

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Glencarrig Nursing Home
Centre ID:	0043
Centre address:	Glencarrig Court Firhouse, Dublin 24
Telephone number:	01 4512620
Fax number:	01 2451078
Email address:	info@glencarrignursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Nucare Co. Ltd. - Ann Joan Launders
Person in charge:	Jaimol George
Date of inspection:	3 April 2012
Time inspection took place:	Start: 09:55 hrs Completion: 16:05 hrs
Lead inspector:	Sheila Doyle
Support inspector:	Gary Kiernan
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Glencarrig Nursing Home is a single-storey detached centre offering residential, respite and convalescent care. It has 25 places and there were no vacancies at the time of inspection.

There are six single rooms, one of which has en suite toilet and wash-hand basin, five twin rooms, one of which has en suite toilet and wash-hand basin and three three-bedded rooms. There is one assisted bathroom and one assisted shower room both with assisted toilets and there are three additional toilets. There is also a sluice room equipped with a bed pan washer.

The dining room is small and can accommodate approximately twelve people. The kitchen is located behind the dining room. There is a lounge where most of the residents spend their day and there is also a second small sitting room which has no natural light or ventilation. There is a small conservatory which leads onto an enclosed garden. The conservatory is also used as a smoking room.

The enclosed garden is situated to the rear of the premises and an area of decking has been provided with suitable seating. A very small laundry is provided and can be accessed through the garden. A staff changing facility is located at the gable end of the premises

The centre has some parking available at the front.

Location

Glencarrig Nursing Home is situated at the end of a cul-de-sac, in a residential estate close to the Firhouse Road. The centre is 6.5 miles from Dublin city centre.

Date centre was first established:	1 January 1985
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	10	4	5

Management structure

The Provider is Nuicare Co. Ltd. owned by Terence and Joan Launders. The named person on behalf of the Provider is Terence Launders. The Person in Charge, Jaimol George, reports to the Provider. Siobhan Launders was appointed as Systems Manager in June 2011. Care assistants report to the nurses who in turn report to the Person in Charge as do the household staff. Two kitchen assistants report to the Chef who reports directly to the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	2	2	1	1	1*

* Provider

Background

This unannounced follow up inspection was the centre's fifth inspection. Glencarrig Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) Social Services Inspectorate on 30 September 2009 and a follow up inspection occurred on 18 March 2010. A second follow up inspection was conducted on 1 June 2011 and a registration inspection was carried out on 8 and 9 November 2011.

At the registration inspection in November 2011, inspectors found that the providers were committed to providing a good standard of care and were working towards meeting the requirements of the 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*.

In general, inspectors found that the centre was warm and homely. Staffing levels adequately met the assessed needs of residents and there was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents. The providers, person in charge and systems manager had implemented a risk management programme. However, significant improvements were required to ensure the safety of residents. Inspectors were very concerned that some of the radiators felt very hot to the touch and the hot water in two of the residents' bedrooms posed a scalds risk. They were requested to address this issue immediately.

Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

While inspectors found that residents were provided with good quality care, there were improvements required in some areas such as restraint management and social care assessment.

There were also significant improvements required in the premises. There were insufficient bathroom and toilet facilities for 25 residents and there were three three-bedded rooms in the centre which will not meet the requirements of the Standards. There were no adequate facilities for the storage of assistive equipment.

These inspection reports can be found at www.hiqa.ie

Summary of findings from this inspection

This additional inspection report outlines the findings of an unannounced follow up inspection that took place on 3 April 2012. This was the centre's fifth inspection and its purpose was to review progress on the actions from the previous inspections.

Six of the nine actions identified at the registration inspection in November 2011 had been partially addressed including those that posed a risk to residents. The remaining three were partially addressed and were subject to ongoing development work in the centre. Inspectors saw that the provider and person in charge had developed an internal action plan which included the named person with responsibility for addressing the actions identified.

Complaints were well managed and medication management systems were in order. Residents need for privacy was met and greater choices around daily routines were available. Laundry services had improved and adequate insurance cover was in place. Notifications were received by the Authority in a timely manner. Risks associated with unguarded radiators and the hot water supply in two of the residents' bedrooms had been addressed.

Although further improvement was required, development work was underway as regards the use of restraint and the management of falls. Improvements had also occurred to the premises including the provision of an additional shower room, and the provision of handrails in some circulation areas. Further improvements were required if the centre is to meet the requirements of the Regulations and the Standards.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.

This action was completed.

Inspectors read the complaints log which provided details of the complaints, actions taken and the complainants' level of satisfaction with the outcome. All complaints logged had reached a satisfactory outcome.

2. Action required from previous inspection:

Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Provide adequate means of escape in the event of fire.

Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

This action was partially completed.

This related to several aspects of the premises including handrails, unguarded radiators and the hot water supply in two of the residents' bedrooms which posed a burns and scalds risk to residents. In addition the fire exit door in the laundry was locked and staff were unaware of the whereabouts of the key.

Inspectors saw that hand rails had been installed along some of the corridors. However, they had not been provided on the narrower corridors which did not promote residents' independence to mobilise. The provider said they would attend to this.

Inspectors saw that thermostatically controlled valves had been installed on the hot water supply in the two bedrooms previously identified as posing a risk. These two rooms were on a separate system to the remaining bedrooms. Inspectors read where the water temperature in these two rooms was monitored regularly and random temperatures recorded for all other rooms.

Radiator temperature was also controlled and inspectors checked a random sample and found that they were within acceptable limits. Staff spoken with were aware of the whereabouts of the key to the fire exit door in the laundry. A sign had been placed inside the door of the laundry reminding staff of the key's location. In addition, inspectors saw that fire equipment was serviced as required and fire training was provided. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

Inspectors read the training records and saw that all staff had attended mandatory training in moving and handling and fire safety and evacuation. Staff spoken with confirmed this. Inspectors also saw that additional training was planned for the coming weeks and the person in charge had developed a matrix to identify staff that required upcoming training.

3. 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.

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

This action was completed.

This action related to several aspects of medication management including leaving the medication trolley unattended, lack of guidance on the handling and disposal of unused and out-of-date medicines and inadequate information on the prescribing and administration records.

The medication trolley was secure and inspectors read the policy which had been amended to include the procedure for the handling and disposal of unused and out-of-date medicines. Staff had signed to indicate that they had read and understood the policy and staff spoken with confirmed this.

Inspectors read the medication prescription and administration records and saw that medications were prescribed and administered in line with current Regulations, guidelines and legislation.

4. Action required from previous inspection:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence-based nursing practice.

This action was partially completed. This related to lack of social care assessments and issues relating to the use of restraint. In addition the falls policy was non-specific and did not guide or inform practice. For example, it did not provide guidance to staff on what to do following a fall. There was no behavioural assessment or behavioural monitoring chart in place which might identify possible triggers to challenging behaviour.

Inspectors read where efforts were being made to provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities. Additional activities had been commenced and included knitting, crochet and card making. Inspectors saw that some residents were busy decorating Easter eggs for the upcoming Easter egg hunt. Residents also told inspectors about recent outings they were on including dinner out for mother's day and trips to the local shopping centre. Inspectors read a proposal that the provider had prepared which included assessments using 'A Key to Me' and other documentation to help inform the activity programme. The provider also told inspectors that they intended to employ an activity person to assist staff with this. The person selected is currently undertaking a Sonas programme (a therapeutic communication activity primarily for older people with dementia). The provider intended to incorporate this into the activity programme.

Inspectors read care plans of residents who had behaviour that challenged and saw that appropriate assessments and interventions were in place including possible triggers and management strategies. Staff spoken with were knowledgeable about the care of residents and outlined strategies they use to manage the behaviours. This included providing a cup of tea and the need to explore the possibility that the resident had pain.

Although improvements were noted in the management of falls and the use of restraint further development was required. Inspectors read a sample of care plans of residents who had fallen and saw that appropriate risk assessments were completed and interventions were in place including the provision of additional equipment. However, the falls policy was not specific enough to guide the practice. For example, it made no reference to the risk assessments routinely undertaken or the use of the falls diary to track and analyse the falls.

Inspectors read a sample of care plans of some residents who used bedrails and saw that assessments were being undertaken including the consideration of alternatives. However, there was no documented evidence that residents were checked while using the bedrails or that their use was reviewed. In addition the policy was generic in nature and needed to be more centre-specific. For example, it made reference to equipment and services that were not available in the centre.

5. Action required from previous inspection:

Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

This action was completed.

This related to toilets which did not have curtains/blinds on external windows and did not provide privacy and some residents being woken up for their breakfast at 7.30 am.

Inspectors saw that blinds had been put on all toilet windows and were in use during the inspection.

Inspectors saw that each resident was asked about their preferred time for meals and if they were asleep should they be woken up. Inspectors saw that this information was shared with all relevant staff and a copy was maintained in the residents' care plans.

6. Action required from previous inspection:

Arrange for the regular laundering of residents' linen and clothing.

This action was completed.

Residents' clothes were now laundered on a daily basis and returned to their wardrobes. Residents spoken with confirmed that they were happy with the laundry service.

7. Action 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.

Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Provide necessary sluicing facilities.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Provide a sufficient number of toilets having regard to the number of dependent residents in the home.

Provide a sufficient number of baths and showers having regard to the number of residents in the designated centre.

This action was partially completed.

This related to aspects of the premises and included:

- assistive equipment was being stored in residents' bedroom due to lack of adequate storage space
- insufficient bathroom and toilet facilities for 25 residents
- three three-bedded rooms in the centre will not meet the requirements of the Standards
- there was no appropriate sluicing or cleaning system in place to reduce the risk of cross infection
- the actions required around the temperature of the hot water and the radiators was addressed and is discussed under Action 2.

The area that had been used as a sluice room had been divided to provide a smaller sluice room and a separate shower and toilet facility. The sluice room now contained a bed pan washer. Inspectors saw that this was in use at the time of inspection. A separate shower room with an assisted toilet had been installed and was being painted. Once complete it would then be suitable for use by residents. This would give a total of two bath or shower rooms for 25 residents. Sufficient toilet facilities were now available. The provider was aware that although an improvement this would still not meet the requirements of the Regulations and Standards. Assistive equipment was safely stored.

The three three-bedded rooms were unchanged and will not meet the requirements of the Standards nor will some other aspects of the premises including communal, dining and private space available for residents and laundry and storage space. This was discussed with the provider who was aware of the deficits and the timescale available to address them.

8. Action required from previous inspection:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

This action was completed.

Inspectors read a copy of the insurance policy and saw that it met the requirements of the Regulations.

9. Action required from previous inspection:

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

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.

This action was completed. It related to lack of notifications to the Chief Inspector regarding a pressure ulcer and the submission of the quarterly notifications.

Inspectors saw that all notifications had been received in a timely manner.

Report compiled by:

Sheila Doyle

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

4 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
30 September 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
18 March 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
1 June 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
8 and 9 November 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Glencarrig Nursing Home
Centre ID:	0043
Date of inspection:	3 April 2012
Date of response:	23 April 2012

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Handrails were not available on some corridors.

Action required:

Provide handrails in circulation areas.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Timescale:

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

Provider's response: Extra handrails have been installed in circulation areas.	Completed
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2. The provider has failed to comply with a regulatory requirement in the following respect:

The falls policy was not specific enough to guide the practice.

There was no documented evidence that residents were checked while using the bed rails or that the use was reviewed. In addition the policy was generic in nature and needed to be more centre-specific.

Action required:

Provide a high standard of evidence-based nursing practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 18: Routines and Expectations

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

Timescale:

Provider's response:

Falls Policy is currently being expanded to include all aspects of current practice

May 2012

Restraints policy is currently being revised to make it more specific to our centre.

May 2012

Review of the use of bed rails for each resident is now documented every 24 hours. The status of each resident is now documented hourly whilst using bedrails.

Completed and ongoing

3. The provider has failed to comply with a regulatory requirement in the following respect:

Some aspects of the premises will not meet the Requirements of the Regulations and Standards. These include but is not limited to:

- there were three three-bedded rooms
- communal and private space available for residents was minimal
- some of the bedrooms will not meet the minimum size requirements
- storage space was minimal
- the laundry room was of insufficient size
- there were insufficient numbers of showers available
- the dining room was too small should all residents wish to dine there.

Action required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Action required:

Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

Action required:

Provide a sufficient number of baths and showers having regard to the number of residents in the designated centre.

Action required:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Action required:

Make suitable provision for storage in the designated centre.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Standard 25: Physical Environment

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

Timescale:

Provider's response:

An architect has been engaged to explore how improvements to our premises could be made and at what cost.

Ongoing

Any comments the provider may wish to make:

Provider's response:

We are pleased that the inspectors found that we had made progress on all matters raised in the previous Action Plan.

Provider's name: Terence Lauanders

Date: 23 April 2012