

**Health Information and Quality Authority  
Social Services Inspectorate**

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



<b>Centre name:</b>	Glenaulin Nursing Home
<b>Centre ID:</b>	0041
<b>Centre address:</b>	Lucan Road
	Chapelizod
	Dublin 20
<b>Telephone number:</b>	01-6264677
<b>Email address:</b>	<a href="mailto:info@glenaulin.com">info@glenaulin.com</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Glenaulin Nursing Home Ltd
<b>Person authorised to act on behalf of the provider:</b>	Veronica McCormack
<b>Person in charge:</b>	Orla Quigg
<b>Date of inspection:</b>	24 September 2012
<b>Time inspection took place:</b>	<b>Start:</b> 07:40 hrs <b>Completion:</b> 16:40 hrs
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector:</b>	Deirdre Byrne
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>

## 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

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 12 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.

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

This monitoring inspection was the fifth inspection of this centre. It was unannounced and took place over one day. As part of the monitoring inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Overall, inspectors found that ongoing improvements were made in the centre since the last inspection. The provider, person in charge and management team was committed to providing a good quality service to residents and ensuring that the premises were maintained and decorated to a high standard.

**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 that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**References:**

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

**Outstanding action(s) required from previous inspection:**

Compile a statement of purpose that describes the facilities and services which are provided for residents.

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Inspectors found that the statement of purpose accurately described the service that was provided in the centre. They were satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the provider.

**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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

The person in charge was present in the centre on the day of inspection. There were satisfactory arrangements in place for clinical nurse managers to deputise in her absence. Inspectors found that she was well known to residents, relatives and staff.

She demonstrated a good knowledge of residents needs and had good organisational skills. She told inspectors that she had recently completed a diploma in management and had attended several study days on areas such as medication management, infection control, clinical governance, risk management, gerontological nursing care and wound management. There was documentary evidence to support her attendance at these study days.

#### **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

#### **Outstanding action(s) required from previous inspection:**

Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.

#### **Directory of Residents**

Substantial compliance

Improvements required \*

#### **Staffing Records**

Substantial compliance

Improvements required \*

#### **Inspection findings**

At the last inspection in November 2011, the provider was requested to establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested. Inspectors found that this had been adequately addressed.

Inspectors found that some improvements were required in the maintenance of staff records. This is discussed in more detail in Outcome 18.

**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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

Inspectors found that measures were in place to protect residents from being harmed or abused.

Inspectors reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

The person in charge was responsible for providing training to staff on the prevention, detection and response to elder abuse. There were records to indicate that most staff had received training on identifying and responding to elder abuse and further training was planned for the remainder of staff in October 2012. Staff were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents spoken to confirmed that they felt safe in the centre.

**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

**Outstanding action(s) required from previous inspection:**

Ensure that the risk management policy covers the precautions in place to control the following specified risks; assault; aggression and violence; and self-harm.

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Inspectors found that practices in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

Inspectors reviewed the emergency plan and found that it was sufficient to guide staff on the procedures to follow in the event of an emergency. There was a comprehensive health and safety statement in place which was updated in May 2012 and it related to the health and safety of residents, staff and visitors. There was a risk management policy in place, which addressed the risks identified in the Regulations such as violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. This was addressed since the last inspection. Smoking risk assessments were completed for residents that smoked.

Inspectors reviewed the number of incidents that occurred in the previous months and found that there was a significant number of falls since the last inspection with some resulting in serious injury to residents. However, despite this, inspectors found that a management group was established to review incidents such as falls and adequate procedures were in place to respond to falls. Incident forms were completed for each incident on the computerised documentation system in use. There was evidence of residents being monitored closely following an incident. Inspectors found that risk assessments were completed, and care plans developed for residents with preventative strategies identified such as alarms, hip protectors and the provision of low beds. The in house physiotherapist and general practitioner reviewed each resident after a fall and there was documentary evidence to support this. The person in charge told inspectors that they held an annual falls awareness week for staff and this was due to take place in October. She also told inspectors that there were plans in place for two senior nurses to attend a study day on falls and she hoped the learning from this day would assist them to reduce the number of falls.

There was safe floor covering and hand rails throughout the centre. Inspectors noted that infection control practices were adequate. Wall mounted dispensers containing hand sanitising gel was located at the entrance door and throughout the building.

Inspectors visited the newly built laundry and found that it was clean and well ventilated with industrial sized machines and space to ensure that clean and soiled items were adequately segregated.

Inspectors saw servicing records to indicate that the passenger lift, chair lift and hoists were routinely maintained and serviced.

The procedures for fire detection and prevention were in place. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were regularly serviced. Inspectors read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. There were training records which confirmed that staff had attended training on fire prevention and response and further training was planned for the coming week for new staff. Inspectors found that all staff spoken with were clear about the procedures to follow in the event of a fire. Fire procedures were prominently displayed throughout the centre.

#### **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

#### **Outstanding action(s) 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.

The action required from the previous inspection was satisfactorily implemented.

#### **Inspection findings**

Overall, inspectors found evidence of good medication management practices.

There was a comprehensive medication management policy in place which provided guidance to staff. Inspectors found that each resident's medication was reviewed regularly by the GP and there was documentary evidence to support this. Inspectors observed nurses administering medication in line with best practice guidelines. There was also evidence of the pharmacist involvement in the review of medication.

Medications that required special 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 controlled drugs. Two nurses signed and

dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

#### **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

#### **Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

#### **Inspection findings**

Inspectors found that there were three residents with grade 2 pressure ulcers in the centre and the person in charge had failed to notify the Authority. These were submitted a short time after the inspection.

#### **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 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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The healthcare needs of residents were well met and ongoing improvements were made in ensuring that residents' care plans were person-centred to respond to each resident's individual needs.

Residents had good access to medical and allied health professionals. There was documentary evidence of residents being reviewed by medical practitioners, psychiatry of old age, dental, chiropody, dietetics, speech and language therapy (SALT) and physiotherapy. The person in charge explained that the general practitioners (GP's) visited regularly and were available anytime if necessary. There was a system in place for each resident to be reviewed every three months by their GP and there was documentary evidence to support this.

Inspectors reviewed a sample of residents' care plans which were stored on an electronic system and found that they were person-centred with nursing assessments and clinical risk assessments being carried out for all residents. Assessments and care plans were reviewed every three months. There was a record of the resident's health condition and treatment given, completed on a daily basis. There was some evidence of the involvement of residents and their families in the development and review of their care plans.

There were a small number of residents with wounds on the day of inspection. Inspectors found that there was a wound management policy in place and there was evidence of residents being reviewed by specialists in wound care when necessary. There were comprehensive assessments completed for each wound and the care plans in place were adequate. Specialist pressure relieving equipment was in place for residents and staff were aware of best practice guidelines in the prevention of pressure ulcers.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk. Records showed that residents were being prescribed supplements where necessary and residents were being reviewed by a dietician when required.

Inspectors found that there were a small number of residents with behaviours that challenged on the day of inspection. There was adequate documentation of the triggers to the residents' behaviour and the strategies used to address the behaviour and meet the residents' needs. Inspectors found that there was a policy on managing behaviour that challenges in place to guide staff.

Inspectors noted that no lap belts were being used as restraint although there was still a significant number of bedrails used. The centres policy on restraint was comprehensive and provided guidance to staff on best practice. Inspectors reviewed files for a sample of these residents and found that there was an assessment completed for the use of bedrails with consideration of the risks associated with the use of bedrails.

Inspectors found that significant improvements had been made in the arrangements in place for the provision of meaningful social engagement for all residents. Inspectors found that there were opportunities for residents to participate in activities appropriate to their interests and capacities. There were four activity coordinators employed and inspectors met with them and found they were knowledgeable of residents and had developed a weekly plan for activities. Inspectors observed residents in communal settings; some were seen engaged in activities such as art, music, newspaper reading. Some of the residents were going out to a hotel for the afternoon and other outings were planned for the coming months.

**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

**Outstanding action(s) required from previous inspection:**

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.

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.

Provide lighting suitable for residents in all parts of the designated centre which are used by residents.

The actions required from the previous inspection were satisfactorily implemented with the exception of providing suitable lighting in all parts of the centre.

**Inspection findings**

At the last inspection in November 2011, inspectors found that a new extension was in progress and this had been completed which resulted in several improvements in the premises. There was a large new kitchen, rooms for residents to meet their visitors in private, improved staff facilities, additional sluice room, oratory and meeting room. Inspectors found that the large new day/dining area on the ground floor was furnished and decorated in an age appropriate, interesting, stimulating and

homely manner with several examples of best practice in dementia design. There were newly designed sensory secure gardens for residents to access independently. This had been addressed since the last inspection to a very high standard.

Two of the bedrooms in the new build were multi occupancy and described as high dependency units. The provider applied to accommodate six and five residents in these bedrooms. Following the registration inspection, the chief inspector placed a condition on the provider's registration to limit the capacity of these bedrooms to a maximum of four and three residents as the bedrooms were not in line with best practice guidelines. This condition had been adhered to and the provider had addressed the issues related to inadequate storage and screening. However, as identified at the previous inspection, inspectors noted that these two bedrooms did not have adequate natural lighting. The four bedded room was overshadowed by an adjoining building and the windows in the three bedded room did not illuminate a considerable part of the room. This level of natural light in the room did not support wellbeing and poor lighting could lead to potential problems for residents with dementia or visual impairment.

As identified at the last inspection, inspectors could not find evidence to indicate that the residents' needs in these high dependency units were different than some of the other residents deemed as high dependency in the centre. Staff could not identify how the needs of these residents differed from the needs of other residents. The ongoing provision of these multi occupancy bedrooms will be further reviewed when the centre is applying for its next registration.

As highlighted in the last inspection, although inspectors did not find negative outcomes for residents in the three bedded rooms, the provider was aware that some of the three-bedded rooms will not meet the requirements of the Standards and planned to address this within the timeframe.

There were assisted bathrooms on each floor with showers, but there were no assisted bath facilities for residents. However, the provider assured inspectors that an assisted bath would be available to residents once the bath was delivered.

Staff were provided with changing and storage facilities in the basement of the centre. Inspectors reviewed a sluice room and found that it was adequate with a bedpan washer, sink and a wash-hand basin. There was a new call bell facility installed and inspectors saw staff respond promptly. Each resident had access to locked personal storage space in their locker.

Inspectors found that the new kitchen was well organised with access to sufficient storage facilities. Inspector observed a plentiful supply of fresh and frozen food.

**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 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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There was no resident receiving end of life care on the days of inspection. However inspectors found that there were adequate procedures in place to ensure that appropriate end of life care could be provided when necessary. There was a policy on end of life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required. There were overnight facilities available for relatives if necessary.

**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 discrete and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

Inspectors spent time in the main dining rooms and in the high dependency unit during lunch and found that it was quiet, unhurried and relaxed. Inspectors noted that meals were hot, well presented and tasty. Residents all expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully if

required. Inspectors saw residents being offered a variety of drinks throughout the day.

Residents who needed their food served in an altered consistency such as pureed had the same menu options as others and the food was presented in appetising individual portions. Catering staff were very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Records were maintained in the catering department on residents dietary requirements.

**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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors found that the provider was compliant with most issues relating to staff recruitment, training and maintenance of files.

Inspectors reviewed the roster and found that there were adequate staffing levels on duty to ensure that residents' needs were met. Staff, residents and relatives agreed that there were adequate staff on duty.

Inspectors examined a sample of the files of staff members and found that they contained most of the information required by the regulations with the exception of two references instead of the required three for a staff member. Inspectors found that staff signed a self declaration to indicate that they were physically and mentally

fit for the purposes of the work which they were to perform. However, there was no evidence that it was impractical for the provider to obtain this evidence from a medical practitioner.

Inspectors found that there were good induction arrangements for newly employed staff members. Staff performance was monitored and staff were supported through the use of a staff appraisal system.

Inspectors found that all nursing staff had up to date registration with An Bord Altranais for 2012.

Inspectors carried out interviews with staff members and found that they were knowledgeable of the residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting alleged elder abuse.

Inspectors attended morning report on two units and saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to these daily handover meetings, there was also evidence of regular management meetings.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and Mr Seamus and Bizet Mc Cormack, two directors of the company who work full time in the centre, 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:***

Angela Ring

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

3 October 2012

## Action Plan

### Provider's response to inspection report \*

<b>Centre Name:</b>	Glenaulin Nursing Home
<b>Centre ID:</b>	0041
<b>Date of inspection:</b>	24 September 2012
<b>Date of response:</b>	19 October 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 9: Notification of incidents*

#### **The person in charge is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to give notice to the Chief Inspector of the prevalence of grade two pressure ulcers to residents.

#### **Action required:**

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

#### **Reference:**

Health Act, 2007  
Regulation 36: Notification of Incidents  
Standard 29: Management Systems

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Grade 2 pressure ulcers will be notified to the Chief Inspector on a NF03.</p> <p>We look forward to the introduction of the new NF04 forms.</p>	Ongoing

***Outcome 12: Safe and suitable premises***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was inadequate lighting provided in two bedrooms.</p>	
<p><b>Action required:</b></p> <p>Provide lighting suitable for residents in all parts of the designated centre which are used by residents.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>This issue was raised post registration inspection in Aug 2011. A lighting calculation report was conducted and its findings were forwarded to the lead inspector in Nov 2011.</p> <p>The reference used was based on the Chartered Institute of Building Services Engineers (CIBSE) recommendations of 100 lux average for a health care setting. The original calculation was conducted prior to lighting installation. The second test was completed on 15 November 2011.</p> <p>The lighting installation for the two rooms was based on the CIBSE recommendations of 100 lux average. When lighting calculations were analysed they stated averages of 390 &amp; 388 lux. Daylight lux levels results indicate an average of 100 lux.</p>	Completed

***Outcome 18: Suitable staffing***

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

There were inadequate recruitment procedures in place 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.

**Action required:**

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.

**Reference:**

Health Act, 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

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

**Timescale:**

Provider's response:

The lead inspector was informed at the exit meeting that existing staff members were reluctant to incur the financial burden of a separate visit to their GP's to obtain a medical declaration. All current staff have signed a self declaration which is in their staff files.

Post this current inspection we engaged with all staff and agreed that they will be furnished with a Medical Form to be completed by their GP at their next GP visit. These forms have now been issued to all staff.

A system is now in place that all new staff will be required to get this form completed by their GP as part of their terms and conditions and subsequent induction process. Sample of form is attached.

Completed

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to thank our inspector, Angela Ring and Deirdre Byrne for their professionalism, courtesy and dignity shown to all of our staff, residents and families during our inspection. The report identifies the work ethic and professionalism that exists in Glenaulin as we provide a high level of safe quality care to our much respected residents.

I would like to thank all our staff for their high levels of commitment, care and dedication that they display on a daily basis and we look forward to their continued support and professionalism.

We will continue a firm commitment to the provision of high quality care in conjunction with the standards and regulations as laid down by the Authority.

**Provider's name:** Veronica McCormack

**Date:** 19 October 2012