

**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:	OSV-0000037
Centre address:	Main Street, Ferbane, Offaly.
Telephone number:	090 645 4742
Email address:	info@gallenpriory.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gallen Priory Partnership
Provider Nominee:	James McCrystal
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	12

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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: 20 August 2014 11:00 To: 20 August 2014 15:00

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 10: Notification of Incidents

Summary of findings from this inspection

This monitoring inspection was carried out in response to information of concern, received by the Authority, which raised concerns regarding governance and management arrangements in the centre. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, rosters and accident records.

There were concerns about the management, reporting and supervisory structures in place. The findings from the previous inspection in relation to the post of person in charge had not been addressed. The inspector was concerned that the clinical nurse manager (CNM), who was scheduled to deputise for the person in charge was not supernumerary. The Authority had not been notified about the appointment of a new person in charge in accordance with requirements.

The inspector was also concerned regarding the systems in place for the notification of serious incidents to the Authority. The inspector was made aware of two recent serious incidents which were not notified to the Authority in accordance with requirements. The response to one of these incidents was not satisfactory and was not addressed in accordance with the centre's risk management procedures.

These matters are discussed further in the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were concerns about the governance and management structures in the centre.

On the day of inspection the CNM (clinical nurse manager) stated that she was deputising for the person in charge. The CNM stated that the new person in charge was on two weeks scheduled leave. The CNM who was deputising showed an understanding of her roles and responsibilities for the supervision of the care of residents and was supernumery at the time of inspection. However, following a review of the roster for the following week, the inspector was concerned that the deputising CNM was not supernumery and was required to work full nursing shifts while at the same time deputising for the person in charge. The inspector was not satisfied that this provided for adequate supervision of clinical care practices within the centre. This matter was previously identified during an inspection in May 2014. Before the close of this inspection, this was brought to the attention of the provider who undertook to address the matter.

There were also concerns with regard to risk management as described under outcome eight. There was an inadequate response from management in response to identified risk.

Staff members spoken to by the inspector said that the CNM and the new person in charge provided support to them. Staff members also reported that the centre was adequately resourced and they had satisfactory supplies and equipment to carry out their work.

The inspector read a number of management reports completed by the CNM which indicated that she was proactively responding to the care needs of the residents. The inspector was shown a document which was used to monitor clinical risks within the centre. This document which was labelled "Monthly Safety and Quality Indicator Report" was used to track a number of performance indicators and clinical risks in the centre

including falls, pressure sores and infections. The document was last completed in July 2014.

There was a schedule of audits in place for 2014 which was aimed at monitoring the safety and quality of care. The inspector was shown a number of audits which had been carried out in July 2014 by the person in charge. Areas which were audited included restraint, wound management and medication. The inspector saw that in general high levels of compliance were reported.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The arrangements for the role of person in charge were not satisfactory.

The inspector was informed that a new person in charge had commenced in June 2014. This person was not present at the time of inspection and it was reported that she was on annual leave. The inspector was concerned that the Authority had not been notified appropriately about this appointment in accordance with requirements. The required documentation in relation to the new person in charge had not been provided to the Authority in full. As a result it was not possible for the inspector to assess if this person fulfilled the requirements of the Regulations and if the person had the required skills and experience for the role.

The CNM stated that she was deputising for the person in charge. The inspector was also concerned that the required documentation had also not been submitted to the Authority for the CNM. The CNM participated fully in the inspection and provided all information and documentation requested as part of the inspection. As highlighted under outcome 2 the inspector was very concerned that the CNM was rostered to work full nursing shifts during the week following this inspection. As a result there was no staff member available for the supervision of care during this time.

Judgment:

Non Compliant - Major

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was concerned that the appropriate policies and procedures were not implemented in response to the serious incident involving a resident described under outcome 8.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

There were concerns with regard to the management of a serious incident involving a resident.

This outcome was only reviewed with regard to an incident involving a resident and areas for improvement identified at an inspection in May 2014. The inspector was concerned that an unexpected absence of a resident from the centre had not been appropriately followed up and managed in accordance with the centre's risk management policies. Staff spoken to on the day of the inspection were not aware of the incident and revised safety measures which should have been in place for the resident. A safety check record had not been implemented and completed as per the resident's care plan. The inspector was also concerned that procedures identified in the centre's risk management policies had not been carried out as indicated under outcome 5. As outlined under outcome 10 there was also a failure to notify the Authority about

this incident.

The inspector requested documentation in relation to fire safety in order to follow up on areas for improvement identified at an inspection in May 2014. In response to these findings the training records showed that fire safety training had been provided for staff on 9 & 12 June 2014. Staff spoken to on the day of inspection were knowledgeable regarding fire safety and evacuation procedures in the centre. The fire safety records also indicated that a fire drill had been carried out on 19 June 2014.

Judgment:

Non Compliant - Moderate

Outcome 10: 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

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

No actions were required from the previous inspection.

Findings:

Practice in relation to the notification of incidents was not satisfactory.

The inspector was made aware of two serious incidents involving residents which had recently occurred in the centre. However, these incidents had not been notified to the Chief Inspector, within three days, in accordance with the requirements of the Regulations. The inspector reviewed that accident and incident record and found that satisfactory details of these events were being maintained. However, as described under outcome 5 and 8 the response to one of these incidents was not satisfactory.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Gary Kiernan
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 report¹

Centre name:	Gallen Priory Nursing Home
Centre ID:	OSV-0000037
Date of inspection:	20/08/2014
Date of response:	22/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The inspector found that a clearly defined management structure was not in place as described under outcome 2.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and

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

details responsibilities for all areas of service provision.

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

The management structure as PIC and CNM is evident in the roster, all staff should be aware of the structures in place and are aware that in the absence of the PIC, that the CNM will deputise. However, a memo was displayed in the Nurses Offices and staff room informing staff that in the absence of the PIC, the CNM is in charge and the PIC would be available on the telephone if required and also the previous registered providers would be available to contact also for any concerns. The PIC had completed the roster for the 2 weeks she would be away, the first of those weeks the CNM was supernumerary, the second week she was only supernumerary on one of the days. There was an understanding that if she managed to get cover for the week, enabling her to work supernumerary, the roster would be changed. The roster was updated for the following week by the CNM after the inspection and she was supernumerary for the week in question.

It is planned that Pat Kennedy and Denis McElligott, will be the registered providers (NF38 has been submitted). Ollie Daly is currently in post, to manage Utilities, Debtors, Creditors and Payroll, in conjunction with our head office Financial Controller, Sharon Rankine. Denis will be the proposed lead Provider.

Proposed Timescale: Immediate

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

It was not demonstrated that the requirements for the role of person in charge were met.

Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

The newly appointed PIC commenced on the 23/07/14. The previous PIC and the providers did not inform HIQA of her absence, as they were unsure whether or not she would return after a short period of leave, in that period the current PIC had stepped in on a temporary basis. When it became apparent that the previous PIC would not be returning there did appear to be a period of time when HIQA were not informed. They only became aware that the current PIC was in place when she telephoned the Inspector at the request of the registered providers.

I understand from the PIC that she submitted the necessary documents to HIQA but she did not keep copies. I have been unable to find a paper trail or indeed an email source to ascertain if documents were correctly submitted to HIQA.

Proposed Timescale: 30/11/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The risk management policy was not adhered to and implemented in response to a serious incident involving an unplanned absence of a resident from the centre.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

There is risk management documentation in place at Gallen Priory, however, the PIC was on annual leave at the time of the incident and the CNM was not fully trained on the documentation involving risk management.

The PIC, who was also not trained on the risk management documentation, which had been put in place before either the PIC or the CNM had been appointed. In the absence of a hand over or induction for the PIC by the registered providers, this new documentation was not utilised. The incident was documented correctly in the nursing notes and an incident form was completed. In addition also an hourly check was put in place to ensure the staff were aware of the residents' whereabouts.

The new registered providers are putting a training schedule in place to up skill and inform the PIC and her admin team on how to carry out and evaluate risk management. A red flag system using google calendar is to be introduced to facilitate this.

Proposed Timescale: 24/11/2014

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Practice in relation to the notification of incidents was not satisfactory.

The inspector was made aware of two serious incidents involving residents which had recently occurred in the centre. However, these incidents had not been notified to the Chief Inspector, within three days, in accordance with the requirements of the Regulations. The inspector reviewed that accident and incident record and found that satisfactory details of these events were being maintained. However, as described

under outcome eight the response to one of these incidents was not satisfactory.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

An incident involving a Resident who had fallen and required an X-Ray was not notified to HIQA on the day of the incident or indeed within the 3 days required.

The responsibility is on the PIC to ensure that notifications are sent on time. Since the inspection, all relevant notifications have been sent and documentation has been updated.

The registered providers have in place, systems in the three existing nursing homes to provide training in Restraints, Elder Abuse, Risk Management and Audit, which will help the PIC in her duties.

Proposed Timescale: 24/11/2014