

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glebe House Nursing Home
Centre ID:	ORG-0000039
Centre address:	Kilternan Care Centre, Glebe Road, Kilternan, Dublin 18.
Telephone number:	01-2063382
Email address:	glebehouse@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Limited
Provider Nominee:	Seamus Shields
Person in charge:	June Margaret Annesley
Lead inspector:	Gary Kiernan
Support inspector(s):	Angela Ring
Type of inspection	Announced
Number of residents on the date of inspection:	46
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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 October 2013 08:30 To: 08 October 2013 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

This inspection was carried out in response to an application from the provider to renew registration. The inspection was announced and took place over one day. As part of the inspection inspectors met with residents, relatives and staff members. An interview was held with the newly appointed person in charge and two newly appointed clinical nurse managers (CNMs). Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors found that there was an improved level of compliance with 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. Inspectors found

that issues regarding leadership and clinical governance raised at the previous inspection had been addressed. Areas for improvement were identified in the care planning process, the procedures for the review of the quality and safety of care and the contracts of care issued to residents.

Inspectors reviewed questionnaires returned by residents and relatives, all of which expressed satisfaction with the service provided.

The healthcare needs of residents were supported by a high standard of nursing care and there was good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

There were systems in place to identify and manage risk and fire safety systems were in place. Residents in the centre felt safe and staff members respected the privacy and dignity of residents.

The physical environment was maintained to a high standard although at the time of inspection work was in progress to address three multi-occupancy bedrooms.

The dining experience was well managed and the food provided was varied and offered choice. Staff numbers and skill mix were appropriate to meet the needs of residents.

These matters are discussed further in the report and in the Action Plan at the end of the report.

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.

Outcome 01: Statement of Purpose

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it had been maintained up-to-date and had been amended to reflect recent changes to the management structure. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

Outcome 02: Contract for the Provision of Services

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.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Some improvements were required in the contracts of care which were issued to residents.

Inspectors read a sample of completed contracts and saw that they had been agreed

and signed by the resident within the legislative time frame following admission. The weekly fee payable by the resident was clearly stated. However, the fees for additional services, for which the resident was liable, were not included.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The arrangements for the post of person in charge met the requirements of the Regulations.

June Annesley was appointed as the new person in charge two weeks prior to the date of inspection. Inspectors found that this arrangement provided for improved leadership and clinical governance in the centre as the previous person in charge was responsible for three centres in total and issues of clinical governance had been raised at the two previous inspections. With this new appointment there was a full time person in charge for the centre who was accountable and responsible for overseeing the operation of the centre and supervising the delivery of care on a daily basis.

A fit person interview was conducted with the new person in charge during which she demonstrated strong clinical knowledge and a very good understanding of her role and responsibilities under the Regulations. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She also demonstrated a commitment to continually improving and developing the centre. Although, only recently appointed to the post, inspectors noted that she knew the residents well and was able to discuss their individual care needs. In addition to having the required experience in the care of older persons, the person in charge had maintained her continued professional development through attending a range of pertinent courses in areas such as palliative management, dysphasia and dementia. She was also qualified to provide training in the protection of vulnerable adults and in the management of restraint.

Appropriate deputising arrangements were in place as provided by the clinical director, who was formerly the person in charge and two newly appointed CNMs. The clinical director was present throughout the inspection process and demonstrated her continued fitness as a key senior manager. Both CNMs also participated fully in the inspection process and engaged well with inspectors and provided all information requested in an

efficient manner. Both of these individuals demonstrated good clinical knowledge and a good understanding of their roles and responsibilities in the absence of the person in charge.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Written operational policies, which were centre-specific, were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors noted that the policy relating to behaviours that challenge was not sufficiently detailed to provide appropriate guidance, however, the person in charge was aware of this and had a plan in place to address it.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property. Inspectors also reviewed the resident's guide and found that it had been drawn up in line with the requirements of the Regulations.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents and to respond to any allegations of abuse.

A good quality policy relating to the protection of vulnerable people was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken with said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy. The training records showed that staff had received training on how to respond to allegations of abuse. Inspectors found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area.

Inspectors reviewed the systems in place for safeguarding residents' money and found evidence of good practice. A robust system of documentation was in place to monitor and record all transactions, all of which were accompanied by at least two signatures.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy which addressed all the risks specified in the Regulations as well as the procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register had been recently reviewed and updated with the aid of a health and safety consultant. Monthly, in-house health and safety audits were carried out by the facilities manager and the results of these meetings were discussed at the management meetings.

Inspectors reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken with by inspectors, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. All accidents and incidents were reviewed by the person in charge and discussed at weekly management meetings in order to identify any further interventions to prevent re-occurrence. The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. Inspectors reviewed the records of a resident who had a recent fall. Inspectors saw that the resident had an appropriate care plan in place which was being implemented, post fall assessments were carried out and targeted interventions such as sensor mat and low bed had been put in place.

There was an infection control procedure in place. Nursing staff and care assistants

were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. Staff had recently been provided with additional training in hand hygiene and inspectors observed good practice in this area.

A small number of residents were smokers. Smoking was not permitted inside the building and an external smoking area was provided. Individual risk assessments were carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre, alternative accommodation and transport.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that policies and processes were in place for the safe management of medications. Inspectors also found that issues identified at the previous inspection, relating to the management of medication errors, discontinued medications and audit had been addressed.

There was a centre-specific medication management policy in place which gave appropriate guidance to staff. Inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centre's policies and professional guidelines. Appropriate records were maintained for medications which were discontinued.

Medications were stored appropriately. All of the nursing staff had been provided with training in medication management. An improved system of auditing had been introduced records were available to show that regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Medication errors were appropriately managed. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had systems in place to monitor the safety of care on an ongoing basis. However, some improvements were required in the system of audits to ensure that there was a focus on improving outcomes for residents.

There was a system in place to gather information on areas of clinical risk such as weight loss, development of pressure ulcers and falls. This information was gathered on a weekly basis and was used to identify any significant changes in the condition of the resident, such as unexpected weight loss. Inspectors noted that this information was monitored closely by the person in charge and action was taken where appropriate.

A system of audits was also in place in areas such as medication management, nutrition and activities. Inspectors noted that some of the audits such as the medication audit and the care planning audit were effective and resulted in improvements in practice. However, in relation to other audits, inspectors found that information was gathered but no analysis was carried out and no areas of good practice or areas for improvement were identified. As a result the audit information was not used to drive on-going improvements in the quality and safety of care for residents.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However, some ongoing improvement was required in the care planning process. The actions from the previous inspection which related to consent documentation, the management of hydration, restraint and wound management had been addressed.

Arrangements to meet residents' assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. However,

in some cases the care plans did not address all the identified needs of residents and in the case of some residents the care plans were not reviewed when there was a significant change in the condition of the resident.

The previous inspection found that a range of consent documentation had been introduced which staff members did not understand and were completing incorrectly. Inspectors found that action had been taken to address this matter. This documentation had been removed and discussion with residents, with regard to consent for treatment, was clearly documented in the medical notes.

Inspectors reviewed the records of a number of residents who had experienced poor nutrition and hydration and found evidence of improved practice in this area. The provider had employed the services of a dietician who visited the centre each week. There was evidence of regular weight monitoring and nutritional screening assessments were carried out for all residents. Residents who experienced weight loss were reviewed by the GP and allied professionals including the dietician and speech and language therapist (SALT) as appropriate. Supplements were prescribed where appropriate and the person in charge outlined plans to review the use of supplements and to replace them with food fortification techniques where possible, in consultation with the GP and dietician. Appropriate systems were in place to identify those residents who were at risk of dehydration. Staff members were knowledgeable about how to identify signs of dehydration and had received training in this area. Drinks and snacks were available throughout the day and additional drinks were offered to residents at risk of dehydration. Documentation, including fluid-balance sheets were implemented where appropriate and were up-to-date.

The previous inspection also found that improvements were required in the management of restraint. Inspectors found evidence of improved practice in this area. Inspectors saw that a comprehensive restraint assessment was carried out prior to a decision to use restraint. This assessment was carried out in consultation with the resident, the nursing staff and the GP and demonstrated that alternatives to restraint were considered in line with national guidelines on restraint. Inspectors noted that while there had been some reduction in the use of restraint, there continued to be a high number of bedrails in use. The person in charge had already identified this as an area for improvement and she had plans in place to address this.

Inspectors reviewed procedures for the management of wounds and found evidence of good practice. There was a low incidence of pressure ulcers. Inspectors reviewed the records of a resident who had a wound. Appropriate assessment and care planning documentation was in place and inspectors found that care was delivered in accordance with this documentation. Staff had received additional training in this area since the previous inspection and there was access to the services of a tissue viability nurse (TVN) when required.

The inspector reviewed the management of other clinical issues such as pain management, dementia care including the management of behaviours that challenge and found they were well managed and guided by satisfactory policies.

Inspectors found that there was improved practice in relation to the provision of

meaningful activities for residents. Residents had opportunities for frequent social engagement and the activity programme was based on residents' assessed interests and capabilities. There was a broader range of activities on offer and provision had also been made for residents who could not participate in the group setting which included visits from a holistic therapist, hand massage and Sonas therapy which is a communication based activity aimed at residents who have dementia. Residents stated that they were satisfied with the range of activities on offer.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The premises, which was purpose-built was maintained to a high standard. There continued to be a number of multi-occupancy bed rooms which did not meet the requirements of the Regulations and the Authority's Standards. However, the provider had plans in place to address this matter.

Inspectors visited a number of bedrooms and found that they were clean and well maintained. Rooms were provided with suitable lighting and call bells were in easy reach. The majority of bedrooms were single en suite rooms with en suite shower and toilet. There were also two bedrooms for two residents. However, there were three three-bedded rooms. Inspectors visited these rooms and found that while there were no negative outcomes for residents at the time of inspection, these rooms would not meet the needs of residents for privacy and dignity in the event that their condition deteriorated. The provider had consulted an architect and builder in relation to this matter and presented floor plans to the inspectors which aimed to address this matter. Inspectors found that these plans had been drawn up with reference to the Authority's Standards and aimed to divide the current multi-occupancy rooms into a single room and a room for two residents. The provider stated that he intended to have this work completed in the month following inspection.

The premises were purpose-built and laid out on one level which facilitated easy access to all areas. A good standard of hygiene was noted. There were two secure gardens which residents could access independently and since the previous inspection the provider had erected additional fencing in order to facilitate residents to safely access

the garden off the main seating area. These areas were well maintained and provided with garden furniture for residents' use. Residents stated that they liked to go out to these areas during the fine weather.

Provision for storage was found to be adequate and it was noted that assistive equipment such as hoists, specialised beds, mattresses and chairs were appropriately stored and did not hinder the movement of residents at the time of inspection. Maintenance records were in place to show that equipment was routinely serviced.

There was suitable and sufficient communal space for residents which included a large central, open-plan seating and dining area and four additional smaller sitting rooms. A sufficient number of assisted bathrooms was also provided for residents and a choice of bath or shower was available. A sufficient number of assisted toilets was located close to the communal rooms. Grab rails and hand rails were provided in all communal areas.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A sufficient number of sluice rooms, containing bed pan washer, sluice sink and wash hand basin was provided in each of the wings where bedrooms were located.

Separate changing facilities were provided for all staff. Staff spoken with said they were happy with the facilities provided.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in the area of complaints management.

There was a centre-specific policy and procedure in place which had been drawn up in line with the requirements of the Regulations. The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process.

The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log was read and inspectors found evidence of good

complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found evidence of good practice in this area. There was a comprehensive policy on end of life care which was centre-specific. Inspectors reviewed a number of resident's files and saw that residents' wishes and preferences with regard to end of life care were recorded. The person in charge stated that the centre maintained strong links with the local palliative care team. Residents at this stage of life were cared for in single rooms and facilities were provided to allow family members to stay overnight if this was requested.

The records showed that a number of staff had received training in this area.

The nursing staff stated that the residents had access to a priest or other religious ministers as required.

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents received a varied and nutritious diet that offered choice.

Inspectors observed the main meal and spoke with residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. Inspectors found that this was a social and unhurried experience.

Inspectors saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that these staff members were very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Residents who required assistance with their meals were aided in a discrete and respectful manner and residents who required modified consistency meals, such as puréed, were offered choice and their meals were presented in an appetising way.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that staff respected residents' privacy and dignity and residents were consulted with regard to the operation of the centre.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' religious needs were respected and supported. A prayer room was provided and a weekly religious service took place in the centre. Residents of all religious denominations were supported to practice their beliefs and representatives from different religious faiths were welcomed and encouraged to visit the centre.

Regular residents' committee meetings were held and were facilitated by a person who was independent of the centre and who acted as an advocate for the residents. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to the provision of activities and the inspector saw that this matter had been acted upon.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she facilitated residents to vote in-house or to go out to vote in the recent referendum.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many relatives and neighbours from the adjacent sheltered housing units joined the residents at meal times and inspectors noted this added to the social atmosphere. Residents had access to news papers, telephone and television was provided in each bedroom.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised of a large wardrobes and bedside locker as a minimum. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

Inspectors visited the laundry and found that it was well organised and industrial sized machines were provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day. The person in charge stated that she based her staffing numbers on the assessed dependencies of the residents. Three nurses and eight care assistants were providing care on the morning of inspection. This reduced to one nurse and three health care assistant during the night shift. Residents stated that there was sufficient staff on duty to meet their needs.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. Staff appraisals were carried out on a regular basis and used to identify training needs. The records showed that a range of training had been recently provided for staff in wound management, dementia, nutrition and cardio pulmonary resuscitation (CPR) training.

There was a written operational staff recruitment policy in place. A sample of staff files was reviewed and inspectors noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff were also found to be in place and up-to-date.

The previous inspection found that appropriate documentation had not been maintained for volunteers. Inspectors found that this matter had been addressed and found that

Garda Síochána vetting and appropriate documentation was in place for these individuals.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Glebe House Nursing Home
Centre ID:	ORG-0000039
Date of inspection:	08/10/2013
Date of response:	04/11/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Details of additional charges for services were not covered in the contracts of care issued to residents.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents 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.

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

Details of additional charges for services will be provided and estimate of fees to be charged for ancillary services (physiotherapy, hairdressing etc.) will be added to the existing and future contracts of care. This will be done by way of an appendix to current format of residents' contract of care.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 01/12/2013

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

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

Audit information was not analysed in order to improve the quality and safety of care provided to residents.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

The system of audit process will be improved to ensure that the information gathered in the current system is analysed to identify areas of good practice as well as areas requiring improvement. We commenced a review of our format of auditing and where there is inadequate analysis of outcomes, the format was revised to achieve a more focused system of auditing. Audit findings and outcomes will also be reviewed in the clinical management meetings with the person in charge and clinical director. Agreed actions will be communicated with the staff and will be monitored by the person in charge to ensure compliance. They will also be used to improve the quality of the service and safety of the residents.

Proposed Timescale: 05/11/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some care plans did not adequately reflect the current status of the resident.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

The person in charge will ensure that the resident's care plan are kept under formal review as required by the resident's changing needs or circumstance and less frequent than at 3-monthly intervals. Staff involved in the development and updating of care

plans were instructed to review and update care plans as the condition of the resident changes. Compliance with these reviews and updates will be closely monitored by the person in charge.

Training on care plan development and reviews will be on-going in line with Health Act 2007 regulation 8 and HIQA standard 11. An audit schedule to review the resident's care plan is in progress and quality improvement action plan will be put in place.

Outcome of care plan reviews that require improvement will be addressed within a specified time frame by the nursing staff under the supervision of the person in charge.

Proposed Timescale: 18/11/2013