Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Gallen Priory Nursing Home
Centre ID:	0037
Centre address:	Main Street Ferbane, Co Offaly
Telephone number:	090 645 4742
Email address:	info@gallenpriory.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Gallen Priory Partnership
Person authorised to act on behalf of the provider:	James McCrystal
Person in charge:	Celestine Ward
Date of inspection:	22 and 23 April 2013
Time inspection took place:	**Day-1 Start:** 09:05 hrs **Completion:** 18:25 hrs **Day-2 Start:** 08:45 hrs **Completion:** 18:15 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	Jackie Warren
Type of inspection	☒ **announced** ☐ **unannounced**
Number of residents on the date of inspection:	41 (1 in hospital)
Number of vacancies on the date of inspection:	9

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which all of 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☒ to inform a registration renewal decision
- ☐ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☒ following information received in relation to a concern/complaint

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

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

This announced inspection was for the purpose of assessing an application to renew registration and took place over two days. As part of the inspection inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and staff files.

A fit-person interview was carried out with the person in charge and the provider. Whilst there was evidence of good practice in most areas there were areas for improvement including issues from the previous inspection that had not been addressed.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. On the days of inspection the inspectors were satisfied that the residents were cared for in a comfortable environment and that their nursing and healthcare needs were being met.

The collective feedback from residents was one of satisfaction with the service and care provided. This was further confirmed by relatives in the relative questionnaires received by the Authority.

Inspectors found that the premises, fittings and equipment were of a good standard. The centre was clean and well maintained and there was a good standard of décor throughout.

A number of improvements were required to comply 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*.

Areas for improvements included:

- fire safety
- restraint and documentation on restraint
- care plans
- wound care
- risk management policy
- statement of purpose
- medication management
- staffing levels on night duty
- notifications to the Chief Inspector
- the Residents' Guide
- audits.

These items are discussed in the body of the report and are 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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed the statement of purpose which accurately reflected most aspects of the service provided. However, it did not meet the requirements of the Regulations regarding:

- number of staff, full-time equivalent and the positions they will hold
- the organisational structure including the line management structure
- the range of needs that the designated centre is intended to meet requires additional information
- the type of nursing care to be provided needs to be expanded for example, dementia care was not included.

The provider and person in charge told the inspectors that they would update the statement of purpose without delay.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided for that resident. The contract of care also stated the fees to be charged.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered nurse and she worked full-time in the centre. She holds a Further Education and Training Awards Council (FETAC) Level 6 in managing people. She was on duty for the duration of the inspection and was supported by an assistant director of nursing (ADON).

She maintained her professional development and had recently attended courses and study days in:

- manual handling
- wound management
- elder abuse
- dementia
- feeding eating drinking and swallowing (FEDS)

The person in charge demonstrated good leadership and communication with her team. She was frequently observed meeting with residents, relatives and staff.

The person in charge had appropriate deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:
**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☐ Improvements required * ☒

The Residents' Guide did not meet the requirements of the Regulations as it did not include a synopsis of the statement of purpose and full details of the contract of care. It further identified the Authority as the agency to deal with complaints.

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required * ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☐ Improvements required * ☒

The risk management policy was unavailable for review by inspectors.

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☒ Improvements required * ☐

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

Outcome 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector. The provider was aware of the requirements to notify the Chief Inspector of the proposed absence of the person in charge.

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

Inspectors viewed the attendance records and saw that all staff had received training on identifying and responding to elder abuse and subsequently 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 had a clear understanding about the action to take if an allegation of abuse was reported. The contact details for the elder abuse officer were contained in the policy which had been updated since the previous inspection to include management arrangements for responding to allegations of abuse.

Garda Síochána vetting was in place for staff employed by the provider. This was evidenced by a review of staff files.

Each resident had been provided with a locked press to safely store their own valuables and monies. Each resident's money and the financial records were maintained securely and balances were accurate.

Residents spoken to confirmed that they felt safe in the centre. They commented that staff were always available to them and that there were good safety procedures in place such as the locking systems on the exit doors and call bells.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Put in place an emergency plan for responding to emergencies.

Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Inspection findings

Inspectors found that practice in relation to the health and safety of residents and the management of risk did not sufficiently promote the safety of residents, staff and visitors. Two of the actions from the previous inspection were addressed and one action still required improvement.

Inspectors had concerns regarding fire safety practices in the centre. On both days of the inspection inspectors observed that a number of bedroom doors were wedged open which posed a risk of injury to residents in the event of fire. The provider informed inspectors that he had contacted an engineer to make immediate arrangements for automatic door closing devices to be fitted to bedroom doors. Whilst reviewing fire safety documentation inspectors noted that this concern had also been brought to the attention of the provider on 17 December 2012 by a visiting fire safety officer. Inspectors noted that one set of double doors on the ground floor corridor did not close fully when the fire alarm was activated. The provider made immediate arrangements to have this rectified and the matter was addressed by the end of the first day of inspection. The provider had also ordered ski evacuation sheets for the evacuation of residents from the first floor in the event of fire. Records indicated that all fire fighting equipment and fire alarms were serviced in January 2013 and fire extinguishers had been serviced in November 2012. Fire orders were clearly displayed throughout the centre and all fire exits were clear on both days of the inspection. The person in charge said that the fire alarm test was carried out each Thursday and this was confirmed by staff.

Training records reviewed indicated that all staff members had received up-to-date training in fire safety. Staff spoken to confirmed that they had received training.

There was a health and safety statement available. Inspectors noted that improvements were required in risk management documentation. On the days of inspection the risk management policy was not available for inspection as previously mentioned under Outcome 4. The person in charge told inspectors that she had mislaid it.

There were two emergency plans in place. One dealt with major emergencies such as explosion, air crash and armed robbery while the second provided guidance on the day-to-day emergencies that may occur such as water disruption and power

outage. Inspectors also found that the emergency plan identified where residents would be transferred to it in the event of evacuation and the specific arrangements as to how residents would be transported to the locations.

Risk assessments had been completed for moving and handling, slips, trips and falls, storage of chemicals and the laundry. However, risk assessments had had not been carried out for all areas of the premises including the smokers room.

The environment was kept clean and generally well maintained and there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of clinical and general household waste. Staff had access to supplies of latex gloves and disposable aprons which inspectors observed them using as required.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

A visitors' book was maintained at the entrance hall and completed.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence of good practice regarding medication management with one area for improvement.

There were comprehensive medication management policies which provided guidance to staff. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) professional guidelines.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses kept a register of controlled drugs. Two nurses signed and dated the register at the time of administration and the stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Some residents had “as required” (PRN) medication prescribed and the maximum dose in 24-hours was recorded on the prescription sheet. The inspector noted that prescription and administration sheets were well maintained and contained the required information. The medication trolley was secured and the medication keys were held by a nurse at all times.

A medication fridge was in place and inspectors noted that it was kept in a locked room and the daily temperatures were recorded, however, the date of opening of refrigerated medications was not recorded on the labels.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents’ Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that improvements were required regarding notifications. Although the person in charge was aware of her legal requirement to notify the Chief Inspector regarding incidents and accidents, to date quarterly notifications had not been notified to the Chief Inspector within the required timeframe. The person in charge assured inspectors that this matter would be addressed for all future notifications.

At the time of inspection inspectors noted that an allegation of abuse and a grade 2 pressure ulcer had not been notified to the Authority. Details of the incidents were well recorded including the action taken and the outcome. The person in charge told inspectors that these notifications would be forwarded to the Authority following inspection. Neither notification had been received at the time of writing this report.

Theme: Effective care and support
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users’ assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that apart from medication audits the person in charge did not have a system in place to review and monitor the quality and safety of care and experiences of residents on an ongoing basis.

There was a recent medication audit carried out by the person in charge which identified areas for improvement including the need to date the opening of refrigerated medications, however, this finding had not been disseminated to nursing staff and inspectors found that none of the refrigerated medications contained an opening date. The person in charge told inspectors that she intended to set up a robust auditing system now that she had the additional support of an ADON.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.

Inspection findings

Overall, the health needs of residents were met to a good standard. The centre had sufficient medical cover including the support of psychiatry of later life.

Medical out-of-hours services were adequate and responsive. Review of residents' medical notes showed that medical staff visited the centre regularly and nursing staff informed the inspectors that medical staff were also available by phone to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis.

Residents' records reviewed by the inspectors showed that they had access to a range of other health services, including dietetic, chiropody, and speech and language therapy (SALT) services. Residents themselves confirmed their satisfaction with the healthcare services available to them.

Care Plans

Residents care plans required improvement. Each resident had a care plan except for residents with wounds. The inspectors reviewed a broad sample of residents' documentation and found that the information on residents was gathered and stored in an easily accessible manner. Assessments were being carried out to identify residents' health and social care needs. However, the assessments were not updated when there was a change in the condition of the resident, this issue was raised at the previous inspection but not addressed. Nurses' recorded daily nursing notes once in 24 hours rather than at the end of each shift. Although some care plans contained important individualised information such as the food preferences of residents and the activities that they enjoyed participating in many of the care plans did not provide adequate guidance to staff to ensure a consistent delivery of care, examples of this deficit are included in this outcome under falls management and management of restraint.

Nutrition and Weight Loss Management

Inspectors found that the nutritional needs of residents were being managed effectively. There was a nutritional policy in place which provided guidance on the management of the nutritional needs of residents. All residents had been assessed using a recognised assessment tool. Residents' weights were monitored on a monthly basis, and this was increased to weekly when there had been weight loss. The inspectors reviewed residents' records and confirmed this. Where residents were assessed as being at risk nutritionally, weight monitoring increased to weekly and food and drink intake charts were commenced. Inspectors reviewed a sample of

these charts and found that they provided sufficient information to allow for an informed assessment of residents' nutritional status.

Wound Care
While inspectors found that there were very few wounds there were discrepancies in relation to the grading of the wounds. The person in charge was requested to assess the wound type and notify the Authority if required. There was a wound care policy in place, however, it was insufficient to guide practice. Inspectors reviewed the file of one resident who had a sacral wound and found that there was no wound assessment or care plan in place to manage the wound. The ADON told inspectors that she would arrange wound management training for nursing staff.

Falls Management
Falls management required improvement. There was evidence that residents who had fallen and experienced head injuries had neurological observations carried out. However, these were not routinely recorded following un-witnessed falls.
In the files reviewed by inspectors, all residents had a falls risk assessment, however, assessments were not routinely updated either following a fall or on a three-monthly basis when required. While inspectors observed good practice in the management and prevention of falls such as ensuring appropriate assistance, good supervision and well fitting footwear some of the care plans did not sufficiently capture this information.

Behaviours that Challenged
Inspectors found that residents with behaviours that challenged were generally well managed. There was a policy in place to guide practice. Behaviour monitoring charts were used to identify the antecedents or triggers to the behaviour. Residents had access to the community psychiatric nurse and the psychiatry of later life team.

Restraint Management
Management of restraint and the use of bedrails required improvement. A high percentage of residents were using bedrails and inspectors found that assessments were not carried out in accordance with the national guidelines 'Towards a Restraint Free environment in Nursing Homes'.

The policy on restraint required improvement in order to bring it in line with the national guidelines. A small number of "low low" beds were in use but alternatives had not been considered for most residents.

Opportunities for Fulfilment
Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Social care assessments had been completed by the activities coordinator in respect of residents. A programme of activities was widely displayed and residents spoken to commented on the various activities available to them. Activities included art and painting, bingo, board games, movies, sing-a-longs to music videos and exercise to music. Although residents with dementia were encouraged and supported to join in there was no specific programme of activities available to them. The person in charge told inspectors that going forward she planned to have the activities coordinator trained in the delivery of the Sonas programme (a sensory stimulation programme particularly suitable to people with

dementia) so that she could provide stimulation for these particular group of residents.

Outcome 12
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

Put in place a plan to address the structural deficits in order to comply with the Regulations and the Standards.

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

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

Inspection findings

All of the above actions had been addressed. Since the last inspection the provider had completed a redevelopment programme to enhance the facilities available to residents. This included the upgrading of two multi occupancy rooms to single bedrooms to bring these rooms into compliance with the Authority's Standards. Since the previous inspection the provider had ensured that there was a sufficient supply of hot and cold water and this was confirmed by staff. The system incorporated thermostatic control valves to protect residents from scalds; this was confirmed by inspectors who checked the water temperatures at various locations throughout the premises.

Inspectors found that the building was spacious and bright. Furnishings and ornaments complimented the building and gave it a homely feel. The foyer was attractively furnished and created a pleasant area in which residents socialised.

Residents' bedrooms were personalised with photographs, televisions, books, ornaments and soft toys. Inspectors visited a number of residents in their bedrooms who told inspectors that they were very satisfied with the standard of care. There was plenty of storage space available in wardrobes and bedside cabinets. Residents had access to a lockable space in their bedrooms.

There were sufficient toilets, bathrooms and showers to accommodate the needs of residents. Communal space including sitting and dining room space was adequate.

Assistive equipment was available to support residents who had mobility difficulties. Each resident had their own individual equipment such as wheelchairs, walking frames and walking sticks. Records showed that this equipment was serviced at regular intervals.There were call bells available in bedrooms, within reach of the residents who said that bells were generally answered promptly.

Laundry and sluicing facilities were adequate and supported good hygiene practices. Inspectors noted that soiled clothing was laundered separately and at appropriate high temperatures to prevent the spread of infection. Residents' clothes were discreetly labelled to minimise mix ups. The sluice room was clean, organised and had appropriate hand washing facilities.

The centre was well maintained both internally and externally. A full-time maintenance person was employed and responsible for the upkeep of the premises and garden areas. A hazard identification log was completed by staff and records demonstrated that issues highlighted by staff were promptly addressed by the maintenance person.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13
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.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that improvements were required regarding the management of complaints. The complaints policy was reviewed and was found to be comprehensive but required improvement as the Authority was incorrectly identified as the agency to deal with complaints. The policy included an independent person separate to the nominated person in Regulation 39 (5).

Inspectors reviewed the complaints log and saw that all written complaints from residents and relatives were documented and there was evidence that complaints were appropriately responded to by the person in charge and to the satisfaction of the complainant. There was no evidence however that verbal complaints were documented and responded to. The person in charge and provider gave a commitment to log all complaints in future and to amend the policy. Both the provider and person in charge had a positive attitude towards complaints and viewed complaints as a mechanism to improve the quality of the service provided.

Outcome 14
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was no resident receiving end-of-life care on the days of inspection.

Inspectors reviewed the policy in place regarding end-of-life care. Care practices and facilities were in place to ensure that residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

Individual religious and cultural practices were facilitated and family were supported to be with their relative when they were at end of life. Overnight facilities and refreshments were available for relatives' use. Residents had the option of a single room and access to specialist palliative care services, if required.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that residents had access to food and drinks as required and in a manner that met their needs.

Inspectors were satisfied that residents received a varied diet that offered choice. A two-week menu cycle was in place and inspectors noted that snacks and drinks were available throughout the day. Residents could have meals at the assigned times in the dining room or in their bedrooms if they preferred. Both dining rooms were decorated to a good standard. Most residents choose to have their meals in the dining room. Inspectors discussed the special dietary requirements of individual residents with the chef and found that he was knowledgeable and familiar with specialised and modified consistency diets required by residents.

Inspectors observed the main lunch time meal and found that the occasion was sociable and that residents had a choice of meals. Staff asked residents what they would like for their dinner and their preferences in relation to portion sizes and additional gravy or sauces. Staff served each meal in accordance with the wishes of the resident. Inspectors observed that meals were well presented in appetising individual portions. Staff offered and provided assistance to residents in a respectful and discreet manner, and encouraged social interaction during the meal. Residents' spoken with all expressed satisfaction with their meals.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food particularly the choices and variety. Inspectors saw that residents were offered a variety of snacks and drinks throughout the day. Jugs with a variety of juices and water were available in common areas and staff offered drinks to residents on an hourly basis which was recorded in respect of each resident.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's 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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that residents' privacy and dignity was respected by staff and choice was offered regarding aspects of their lives.

Inspectors observed that bedroom doors were closed when personal care was being delivered. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred names. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way. There was an open visiting policy and contact with family members was encouraged.

Residents' religious and political rights were facilitated. The local priest visited and said mass three times weekly. Many of the residents spoken to told inspectors that they enjoyed attending the religious ceremonies and receiving the Eucharist. The person in charge told inspectors arrangements would be put in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections.

Residents said that could enjoy meeting their visitors in private and relatives confirmed this on the pre-inspection questionnaires reviewed. Relatives indicated that they could visit at any time, were always made feel welcome and were offered refreshments.

Daily national and weekly local newspapers were available to residents. Some residents were observed reading the papers and conversing with staff with regard to the daily news items. Many of the residents told inspectors that they enjoyed reading the daily papers. Residents had access to a telephone for use in private.

Outcome 17
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.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider and person in charge had measures in place to protect residents' personal property and possessions.

Inspectors visited the laundry and noted that there was adequate space to segregate clean and soiled clothes. Clothing items were clearly marked with the name of the resident. Inspectors spoke to the staff member in the laundry and found that she was knowledgeable about the systems in place to segregate laundry and prevent the spread of infection.

Inspectors visited a number of bedrooms and found them to be clean, bright and with adequate storage space. Residents' clothing was carefully folded and maintained in a tidy manner. Residents expressed a high level of satisfaction with the laundry service provided and reported that clothes did not go missing.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

Provide training for staff in the moving and handling of residents.

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Inspection findings

Since the previous inspection the number of residents had increased and inspectors found that the number of staff on day duty was sufficient, however, the skill mix on night duty was insufficient to ensure supervision of care given the size and layout of the designated centre. Only one nurse was rostered on night duty for the centre. The person in charge gave several examples of having to remain on duty into the night to ensure that both floors had sufficient nursing cover to meet the assessed needs of frail and clinically unwell residents. This was further confirmed by the ADON.

The provider had adequate recruitment procedures in place and had ensured that staff were appropriately selected and vetted in accordance with the Regulations and the Authority's Standards. Inspectors found that there were good induction arrangements for newly employed staff members and staff appraisals were used to monitor performance and support staff.

Inspectors examined the files of six staff found that the files were organised and contained all of the information required by the Regulations.

During the inspection inspectors met with a number of staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. Inspectors saw them responding to residents' needs in a respectful manner.

Inspectors saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, inspectors reviewed minutes of staff meetings and found that resident's needs were discussed regularly with staff.

Records examined demonstrated that staff had received training and education since the last inspection. Most health care assistants had attended FETAC Level 5 and the person in charge confirmed that two health care assistants were due to commence this course in the Autumn. Mandatory training in manual handling had continued and all staff had received refresher training.

Inspectors reviewed information with regard to the professional registration status of nursing staff and found that all had up-to-date registration with their professional body for 2013.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Marian Delaney Hynes
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Regulation Directorate
Health Information and Quality Authority

29 April 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report *

Centre Name:	Gallen Priory Nursing Home
Centre ID:	0037
Date of inspection:	22 and 23 April 2013
Date of response:	17 May 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

The provider failing to comply with a regulatory requirement in the following respect: The statement of purpose did not meet the requirements of the Regulations.
Action required: Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been amended to include staffing levels as WTE, Care provision range & description of organization management has now been included in the statement of purpose.	20 May 2013

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

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

The risk management policy was unavailable for review by inspectors.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A comprehensive written risk management policy is now available and this policy is currently implemented throughout the nursing home.	20 May 2013

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

The Residents' Guide did not meet the requirements of the Regulations

Action required:

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Residents' Guide was been amended and updated.	 20 May 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: A risk assessment had not been carried out on all areas throughout the premises. A number of bedroom doors were wedged open which posed a risk of injury to residents in the event of fire.
Action required: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Action required: Take adequate precautions against the risk of fire.
Reference: Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety

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

Provider's response: A comprehensive written risk management policy is now available and this policy is currently implemented throughout the nursing home. Improvements on Risk Assessments in all areas are being carried out at present. Fire Ski Sheets have been ordered as previously discussed. To avoid doors being edged opened we have purchased door guards to facilitate automatic closure of all doors when the fire alarm is activated. All staff have received training on Fire safety and Fire risks.	30 June 2013

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: The date of opening of refrigerated medications was not recorded on the labels.	
Action required: 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.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An enquiry has been made to the pharmacy regarding labels for refrigerated medications in order to facilitate documentation of opening dates for these refrigerated medications. Information provided to staff regarding the above, and insertion into the medication policy.	30 June 2013

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect: A grade 2 pressure ulcer had not been notified to the Chief Inspector as required.

An allegation of abuse had not been notified to the Authority.
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.
Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Notifications provided retrospectively to the authority.	20 May 2013

Theme: Effective care and support

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

The provider is failing to comply with a regulatory requirement in the following respect: Apart from medication audits there was no system in place for reviewing the quality and safety of care and the quality of life for residents.
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Education on Auditing and Quality Assurance will be obtained for management. To set in motion a complete programme for continuous Quality Assurance and safety of care provided and quality of life for the residents.	30 July 2013

Outcome 11: Health and social care needs

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

Improvements were required to establish good nursing practice in the areas of:

- restraint management
- falls management
- wound care
- provision of activities for residents with cognitive impairment.

The policies in relation to restraint management and wound care did not provide adequate guidance to staff and did not reflect current practices in the centre.

Action required:

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.

Action required:

Provide a high standard of evidence based nursing practice.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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: Education on Restraint to be provided for all staff. National Guidelines on use of Physical Restraints in Residential Care Units (2010) will be further implemented going forward. Immediate implementation Guidelines on Falls management and education to all staff. Immediate issue of "procedure in event of a resident sustaining a fall" to be placed on staff notice board also as guidelines. Education on Wound Care and pressure area care to be delivered to all staff. Improved documentation and grading of pressure areas and wounds now in place, available on site, National Best Practice and evidence Based guidelines for wound management (2009) Training for the activities co-ordinator to be sourced in order to provide specialist stimulation for residents with dementia.	30 July 2013

The person in charge is failing to comply with a regulatory requirement in the following respect:
Care plans did not adequately reflect the assessed needs of residents or provide sufficient guidelines for staff on the care to be provided to residents.
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.
Action required: Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment

Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Education in care planning to staff in order to improve the quality of current social/medical information pertaining to the resident and to ensure updating of same as required.	20 July 2013

Theme: Person-centred care and support

Outcome 13: Complaints procedures

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

Verbal complaints were not logged or managed as complaints.

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A Special Register will be available to all staff to take verbal complaints. Staff will be given information and education on how to receive and document complaints and comments.	20 June 2013

Theme: Workforce

Outcome 18: Suitable staffing

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

The skill mix of staff on night duty was not appropriate for the supervision of care given the size and layout of the designated centre.

Action required: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The skill mix of staff on night duty is currently under review, we are working towards appointing new staff for this position.	30 July 2013