to make¹:

Provider's response:

We would like to thank the inspectors for their professional and courteous manner during this process. Whilst performing their duties to the highest standard. As always we endeavour to ensure that care is delivered to the highest standard in a homely environment where the resident feels secure. We give a commitment to remain focused on this as a priority.

We shall continue to work proactively with the inspection team to meet and, where possible, to exceed the required standards.

Provider's name: Jill Hornibrook

Date: 28 December 2012

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