Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Glengara Park Nursing Home
Centre ID:	0044
Centre address:	Lower Glenageary Road Dun Laoghaire Co Dublin
Telephone number:	01-2806168
Fax number:	01-2805596
Email address:	rose@glengarapark.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered providers:	Beechfield Nursing Home Ltd
Person in charge:	Rose Cleland
Date of inspection:	2 October 2012
Time inspection took place:	**Start:** 10:10 hrs **Completion:** 16:05 hrs
Lead inspector:	Sheila Doyle
Support inspector:	Marian Delaney Hynes
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☒ Follow-up inspection ☐ Focused inspection to address a specific issue based on information received

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 Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

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 to:

☒ follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken

☐ address a specific issue based on information received

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

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

This follow up inspection was the fourth inspection to be carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate. Glengara Park Nursing Home was first inspected by the Authority on the 09 and 10 November 2010, this was a registration inspection and the centre is registered.

A monitoring inspection took place on the 03 April 2012 and a follow-up inspection on 19 and 20 June 2012 to review actions from the previous inspections. This was an unannounced follow up inspection which focused on areas identified for improvement at the inspection on the 19 and 20 June 2012. At that inspection four areas of significant concern were identified and the Authority required the provider to take immediate action to address these issues in order to ensure residents' safety. A response from the provider was received on the 22 June 2012 and was satisfactory. Other outstanding areas from that inspection included risk management, policies to

inform practice, medication management, care plans and a process to review the quality and safety of the service delivered.

At this inspection, inspectors found that all previously identified actions had been fully addressed. Improvements were noted across healthcare, health and safety and risk management. Staffing records were up-to-date and met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and staffing levels had increased. All issues related to fire safety had been comprehensively addressed and extensive training had been undertaken by all staff. The person in charge and provider demonstrated an ongoing willingness to meet the requirements of the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*
These issues are discussed further in the report and there were no outstanding actions identified.

Actions reviewed on inspection:

Theme: Governance, Leadership and Management

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

Action required from previous inspection:

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.

This action was completed. Inspectors read the directory of residents and found that it met the requirements of the Regulations.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

Action required from previous inspection:

Implement the policy on and procedures for the prevention, detection and response to abuse.

This action was completed and referred to the implementation of the policy on the prevention, detection and response to abuse.

Inspectors found that all staff had received additional training. A questionnaire had been administered to staff following training to check their understanding of the training and reinforce their obligation to report any allegation. Those spoken with were knowledgeable on the procedure to follow in the event of an allegation of abuse.

The policy had also been updated. The person in charge and assistant director of nursing (ADON) were aware of the requirements to notify the Authority in the event of an allegation and had previously submitted the appropriate documentation.

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Make adequate arrangements for the evacuation, in the event of fire, of all persons in the designated centre and safe placement of residents.

Make adequate arrangements for detecting, containing and extinguishing fires.

Provide suitable training for staff in fire prevention.

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Agree and implement the risk management policy throughout the designated centre and the precautions in place to control the risks identified.

Put arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

This action was completed. It related to various aspects of fire safety including staff knowledge and training, inaccessible fire exits, fire prevention measures and the lack of documented suitable evacuation arrangements. This action also related to the implementation of the risk management policy and arrangements for identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Inspectors reviewed the fire training records and noted that all staff had recently attended training. Staff spoken with were knowledgeable of fire procedures which were also prominently displayed.

Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The provider had trained as a fire warden which allowed him to provide in house training as required. Intumescent strips were checked and replaced as necessary. Other works such as the provision of additional emergency lighting and smoke detectors had also been completed. Planning permission had just been received to install a ramped area to one of the external garden areas and the provider confirmed that this work was to be undertaken as soon as possible.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency. Each resident had a personal evacuation emergency plan (PEEP) completed which outlined specific instructions should evacuation be necessary.

Inspectors noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations.

Robust systems had been put in place to identify, record, investigate and learn from serious or untoward incidents or adverse events involving residents. A clinical governance group was established and all incidents or near misses involving residents were discussed and plans put in place to prevent reoccurrence. Examples are discussed in more detail under Outcomes 8 and 11.

Outcome 8: Medication management

Action required from previous inspection:
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Ensure there is a record of each drug and medicine administered giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by the medical practitioner and the nurse administering the drugs and medicines in accordance with any professional guidelines.

This action was completed. It related in particular to the management of controlled drugs and the storage of drugs that required refrigeration.

Inspectors found evidence of good medication management practices. A comprehensive policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

A new medication fridge which was locked was stored in a locked room and inspectors noted that the temperatures were recorded daily and were within accepted limits.

Inspectors observed a staff nurse on the medication round and found evidence of good administration practices. The nurse was very knowledgeable of the medications being administered. Inspectors read records which showed that all nurses had attended training on medication management. Written evidence was available that three-monthly reviews were carried out.

Inspectors saw that staff were encouraged to report any medication errors or near misses and inspectors saw where each incident was investigated and analysed and learning outcomes shared including actions to limit possible reoccurrence. In addition frequent audits were carried out and any deficits were brought to the attention of the individual staff nurse and also discussed at team meetings.

Theme: Effective care and support

Outcome 11: Health and social care needs

Action required from previous inspection:

Provide a high standard of evidence-based nursing practice.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

This action was completed. This related to the management of clinical issues such as:

- restraint management
- falls management
- nutritional care
- pressure area care
- care plans which did not comprehensively set out each resident's needs.

New care plan documentation had been introduced and training provided to staff on completing them. Inspectors were satisfied that each residents needs were set out in the care plans and there was evidence of resident and relative involvement in both their development and review. In addition the person in charge had introduced handover documentation to ensure that all staff were aware of the individual needs of residents. This outlined any changes to the residents' condition and any additional care requirements. Health Care Assistants spoken with said how this had helped them in their work and also showed inspectors an hourly observation sheet for each resident which they had responsibility to complete and bring any changes to the attention of the nurse.

Inspectors saw that the usage of bedrails and lap belts was constantly monitored by the person in charge. Inspectors read a sample of care plans of residents who were using either bed rails or lap belts and saw that appropriate assessments were carried out including the consideration of alternatives. All residents using bedrails or lap belts had a restraint release and review chart in use to indicate that the restraint had been

removed and reviewed every two hours. The policy had been reviewed and additional training had been provided to staff.

Inspectors were satisfied that the management of falls was in line with best practice and guided by an evidenced-based policy. Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and an action plan was devised. This included review of medications and the provision of additional equipment such as low low beds. Multidisciplinary team meetings were held to review the falls and inspectors read where plans were put in place for each resident. In addition the person in charge had introduced additional protocols for managing un-witnessed falls including the recording of neurological observations and where there were no obvious injuries; the details were faxed to the GP for review and recommendations. For residents with obvious injuries, medical assistance was sought immediately. The person in charge closely monitored the incidence of falls which were analysed and trends were identified. For example, on a recent review, it was discovered that the location of falls for one resident was frequently at the exit to her room. The person in charge told inspectors that once this had been identified, plans had been put in place to put additional hand rails both inside and outside the bedroom door.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the resident was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. A nutrition policy was in place which guided practice.

Inspectors read care plans of residents who had wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. A policy was in place and was used to guide practice. In addition, inspectors saw where additional advice and support was provided from outside services. Training was also provided for staff and they outlined the correct wound management procedures. Inspectors saw that appropriate risk assessments of pressure areas were in place and equipment such as pressure relieving mattresses were provided. Inspectors saw that they were correctly set and staff spoken with were knowledgeable of the correct settings. The person in charge told inspectors of plans in place to further develop this practice particularly in relation to the prevention of skin tears.

Inspectors read the care plans of residents who had behaviours that challenge and saw that they clearly identified the possible triggers and appropriate intervention strategies. Staff spoken to were able to state what they would do should residents exhibit such behaviour.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:
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.

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

This action was completed and referred to staffing levels and supervision, training and staff knowledge and staff files.

Since the previous inspection, an external consultant had been employed to review the staffing levels and additional staff had been rostered for duty. For example an additional nurse was rostered for day and night duty. Inspectors reviewed the rosters and were satisfied that there was sufficient staff on duty. Staff spoken with confirmed that the increased staffing levels were the norm. They outlined how they could provide additional care and support to residents because of this.

The position of ADON had also been filled. Inspectors carried out an interview with this person and were satisfied that she was aware of the Regulations and Standards. She outlined the improvement plan in place to meet these requirements and her role in supporting the person in charge.

A detailed training plan had been put in place and staff confirmed that they had undertaken numerous clinical courses such as restraint management, falls prevention and management, nutrition and wound care. A plan was in place to continue this and to provide regular updates for staff. Staff spoken with were knowledgeable in these areas and outlined changes to practice that had occurred as a result of this. For example they outlined the new alert procedure in the form of a coloured sticker to alert staff to the individual resident's risk of falling. They also outlined how additional staff were available to supervise as each staff member was allocated a floor to work on which resulted in staff always being available to residents.

Inspectors read a sample of staff files and saw that they met the requirements of the Regulations.

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

4 October 2012

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for a positive and encouraging inspection. Our aim is always to maintain a high standard of care to all our residents and to continuously improve our service.

Provider's name: Ciaran Larmer
Date: 12 October 2012