

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glencarrig Nursing Home
<b>Centre ID:</b>	ORG-0000043
<b>Centre address:</b>	Glencarrig Court, Firhouse Road, Dublin 24.
<b>Telephone number:</b>	01 451 2620
<b>Email address:</b>	info@glencarrignursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Nucare Co Limited
<b>Provider Nominee:</b>	Terence Lauanders
<b>Person in charge:</b>	Jaimol George
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	0

## 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 judgements 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 January 2014 10:00 To: 29 January 2014 16:30

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
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 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Overall, the inspector found that the provider and person in charge met 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.

They promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. Further improvement was required to the risk management policy in order to comply with the Regulations.

The health needs of residents were met to a high standard although improvement was required to the documentation relating to restraint. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Other improvements required related to the premises and this is discussed further in the report and included in the Action Plan at the end of this 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 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:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts which each resident had, and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

**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:**

Jaimol George is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She demonstrated strong management and leadership skills and held meetings regularly with staff and attended hand over meeting daily. She met the provider on a daily basis and the inspector was satisfied that there was a clearly defined management structure which identified the lines of authority and accountability.

During the inspection she demonstrated her knowledge of the Regulations, the National

Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required was to hand.

The person in charge had maintained her continuous professional development having completed Further Education and Training Awards Council (FETAC) Level 6 courses in supervisory management and gerontology. She attended numerous clinical courses such as infection control, medication management and nutrition.

### **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 from being harmed or abused.

The inspector viewed the attendance records and saw that all staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

The person in charge did not manage any residents' monies.

### **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:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents although further work was required to the risk management policy.

The inspector read the risk management policy. Although it had been reviewed since the previous inspection it did not meet the requirements of the Regulations. For example it did not specify the precautions in place to control the risk of self harm or a resident absent without leave. The inspector saw that individual policies were in place to guide practice in these areas but they were not included in the risk management policy. The inspector was satisfied that the risk management policy was implemented within the centre with evidence that issues were discussed at management and staff meetings.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were regularly serviced and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training which was identified as an area for improvement at the previous inspection.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. There was an emergency plan in place which was being updated at the time of inspection to include additional procedures to follow in the event of power outage. Alternative accommodation for residents was specified should evacuation be necessary.

**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:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. A comprehensive policy was in place which guided practice. Written evidence was available that three-monthly reviews were carried out. The inspector reviewed the training records and saw that all nurses had attended medication management training. The inspector also saw that a medication audit had recently been completed. The results of this indicated major compliance with the policy but additional emphasis was required on reporting near miss medication errors. The nurse who completed the audit told the inspector that she had subsequently spoken to the staff nurses and made this system more robust.

No residents were currently prescribed medications that required strict control measures (MDAs). A locked medication fridge was available and the inspector noted that the temperatures which had daily checks were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

**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:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an on going basis.

A new audit framework had been introduced for 2014. This aimed to benchmark practice against the Standards. The inspector saw that documentation was being developed to assist with this.

Audits had been completed in 2013 on several areas such as infection control, falls management and pressure area care. The inspector saw that the results of these audits

were shared with all staff at team meetings. Improvements were noted as a result of these audits. For example following the infection control audit, new cleaning systems were introduced to ensure that all areas of the centre were cleaned to an acceptable standard.

The inspector also saw that following the falls audit which analysed each fall to identify possible trends, the overall incidence of falls within the centre had reduced. The person in charge stated that this was as a result of balance and strength exercises provided by the physiotherapist, medication reviews and additional supervision.

The person in charge had recently attended the training for thematic inspection provided by the Authority. She discussed plans to carry out the self assessments on nutrition and end of life outcomes and to use the results to further improve the services provided.

### **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 - Minor

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care although further work was required around the care plan documentation relating to restraint.

The inspector noted that appropriate risk assessments had been undertaken regarding the use of restraint. Frequent checks were completed when bedrails were in use. However, there was no documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried but these were not documented.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. This had been identified as an area for improvement at the

previous inspection.

The inspector reviewed the management of clinical issues such as wound care, nutritional care and falls management and found they were well managed and guided by robust policies. Currently there were no residents who exhibited episodes of behaviour that challenged.

Residents had access to GP services and out-of-hours medical cover was provided. A physiotherapist attended the centre for one day a week and both the staff and residents spoken with outlined the benefits of this as regards residents' mobility and balance. A full range of other services was available on referral to the local hospital or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Chiropody, dental, optical and audiology services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. An activity coordinator was employed and residents were seen enjoying various activities during the inspection. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art and many more. The inspector spoke to several residents who said they enjoyed the various activities.

### **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:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

While the premises were homely and comfortable, there are several deficits that will require attention in order to meet residents' individual and collective needs in a comfortable and homely way in accordance with the Regulations and Standards.

These had been identified at previous inspections and included a lack of suitable space for storage of equipment, limited communal and private space and limited space in the laundry and sluice room. In addition there were three three-bedded rooms which will not meet the requirements of the Regulations or the Authority's Standards and some of the other bedrooms were of insufficient size. Some of the corridors were too narrow to allow staff to provide assistance should a resident require it. The provider outlined the proposed plans in place to address these within the required timeframe and the inspector saw that planning permission had been sought.

Despite this the inspector found that the premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit and fresh vegetables.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. The environment was well maintained and there were measures in place to control and prevent infection.

Calls bells were provided and appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date.

A safe enclosed garden area was made available to residents. It was well maintained and had suitable furniture including a decking area.

### **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:**

Residents could have their laundry attended to within the centre. Laundry space was very limited and was included in the renovation plans discussed under Outcome 12. The inspector spoke to the staff member working there and found that he was knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided and there was adequate space for residents' possessions including a lockable space. Relatives spoken with confirmed that they were happy with the 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:**

The inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete. The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. A training matrix was maintained which identified which staff had attended training, which were due to attend and the dates of courses planned. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. The inspector saw that a training plan was in place for 2014 and included nutrition, infection control, moving and handling and elder abuse.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the

results of these were used to plan a training programme. Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

## **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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Glencarrig Nursing Home
<b>Centre ID:</b>	ORG-0000043
<b>Date of inspection:</b>	29/01/2014
<b>Date of response:</b>	14/02/2014

#### 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 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

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

The risk management policy did not meet the requirements of the Regulations. For example it did not specify the precautions in place to control the risk of self harm or a resident absent without leave.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

The Risk Management Policy has been reviewed and redrafted in light of the

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

improvements required to it as identified by the inspector. Meetings have taken place with staff on the following elements; Unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence, self harm. These elements have been added to the Risk Management policy which is now more comprehensive and gives more specific guidelines to staff on the precautions in place to control the risks identified in the policy.

**Proposed Timescale:** 14/02/2014

### **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:**

There was no documented evidence in the care plans that alternatives had been tried prior to the use of restraint as required by the centre's policy.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Following discussions between the PIC and staff we have devised and have commenced using a new tool called "Trial Alternatives to the use of Cotsides". This includes types of alternatives to be trialed, duration and outcomes in keeping with Glencarrig Nursing Home's own policies and the Department of Health's publication "Towards a Restraint Free Environment". The management of this new assessment tool will be active and ongoing and regularly assessed and results discussed at staff meetings.

**Proposed Timescale:**

### **Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

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

There were several areas for improvement in the premises including a lack of suitable space for storage of equipment, limited communal and private space and limited space in the laundry and sluice room. In addition there were three three-bedded rooms which will not meet the requirements of the Regulations or the Authority's Standards and some of the other bedrooms were of insufficient size. Some of the corridors were too narrow to allow staff to provide assistance should a resident require it.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: 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.

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

Glencarrig Nursing Home has been operating as a nursing home for over 27 years. It is a non-purpose built premises. To bring it into full compliance with all the requirements of Regulation 19(3)(a) is a difficult challenge. As we committed to in our last response on this subject we have been working tirelessly with our architect to come up with a cost-effective design which will satisfy all the required criteria. Within the restrictions of the existing building and the small amount of useable space available we met with our previous case holder by appointment at HIQA, Smithfield offices on the 30th September 2013 to show and explain the plans we had settled on. Following that meeting we went back to the drawing board and finally lodged our plans for improvements and extension to the nursing home to the Planning Department of South Dublin County Council on 19th December 2013. Whenever planning permission is achieved we intend to proceed as quickly as possible through the various necessary stages such as Fire Certification, tendering etc. and approaching banks re. financing.

Our intention is to commence building as soon as possible.

Proposed Timescale: Hoping to start building August 2014 latest, architect (not builder) estimates minimum six months building.

**Proposed Timescale:**