

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Gowran Abbey Nursing Home
<b>Centre ID:</b>	ORG-0000232
<b>Centre address:</b>	Gowran, Kilkenny.
<b>Telephone number:</b>	056 772 6500
<b>Email address:</b>	info@gowranabbeynursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Gowran Partners T/A Gowran Abbey Nursing Home
<b>Provider Nominee:</b>	Finian Gallagher
<b>Person in charge:</b>	Bridget Kirwan
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
28 April 2014 10:00	28 April 2014 17:30
29 April 2014 08:45	29 April 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This registration renewal inspection was the fifth inspection of this centre. The last inspection of the centre took place on 25 March 2013. Matters arising from the previous inspection (ten action plans) were satisfactorily addressed by the provider with the exception of one action plan which was partially implemented. Overall, the inspector found evidence of a commitment by the person in charge and staff to continually work to meet the requirements of the Regulations.

During this registration renewal inspection, the inspector met with some of the residents, relatives and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' nursing care plans,

residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

There was evidence that residents received overall an adequate standard of care, they had access to medical and allied health professionals. Staff knew the individual resident's needs well and residents had opportunities to partake in a variety of stimulating and meaningful activities. The centre was decorated to a high standard, well maintained and comfortably warm.

A number of questionnaires from residents and relatives were received prior to and during the inspection. The inspector spoke to some residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives and relatives stated they are welcomed at any time.

The inspector found some aspects of practice that needed improvement. These included updating the risk management policy to comply with the regulations, complaints procedure, updating the statement of purpose and function, fire training and to provide evidence of establishing and maintaining a system to improve the quality and safety of the service provided.

The Action Plan at the end of the report identifies areas where improvements are 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.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**  
*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. The ethos was reflected in

day-to-day life, through the manner in which staff interacted, communicated and provided care as observed by the inspector.

The statement of purpose had been reviewed and included the registration date, number and expiry date. However, it did not include the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 as required by legislation.

### **Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The inspector viewed a sample of the contracts of care. The contracts were adequate, and stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee.

### **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:**

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

**Findings:**

The post of person in charge is full-time. She is a nurse with a minimum of three years experience in the area of nursing of the older person as required by the regulations. She demonstrated sufficient clinical knowledge to ensure suitable and safe care. She demonstrated a sufficient knowledge of the legislation and her statutory responsibilities according to the regulations.

The inspector observed that she had a presence on the floor supervising staff and directly involved in the delivery of care to residents.  
Residents and relatives identified the person in charge as the one with overall authority and responsibility for the service.

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

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

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) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

There were copies of the Residents' Guide available in the centre and they included all of the required information as did the directory of residents. 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).

**Outcome 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence and had done so in the past.

**Outcome 06: Safeguarding and Safety**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector viewed the training records and found that all staff had up to date training in adult protection. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. The policy on protection of residents was viewed by the inspector and it was reviewed in April 2014. Staff knowledge reflected the information in the policy and the reporting and investigation process.

Staff demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse in the centre.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector and found to be in accordance with best practice. There was a written policy on residents' personal property and possessions and in a sample of residents' nursing records that were reviewed by the inspector there were inventory lists maintained of each person's personal items.

**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:**

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

**Findings:**

Overall, practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. A health and safety statement was available. An emergency plan was available which contained procedures to take in the event of loss of heat, water or light, fire or flood. A generator was available should a power outage occur.

An organisational risk assessment policy was in place. Risks were identified and control measures were in place to mitigate the risk. The inspector observed that there were measures in place to prevent accidents, such as hand-rails and the environment was clutter free. However the policy did not cover the arrangements in place for investigating and learning from serious incidents/adverse events. Also it did not cover the arrangements in place to manage self harm as required by the Regulations.

The senior nurse manager delivered training in manual handling. She had completed the appropriate course to qualify her to do this. The staff training records demonstrated that staff were trained in the moving and handling of residents. Hoists and other mobility aids were available, were in working order and serviced regularly.

There was a policy in place for the prevention and control of infection. Best practice guidelines with regard to dealing with an outbreak of influenza were available. Staff were observed taking appropriate measures in relation to hand hygiene. On visual inspection the centre was clean and there were arrangements in place for the management of clinical waste.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority. Records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date. Records of the maintenance of equipment were recorded at appropriate intervals. Appropriate signage for the evacuation of the centre and fire evacuation plans was available in all areas. Fire drills also occurred regularly and staff were able to identify the actions to be taken should the fire alarm be activated. However, training records confirmed that not all staff had up-to-date training in fire safety and prevention.

Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling and appropriate care was provided to residents.



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**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:**

The inspector observed one of the nursing staff on part of their medication round 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) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents and disposal of unused or out-of-date medicines.

The inspector reviewed a sample of residents' individual medicine prescription charts and there was evidence that residents' prescriptions were reviewed at least three monthly by a medical practitioner. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time frames.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), short-term and regular medication. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation.

**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:**

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

**Findings:**

The inspector reviewed records of accidents and incidents that had occurred in the designated centre. The inspector reviewed the incident reporting system and observed that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident's medical records.

On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

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

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. Satisfaction surveys had been completed in 2013 and the collective feedback back indicated satisfaction with the care and services provided.

Data was collected on a number of key quality indicators such as accidents/incidents, medication management, complaints and infections. There was good emphasis on falls prevention as a result of the data collected on falls and where trends were identified these were relayed to staff .

While clinical data was collected and reviewed by the person in charge there was limited evidence available that the data was used on a frequent basis to improve practice. There was not a consistent programme of ongoing audit in operation.

There were no reports available from the monthly quality indicators to demonstrate that the quality of care and experience of the residents are monitored and developed on an ongoing basis.

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**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:**

Compliant

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

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

**Findings:**

At the time of this inspection there were 51 residents living in the centre. Residents had a mixture of age related medical conditions and cognitive impairment. Overall, the inspector found evidence of positive outcomes for residents who had good access to their general practitioners (GP) and a wide range of allied health professionals.

Clinical care including assessments and interventions accorded with evidence-based practice, with involvement and consultation with residents and/or their representative and the staff team. The care and support provided reflected the nature and extent of residents' dependency and needs. Records of care assessments and plans were completed and reviewed. The care plans were person-centred. The inspector viewed care plans with regard to wound care and found that these were appropriately managed.

A record of the resident's health condition and treatment given which was linked to the care plan was completed on a daily basis. These were detailed so staff would know what changes, if any, had occurred. The inspector saw that there was documentary evidence that residents were seen regularly by their GP. The inspector was satisfied that residents other healthcare needs were met. A chiropodist service is available in house. A physiotherapist was available for residents' if physiotherapy was required every second week. Dietetic services and advice were provided by a nutritional company to residents. Nutritional assessments and care plans were also seen in residents' records. The senior nurse manager confirmed that access to speech and language therapy was good. The inspector observed swallow care plans in operation.

The local palliative care team provided support and advice. There were no residents receiving palliative care at the time of this inspection. There was a policy on restraint. The inspector reviewed a sample of assessments that underpinned restraint practice.

Restraint measures in place included the use of bed rails.

There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Other alternatives to restraint were being used such as falls alarms mats which alerted the staff when the resident got out of bed. However, signed consent was not obtained by the resident or their representative prior to the use of the restraint.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge such as input from the psychiatric services and medication reviews. Their care needs, changes in behaviour patterns and responses to treatment were documented in care records as observed by the inspector.

There were opportunities for residents to participate in activities that suited their needs, interests and capacities. There was an activities coordinators employed at the centre. Activities included music, art and craft, exercises and card games. The care and support provided reflected the nature and extent of residents' dependency and needs. For example, residents with a cognitive impairment were provided with reminiscence therapy, and those who enjoyed keeping up to date with current affairs were able to enjoy quiet reading space as observed by the inspector.

Detailed life histories were completed on some residents and further life stories were being completed which included many photos and past memorabilia. The hairdresser came once per week. Many residents' art work was on display throughout the centre. The inspector saw the social and recreational programme displayed on the notice boards.

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

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The premises remains fit for its stated purpose. The centre was observed to be bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. Bedroom accommodation consists of 51 single ensuite

rooms. There were appropriate beds and mattresses to meet residents' needs. The design and layout of the single bedrooms provides sufficient space and bedroom furniture for each resident.

There is a large dining room, day room, oratory and a large multi-purpose room which is used for activities, visits, and celebratory occasions for residents and their families. A smoking room, combined treatment room and appropriately equipped hairdressing room is provided. Two nurses' stations, administrative offices, suitably equipped kitchen and laundry complete the accommodation. There were suitable facilities available for staff.

There are four assisted toilets and one assisted bathroom for residents' communal use. There are two enclosed courtyard gardens with seating which residents. The premises and grounds were well-maintained. A maintenance person was employed. The inspector observed that CCTV was in use to maintain the safety of the residents. It did not impinge on the privacy and dignity of residents.

### **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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

A written complaints policy was available in the centre and the written procedures for making a complaint were easily accessible for residents and/or their representatives and it was available in a prominent place. However the policy did not include the nominated independent appeals person as required by legislation.

The inspector viewed the complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

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**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The person in charge had completed a self assessment in relation to end of life prior to the registration renewal inspection. This self assessment indicated minor non compliance in relation to the end of life care wishes of residents. The inspector concurred with this.

The inspector reviewed the centre's policy on end of life care and noted that the policy was up-to-date. There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care.

Religious and cultural practices were facilitated. Residents had the opportunity to attend many religious services held in the centre as observed by the inspector. Residents had access to ministers from a range of religious denominations should these services be required.

The inspector reviewed a sample of care plans. The inspector observed that not all care plans addressed issues in relation to spirituality and dying. Staff training records indicated that some staff had completed an end of life care training programme.

The inspector saw that information was available that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement and that this included information on how to access bereavement and counselling services.

Staff confirmed to the inspector that family and friends were facilitated to be with the resident at approaching and at end of life. The centre had all single rooms. There was ample provision of private sitting spaces and sitting rooms. Open visiting was facilitated as observed by the inspector.

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**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had completed a self assessment in relation to food and nutrition prior to this inspection. The inspector reviewed the person in charge's self-assessment questionnaire and the overall self-assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being minor non compliant. The inspector concurred with this as the food and nutrition policy required updating.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed or in the dining room and at a time of their choosing. Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. The inspector saw that assistive cutlery or crockery required for a resident with reduced dexterity was available.

The inspector reviewed records of residents' meetings. It was evident that issues raised by residents pertinent to menus and food were addressed. The inspector met with the chef who confirmed that she met with the nurse manager regularly to receive an update of the current status of the residents pertinent to their nutrition. Records viewed by the inspector such as meal requirements and speech and language reviews confirmed this.

Up-to-date information with regard to residents' dietary requirements was available in the kitchen. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. There was a menu in operation. There was evidence that choice was available to residents for breakfast, lunch and tea. Residents confirmed that they were always asked what they wished to have for main meals.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the GP for residents were administered as prescribed. Lunch

was served from 12.30pm. The dining tables were dressed with table cloths, delph, glassware and serviettes.

All residents had access to dietetic services, dental, speech and language therapy services. There was evidence of this in residents' care plans that advices from allied services were incorporated into residents' care plans.

There was evidence that residents had a nutritional assessment on admission, three monthly or when required. Care planning, with regard to residents who experienced a weight loss was comprehensive. There was evidence that residents' clinical risk assessments informed residents' care planning.

Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes.

### **Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector observed residents' privacy and dignity being respected by staff as well as staff promoting residents' independence as they encouraged residents to do as much for themselves as possible and residents were offered choice in what they wanted to do.

Residents were consulted about how the centre was planned and run through the residents' forum. The inspector viewed minutes from previous meetings. The person in charge and/or the nurse manager met with residents on a daily basis and sought feedback. Satisfaction surveys had been completed in 2013. There was a suggestion box located in the main entrance.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre.



Links were maintained with the local community through visitors coming in, and through many staff who are from the locality bringing news into the residents. The open visiting policy was confirmed by relatives. Residents had access to radio, televisions and newspapers. Residents could access telephone facilities in private as each bedroom could have a private phone installed.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

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

**Findings:**

There was a centre-specific policy on residents' personal property and possessions and in the sample of residents' records that were reviewed by the inspector there were inventory's in place of individual resident's clothing and personal items.

Laundry facilities are on-site; they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. The staff member with the primary responsibility for laundry was knowledgeable about appropriate procedures in regard to infection control.

The inspector saw and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were much personalised with residents' own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

From discussions with staff it was clear that they were familiar with the organisational structure, their roles and responsibilities and reporting systems. The inspector observed that exchanges between staff and residents were positive, with staff taking time to acknowledge and greet residents when entering communal and bedroom areas. The staff displayed good knowledge of residents' needs, their likes, dislikes and preferences.

The inspector found that the levels and skill mix of staff were sufficient during the inspection to meet the needs of residents. The inspector checked the staff rota and found that it was well maintained with all staff that work in the centre rostered and identified. Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were two handovers each day to ensure good communication and continuity of care from one shift to the next. The inspector attended a handover meeting and was satisfied that adequate communication systems were in place.

A centre-specific recruitment policy was in place and in the sample of records that were reviewed by the inspector there were no outstanding documents for staff that are required as per Schedule 2 of the Regulations. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for registered nurses. All registered nurses had up-to-date registration.

Training records viewed by inspectors confirmed the provision of ongoing professional development training. The nurse manager had undertaken the train-the-trainer qualification and will be providing training in moving and handling. There were plans to roll out further training such as infection control and cardiopulmonary resuscitation.

## **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:***

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	Gowran Abbey Nursing Home
<b>Centre ID:</b>	ORG-0000232
<b>Date of inspection:</b>	28/04/2014
<b>Date of response:</b>	16/06/2014

### 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 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not include the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 as required by legislation.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: 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).

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

The Statement of Purpose has been revised to include the 7 Conditions of Registration attached to Gowran Abbey Nursing.

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

**Proposed Timescale:** 06/05/2014

**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 did not cover the arrangements in place to manage self harm as required by the Regulations.

**Action Required:**

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

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

The risk management policy is currently under review to ensure all risks including the risk of self harm as specified in the report under section 31(2) (c) are identified, investigated and managed leading to a learning outcome to eliminate or reduce the impact of serious and adverse incidents for resident and staff.

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

The policy did not cover the arrangements in place for investigating and learning from serious incidents/adverse events

**Action Required:**

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

As under Outcome 07 the risk management policy is currently under review to ensure all risks including the risk of as specified in the report under section 31(2) (c) are identified, investigated and managed leading to a learning outcome to eliminate or reduce the impact of serious and adverse incidents involving residents.

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Not all staff had up-to-date training in fire safety and prevention.

**Action Required:**

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

The Fire Training schedule has been reviewed with a training day arranged for the 18 June 2014 following which all staff employed will have received fire training in the 12 month period.

**Proposed Timescale:** 18/06/2014

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

**Theme:** Effective Care and Support

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

There was limited evidence available that the data was used on a frequent basis to improve practice. There was not a consistent programme of on going audit in operation.

**Action Required:**

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

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

The Person in Charge and the senior nurse manager attended a one day training programme on audit and quality Improvement on the 27 May 2014. A multidisciplinary team will be established to improve the audit process, to collate information and provide reports and feedback to staff and implement improvements as identified from the audit process.

**Proposed Timescale:** 11/07/2014

**Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

The policy did not include a nominated independent appeals person as required by legislation.

**Action Required:**

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated

centres policies and procedures.

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

The person in charge is currently liaising with an external body to identify a named facilitator to manage complaint appeals. The named person will then be made known to residents and relatives and will be publicly displayed.

**Proposed Timescale:** 30/06/2014

**Outcome 14: End of Life Care**

**Theme:** Person-centred care and support

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

The inspector observed that in some care plans there was evidence of engagement or consultation regarding psychological, physical and spiritual needs in relation to end of life care.

**Action Required:**

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

A review of all residents care plans will take place to ensure as far as is practical that their wishes on End of Life Care as they communicate or their family communicate is documented and reviewed as required by regulations.

**Proposed Timescale:** 31/07/2014

**Outcome 15: Food and Nutrition**

**Theme:** Person-centred care and support

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

The food and nutrition policy required updating.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The food and nutrition policy has been updated to reflect compliance with Regulation 20 and the self assessment on food and nutrition.

**Proposed Timescale:** 19/05/2014

