

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenashling Nursing Home
Centre ID:	ORG-0000040
Centre address:	Oldtown, Celbridge, Kildare.
Telephone number:	01 627 2694
Email address:	glenashling@iol.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Garry Gavigan
Provider Nominee:	Garry Gavigan
Person in charge:	Garry Gavigan
Lead inspector:	Gary Kiernan
Support inspector(s):	Carol Grogan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	71
Number of vacancies on the date of inspection:	4

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: 22 May 2014 08:10 To: 22 May 2014 14:00

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

Outcome 03: Suitable 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 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an unannounced monitoring inspection and also followed up on information of concern which was supplied to the Authority concerning the care and welfare of residents in the centre. As part of this monitoring inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures. Actions identified at the previous inspection were also followed up.

There was an unsatisfactory level 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. A number of actions from the previous inspection had not been addressed despite assurances from the provider to the contrary. While the arrangements for person in charge met the requirements of the Regulations there were deficiencies in the governance of the centre with regard to overseeing the care and service provided to residents.

While measures were found to be in place to protect residents from all forms of abuse, inspectors had concerns with regard to the governance arrangements for safeguarding of vulnerable residents on an ongoing basis. The system of care

planning was not satisfactory. The absence of up to date care plans to guide care in areas such as wound management, end of life and behaviours that challenge posed a potential risk to residents. Systems for improving continence promotion had not been addressed since the previous inspection. The provision of meaningful activities for residents had not been addressed since the previous inspection.

Improvements in risk management procedures were also identified as an area for ongoing improvement. Inspectors were also concerned that the provider failed to assess and review staffing levels in a meaningful way further to the previous inspection.

There was good access to the general practitioner (GP) and allied health professionals. Satisfactory practice was noted in relation to medication management and complaints management. Staff members knew the residents well and interacted with them in a respectful and caring manner during the inspection.

These issues are further discussed in the body of 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 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 had not changed since the previous inspection and continued to meet the requirements of the Regulations.

The person in charge was a registered general nurse who worked full-time in the centre and was present on the day of the inspection. He was fully engaged in the governance and management of the centre and was supported in this role by a clinical nurse manager (CNM).

While this outcome is compliant in that the person in charge meets the requirement of the regulations to hold the post of person in charge, improvements were identified in relation to his own training requirements as discussed under outcome 18. Inspectors also identified improvements required in the governance of the centre in relation to reviewing and ensuring an appropriate level of service and care for residents as discussed in outcomes 6, 7, 11 and 18.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While measures were in place to protect residents from being harmed or suffering any form of abuse, inspectors found that improvements were required.

The provider had notified the Authority of two incidents of alleged abuse since the previous inspection. The provider failed to notify the Chief Inspector in timely way in relation to one of these matters and the Authority subsequently received information of concern in pertaining to this matter. Inspectors reviewed the provider's response to both of these matters and found that while steps were taken to safeguard the residents, further oversight and action was required from the management team. The provider had introduced a number of interventions to ensure increased supervision in order to protect residents. However, inspectors were concerned that a number of key staff members were not aware of these arrangements and found that this could pose a risk. Inspectors were also concerned that the provider had failed to adhere to the centres policy on elder abuse and ensure that an appropriate care plan based on assessment was put in place for the relevant residents involved in the alleged incidents. Deficiencies in care planning are also discussed under outcome 11.

The provider and the clinical nurse manager (CNM) were knowledgeable with regard to their responsibilities for protection of vulnerable adults. The centres policy relating to the prevention of elder abuse was dated January 2013 and provided clear guidance to the staff. Inspectors found that the staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities to report any incident or suspected incident of abuse. Staff had been provided with up to date training in protection. The provider was responsible for delivering this training, however, as described under outcome 18, he required refresher training in this area.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the fact that they could confide in staff.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that improvements were required, with regard to the systems in place, for the identification, assessment and monitoring of risk in the centre.

The safety statement had been updated by an external professional and was dated November 2013. The risk management policy addressed the risks specified in the Regulations and also described a number of safety procedures which were required. However, the policy was not been adhered to in practice. For example, the policy referred to health and safety walkabouts for the purposes of identifying risk, however these were not routinely carried out. The policy also described systems and committees for the oversight of risk management in the centre which were not reflective of the current procedures in the centre. Inspectors saw that risk assessments of some important areas were being carried out, for example for residents' seating arrangements and for residents with wandering behaviour. However, the policy was not guiding this practice. This matter was highlighted as an area requiring action in the previous inspection, however it had not been addressed by the provider.

Arrangements were in place for residents who smoked. Inspectors saw that individual risk assessments had been carried out for these individuals and care plans had been drawn up in response to these assessments. The provider discussed plans to install a new safer floor covering in the smoking room.

Systems were in place for the recording and learning from accidents, incidents and near misses. Records of all events were maintained and were required to be signed off by the provider. As highlighted under outcome 11, improved falls management systems had been put in place since the previous inspection.

Fire safety arrangements were not reviewed on this inspection as they were found to be satisfactory at the previous inspection.

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:

Policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which provided

detailed 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 centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. 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. Inspectors found that there was a satisfactory system in place to ensure that all errors were appropriately investigated and closed off.

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:

This outcome was reviewed in light of receipt of two notifications of alleged abuse prior to the inspection.

The inspectors were satisfied that practices in relation to notifications of incidents as required by the Regulations was satisfactory. The person in charge was aware of his responsibilities to notify the Chief Inspector of specified incidents. The person in charge maintained a copy of all notifications submitted to the Authority. Incident and accident log and a sample of care plans were reviewed and the inspector was satisfied that to date all relevant incidents had been notified as required.

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 - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were concerned that some residents' healthcare needs would be comprised due to deficiencies in the documentation of care.

There were two systems for documenting resident's care, a computer system where care plans were devised and a written system for daily notes. On review of these systems inspectors were concerned that both systems were held separately and did not inform a comprehensive holistic approach to care.

At the inspection in October 2013, issues in relation to care plans not being updated to reflect residents changing needs had been reported on. The person in charge had addressed this issued at the inspection of February 2014, however, this improvement had not been sustained. For example, a resident returned from hospital and inspectors found that the care plan had not been updated to reflect this resident's changing needs in the area of wound care, health status and continence care. In addition, the inspectors were informed by the person in charge that a resident was receiving end of life care, however, there was no care plan in place to guide staff. While assessments for this resident had been reviewed and updated such as pain, falls, dependency these had not been incorporated into a revised care plan.

Continence care was reviewed as this had been an action from the previous inspection. Inspectors were not satisfied that appropriate care plans had been devised especially for catheter care for residents. The inspectors reviewed two residents documentation who had catheters insitu and found that no care plan was in place. The CNM advised that there was a daily catheter care check list, however, this was not informed by a care plan.

The disjointed approach to documentation was further evidence on review of a care plan for a resident who had been assessed by Speech and Language Therapist. The inspector found that recommendations as outlined in the daily notes in relation to dietary needs had not been incorporated into an updated care plan.

Inspectors reviewed the policy on behaviour that challenges and found it to be comprehensive and sufficiently detailed to guide staff. Inspectors reviewed the incident and accident log and noted that one resident had two episodes of aggression. This resident was discussed at length with the person in charge who was very knowledgeable regarding his care, triggers for his behaviour and diversional therapy employed for him. However, on review of this residents care plan, it was found that it had not been updated following the aggressive episodes, and the recreation and social interventions

care plan had not been activated despite how important these activities were for this resident's quality of life as described by the person in charge. The inspectors reviewed the risk assessment and found that there was a risk assessment in place for this resident in line with the policy.

Inspectors reviewed the policy on restraint which included reference to the National Policy from the Department of Health. The policy was sufficiently detailed to guide staff. The person in charge told inspectors that no residents were using lap belts and the inspectors did not observe any in use.

Inspectors reviewed the management of falls and noted that improvements had been implemented since the previous inspection. Neurological observations were now recorded for residents where injury to the head was suspected.

There was good access to GP and allied health professionals should a resident require review, for example a resident was due to be reviewed by community psychiatry in the coming weeks.

Inspectors reviewed the arrangements in place for the provision of meaningful social engagement to residents and found that improvements had not been made since the last inspection. As highlighted above, the social intervention care plans had not been developed for a number of residents who had required them and who were at risk of social isolation. As a result there was no guidance in place with regard to residents' interests or how they liked to spend the day. Inspectors found that staff carried out many one on one activities such as shopping which residents enjoyed, however the documentation did not reflect this. A number of residents had a cognitive impairment or specialised communication requirements. However, a programme of activities based on these residents assessed needs had not been developed.

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:

This outcome was reviewed following receipt of information of concern prior to the inspection.

Inspectors were satisfied that the provider has sufficient practices in place for the

management of complaints.

Inspectors reviewed the complaints procedure which is due for review in October 2014 and found that it complied with the requirements of the regulations.

The procedure for complaints was displayed in the centre. There was an 'issue record register' maintained which documented details of issues raised, actions taken, persons responsible and whether the complainant was satisfied or not.

There was a suggestion box at the entrance, however, the provider explained that this was not used frequently by residents or relatives.

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:

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

Findings:

There was evidence that staff respected the resident's privacy and dignity

Staff members were observed knocking on bedroom, toilet and bathroom doors before entering residents' rooms. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

At the previous inspection it was found that residents had not been consulted with regard to the glass viewing panels in bedroom doors and as a result residents' privacy was found to be compromised. During this inspection it was found that the curtains had been drawn over, or partially drawn over on some of these panels. Staff said that they had consulted the residents with regard to their preferences however this had not as yet been documented. Residents spoken to by inspectors expressed satisfaction with their current bedroom arrangements and the arrangements for the viewing panels.

The provider stated that no residents' forum meeting had been held since the previous inspection. The provider discussed ways in which to improve the consultation with residents at these meetings.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that the provider had in place appropriate recruitment and employment practices that safeguarded residents. Inspectors reviewed the file of a newly recruited nurse and found that all documentation as required by the regulations were in place.

Inspectors were concerned however, that staffing levels were not based on a review of the assessed needs of the residents taking into account the size and layout of the building. This was an action from the previous inspection and the inspector was not satisfied that the person in charge had reviewed the staffing levels using an evidence based approach. The inspector reviewed the dependency levels in the centre and noted that 45 residents were either high or maximum dependency based on the most recent assessment. The inspector acknowledges that the person in charge sought the views of staff and residents in response to the previous inspection report, however, the result of this were not used in conjunction with a comprehensive evidence based review of the staffing levels in order that the person in charge could satisfy himself that there were the required numbers and skill mix of staff on duty.

Inspectors were satisfied that the person in charge had a system in place for staff to access training as required. However, some improvements were noted. Training had been provided in areas such as fire, end of life, protection of vulnerable adults, however, the inspector noted that up to date training was required in areas such as falls management and restraint. The inspectors also noted that the person in charge required updated training in the area of protection of vulnerable adults. In addition, the inspector noted that training requirements were identified by the person in charge when conducting staff appraisals however, no plan was in place in order to address these needs.

The inspectors noted that staff knew the residents well and were observed interacting with residents in an appropriate and dignified manner throughout the inspection.

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:

Gary Kiernan
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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:	Glenashling Nursing Home
Centre ID:	ORG-0000040
Date of inspection:	22/05/2014
Date of response:	13/06/2014

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 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The safeguarding arrangements required improvement as described under outcome 6.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

Our main emphasis is to safeguard our residents. All staff are trained on elder abuse and a further in house training on elder abuse is planned for June 17th 2014 using an outside trainer. As information became available on one of these incidents further investigation took place. The complainant has been advised of the outcome of the investigation. The authorities are already advised of this. All key staff members have

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

been advised of all steps that are in place to safeguard residents and the increased supervision that is in place.

The care plans are updated for the relevant residents involved in the alleged incidents. A fundamental review of all care plans will take place within the next 9 weeks.

Proposed Timescale: 18/08/2014

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 was not consistently implemented and was not guiding practice regarding the identification and assessment of risk in the centre.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Health and safety walkabouts have taken place, risk assessments have been carried out and discussed in Clinical governance meeting. Quality Monitoring Data sheets are completed weekly and discussed at clinical governance meeting.

The health and safety committee will now meet separately.

Plans to install a new safer floor covering in the smoking room are taking place.

Proposed Timescale: 18/08/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

A programme of meaningful activities based on residents assessed needs had not been put in place.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Each resident will have a meaningful activities assessment and their activities plan will

be based on this.

The activities co-ordinator is undertaking training in Activities for individual patient care.

Proposed Timescale: 18/08/2014

Theme: Effective Care and Support

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

The absence of up to date care plans posed a risk to residents especially in the area of wound care, behaviour that challenges, recommendations from allied health professionals and catheter care.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

All staff have had training in person centre care by an outside trainer, staff have been trained on evidence based practice and have guidance on use of minimum data set

All staff nurse and care assistants have had training in documentation and the use of computerised records. More training is planned for 6 weeks time.

A formal review of care plans will take place as per the regulations and more often depending on residents changing needs.

Proposed Timescale: 18/08/2014

Theme: Effective Care and Support

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

Care plans had not been updated to reflect the changing needs of residents or circumstances.

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:

A fundamental review of all care plans is taking place and will be computer based. The technical difficulties with the computer system has been sorted out and new touch screens and computer terminals have been installed. Training on computer skills has taken place and more is planned for 6 weeks.

Proposed Timescale: 18/08/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The determination of staffing and skill mix was not based on a ongoing review of the assessed needs of residents taking into account the size and layout of the centre.

Action Required:

Under Regulation 16 (1) you are required to: 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.

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

The dependency of the residents has been reviewed. Existing shifts have been extended to cover evening meal time and new care staff will be recruited to provide cover for mid day to the late evening shift.

Proposed Timescale: 18/08/2014

Theme: Workforce

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

Up to date training was required for staff in some clinical areas. The person in charge did not have a plan for addressing training requirements as identified through the appraisal of staff.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Care staff and nursing staff have been trained in updating documentation and computer records. Dysphagia, food modification and food fortification training is planned in June. Elder abuse with an outside trainer is planned in June, End of life care training is planned for July and Nutrition and Hydration training will also take place in July.

July 2nd training in the use of continence products will take place and on July 9th there is a study day for Nurses "Continence promotion older person" in Dr Steevens Hospital. Training in behaviours that challenge will take place in August.

Proposed Timescale: 18/08/2014