

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gormanston Wood Nursing Home
Centre ID:	OSV-0000131
Centre address:	Gormanston, Meath.
Telephone number:	01 841 4566
Email address:	gormanston@trinitycare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costern
Provider Nominee:	Keith Robinson
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Sonia McCague, (day one)
Type of inspection	Announced
Number of residents on the date of inspection:	85
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 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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:
03 June 2015 09:00	03 June 2015 19:00
04 June 2015 13:30	04 June 2015 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

The centre was registered on the 30 April 2012 to accommodate 89 residents who require nursing care. This inspection was carried out to inform a registration renewal decision. Prior to the inspection the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

The fitness of the provider was determined through interview at the initial registration of the centre and ongoing regulatory work, including inspection of the

centre and compliance with matters arising from inspections.

Inspectors found that the centre was managed by a suitably qualified and experienced manager in the area of health and social care. The person in charge's fitness will be further determined during a fit person interview scheduled for 12 June 2015. The person in charge facilitated the inspection by having relevant information available, and was observed to have knowledge of residents' care and conditions.

Inspectors found that staff involved in the management of the centre were knowledgeable of the legislation and standards and staff of various grades were aware of the organisational structure of the centre.

There are no matters arising from the previous inspection carried out on 11 October 2013.

The centre is divided into 4 main units and since the last inspection a refurbishment programme has been initiated, which has substantially improved the premises. Some aspects of the layout of the centre did not meet residents' needs.

Residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and the services and care provided. They were complimentary about all aspects of residents' care and the support provided by staff and management. Some respondents identified that staffing levels were insufficient at a certain times to meet residents needs, however, inspectors found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels of staff at the time of inspection were sufficient to meet the needs of residents. However inspectors identified that the skill mix in a unit was not appropriate to the assessed needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plan. Residents had good access to nursing and medical and allied health care.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and capacities.

The health and safety of residents, visitors and staff was promoted and protected, however, inspectors identified some risks which had not addressed.

Since the last inspection management and staff have changed the dining experience for residents and have implemented a household model which provides residents with greater opportunity to choose meals from a variety on offer in the dining rooms.

The centre was largely in compliance with the Health 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider and person in charge were aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

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:

The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile reviews of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints and medication management.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided with the exception of respondents who considered that there was not enough staff, however, inspectors did not find evidence to concur with this viewpoint.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A guide in respect of the centre was made available to residents and a copy provided for the Authority.

Inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided and the fees charged.

Judgment:
Compliant

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.</p> <p>She is a registered general nurse and has experience of working with older persons. She works full time. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.</p> <p>The person in charge and the staff team had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Governance, Leadership and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found that the following records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example: –</p> <ul style="list-style-type: none"> • Documents to be held in respect of members of staff. • The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors. • There were records of the food provided and visitors to the centre.

- The directory of residents included all the information specified in Schedule 3
- The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.
- Individual assessments and care plans for residents. However, inspectors found that some of the forms/records had not been fully maintained for example food and fluid intake chart, items identified in the maintenance record had not been signed off as being actioned and a checking form regarding observations in relation to the release of a restraint (lap belt) was not complete.

Judgment:
Non Compliant - Minor

Outcome 06: 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:
Governance, Leadership and Management

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

Findings:
The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was not available.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety with the installation of key pad door locks and hand rails in corridors. Some residents during interviews and in response to questionnaires confirmed that they felt safe.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

In the main, the health and safety of residents, visitors and staff was promoted and protected, however, some risks were identified which had not been satisfactorily controlled. These are outlined below.

The centre had policies and procedures relating to health and safety and these had been reviewed and were current. There was an up-to-date health and safety statement. There was a comprehensive risk management policy which included the items set out in the regulation. An emergency plan has been identified for responding to a major incident. Arrangements were in place for investigating and learning from incidents/adverse events involving residents. Reasonable measures were in place to prevent accidents in the centre of the grounds. There was evidence from the training records that staff had participated in training in moving and handling of residents and inspectors observed 2 staff members assisting a resident to transfer from a sitting chair into a wheelchair. This was performed satisfactorily.

The following risks were identified: –

The lead of a resident's emergency alarm system was wrapped round a bed rail and when the bed was raised it loosened the lead from the socket with the result a resident was unable to alert staff.

- A resident was not able to use a resident alarm system as it was not located close to her bed.
- There was insufficient ventilation in the smoking rooms.
- The keys remained in the medication trolley which was located on the corridor during a period when medicines were being administered to residents.

Satisfactory procedures were in place for the prevention and control of health care associated infections with the exception of storing the cleaning trolley in the sluice room for short periods of time and storing clean bin liners in an open waste bin.

In the main, suitable fire precautions were in place, however, some fire safety issues were identified and these are outlined below.

The Authority received written confirmation from a company employed by the provider confirming that all the requirements of the statutory fire authority were complied with. There was adequate means of escape. Fire safety hold open devices attached to fire doors and connected to the fire alarm system were in place. The procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. There was evidence that fire equipment was serviced and maintained.

The following fire safety issues were identified: –

- Some staff were unsure of the evacuation procedures to be followed with regard to a particular evacuation point in one of the units, primarily because a fire drill had not been practiced.
- Some staff on duty had not practiced a simulated fire drill.
- As a safety measure bedrooms have a door and a quarter with the main door having a self closer connected to the fire alarm system, however, a quarter door had not been locked into position.
- There were insufficient safety measures in place in one of the smoking rooms as the receptacles for cigarettes/cigars was inadequate.
- During the inspection a hoist and blocked the corridor/evacuation pathway.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse washing in her hands and consulting with residents.

There was evidence of GPs reviewing residents' medicines on a regular basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.

Judgment:

Compliant

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:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of

evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre provides care primarily for residents with long-term nursing needs, however, also provide convalescence and respite care. Staff are allocated to each of the 4 designated units which make up the designated centre. It was evident that the staff team knew the residents' conditions and had established relationships with relatives.

Respondents who completed questionnaires confirmed that staff informed them of their relatives' health care needs and any changes in the conditions. A recently admitted resident to the centre, described the admission process which he/she considered was satisfactory and provided him/her with all of the information necessary to make the decision to be accommodated and cared for in this designated centre.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. The care plans were up-to-date and had been audited.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and specialists in wound care.

Social care planning was undertaken by the activity coordinators working in conjunction with the staff team. An activity programme and a monthly calendar of events is drawn up and provided to residents so that they can choose in advance to participate or otherwise. There are activity boards placed in a prominent position in the communal areas in each of the units. A hairdresser attends the centre on 2 days each week. During the inspection inspectors saw residents participating in activities such as exercise programme, singsong and indoor gardening. Inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Residents and relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television.

There were systems and practices operating regarding restraint and where restraint was

used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The designated centre has 4 specific units, known as Elm, Cedar, Beech and Laurel. A unit is dedicated to providing care for residents with dementia. Each of the units are self-contained providing single or twin room ensuite bedroom accommodation and separate dining and sitting areas. All 4 units have access to a garden space. In consultation with residents, and residents some of the gardens were identified for further development. Entrance to the designated centre and the individual units is through a key coded system. For some residents, this was the reason that they felt safe in the centre.

While there are communal facilities in each of the designated there is also a lounge located in close proximity to the reception area. This is regularly used by residents for social and recreational activities, special celebratory occasions including mass and visitors.

Since the last inspection a refurbishment programme has been initiated and to date 2 units have been completed. Staff and residents informed the inspectors that they were all involved in choosing the colour scheme.

Inspectors heard that residents and relatives were actively encouraged to bring personal belongings and mementos into the designated centre and while some residents' private space was personalised others were not. The person in charge informed the inspectors that this was an area for further development, particularly in the dementia unit.

In the main, the location and design of the centre was suitable for its stated purpose and met residents individual and collective needs in a comfortable and homely way, however, inspectors identified the following issues: –

- The layout of 2 twin bedrooms did not meet the needs of the individual residents being accommodated as they did not have their personal items in close proximity to their beds and when the bed was raised it was not possible to use the electric socket.
- In some facilities there was no handrail in close proximity to the toilets.
- In a twin room only one side light was available.
- The light cover in the lift was missing.
- There were insufficient chairs for visitors' use in residents' bedroom accommodation.
- There was poor ventilation in the smoking rooms.
- A resident's personal chair was frayed and torn.
- The floor in the dining room in Cedar was uneven.

There was adequate equipment to meet the assessed needs of residents including hoists, mobility aids and prolifting beds. Contracts were in place for the maintenance of the equipment.

Judgment:
Substantially Compliant

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

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

Findings:
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant.

Judgment:
Compliant

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: End of life care was person centred and respected the values and preferences of individual residents.</p> <p>In communication with the inspectors staff described the policy and protocols in place for the end of life care.</p> <p>The inspectors found that residents due to primarily to their condition did not communicate regarding this aspect of their care, however, there was good evidence of relatives' involvement in a resident's care plan who was assessed as nearing end of life. The information identified in this care was detailed and informative.</p> <p>Care planning assessments related to the resident's physical , emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking and pain management were available.</p> <p>There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner ,out of hours service, palliative care team and the use of subcutaneous infusions and oral antibiotics.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 15: Food and Nutrition</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Since the last inspection management and staff have changed the dining experience for residents and have implemented a household model which provides residents with greater opportunity to choose meals from a variety on offer in the dining rooms.</p>

Inspector saw that the system worked well providing residents with food and drink at times and in quantities adequate for their needs. The food was properly served and residents confirmed that it was appetising and hot. Menus showed a variety of choices and meals.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this.

The refurbished dining rooms were bright, well furnished and provided an area, whereby residents could obtain, snacks throughout the day.

The training record showed that staff had been trained in food hygiene and nutrition in the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records. Staff members confirmed that there was good communication between catering and care staff so as to ensure appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary. There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. This information was shared with the catering staff. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

An environmental health inspection of the centre was carried out on the 6 January 2014. Noncompliances in relation to maintenance of skirting and painting and cleaning of certain areas were identified. Inspectors were informed that these matters have been fully actioned.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum had been set and the group met on a regular basis. One of the outcomes for the residents was their involvement in choosing the colour scheme in the refurbishment of the units.</p> <p>The inspector saw that residents' privacy and dignity was respected and personal care was provided in their own ensuite bedrooms and they could receive visitors in private.</p> <p>Residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, on the day of the inspection a resident chose to go out for a meal with her family member as opposed to the dining in the centre.</p>
<p>Judgment: Compliant</p>

***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.***

<p>Theme: Person-centred care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspector saw that there was adequate space provided for residents' personal possessions. Residents had a locked facility in their bedrooms.</p> <p>There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</p>
<p>Judgment: Compliant</p>

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Some respondents identified that staffing levels were insufficient at certain times to meet residents needs, however, inspectors found from an examination of the staff rosters, information in the statement of purpose in relation to whole time equivalent staff, communication with staff on duty and residents and relatives that the levels of staff at the time of inspection were sufficient to meet the needs of residents. To further assess the appropriateness of staffing levels to meet residents' needs management agreed to carry out a review of staff response to the resident alarm system.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities and clinical nurse managers explained the systems in place to supervise staff. In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge.

The inspectors found staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. There was evidence that new staff had participated in induction training and there was an extensive training programme in place. They had up-to-date mandatory training and access to education and training to meet the needs of residents.

There were effective recruitment procedures that include checking and recording all of the information required in schedule 2 in relation to persons employed at the centre. Randomly the inspectors examined files on persons employed at the centre and found that these records were maintained in accordance with the regulation. A record was maintained of staff nurses' current registration details with the professional body.

No volunteers work at the centre.

Judgment:
Substantially Compliant

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:

Siobhan Kennedy
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:	Gormanston Wood Nursing Home
Centre ID:	OSV-0000131
Date of inspection:	03 and 04 June 2015
Date of response:	18 June 2015

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 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 following records were not maintained accurately/adequately: –

- food and fluid intake chart,
- items identified in the maintenance record had not been signed off as being actioned and
- a checking form regarding observations in relation to the release of a restraint (lap belt) was not complete.

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

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The following records were not maintained accurately/adequately: –

- food and fluid intake chart,

The food and fluid intake chart of the resident in question on the day of inspection had not been electronically recorded in a timely fashion. Staff re-educated and aware of the importance of maintaining recordings in a timely fashion.

-items identified in the maintenance record had not been signed off as being actioned. Maintenance staff are aware of the importance of ensuring all requests are followed up actioned and recorded. Retraining has occurred.

-a checking form regarding observations in relation to the release of a restraint (lap belt) was not complete.

Staff have been retrained in the importance of completing documentation and fulfilling the regulations in relation to release of restraints (lap belt) in compliance with the restraints policy. All action by June 12th.

Proposed Timescale: With immediate effect

Proposed Timescale: 12/06/2015

Outcome 08: 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:

Hazard identification and assessment of risks had not been carried out throughout the designated centre as the following risks were identified: –

The lead of a resident's emergency alarm system was wrapped round a bed rail and when the bed was raised it loosened the lead from the socket with the result a resident was unable to alert staff.

- A resident was not able to use a resident alarm system as it was not located close to his/her bed.
- There was insufficient ventilation in the smoking room.
- The keys remained in the medication trolley which was located on the corridor during a period when medicines were being administered to residents.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

the designated centre.

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

Hazard identification and assessment of risks had not been carried out throughout the designated centre as the following risks were identified: –

The lead of a resident's emergency alarm system was wrapped round a bed rail and when the bed was raised it loosened the lead from the socket with the result a resident was unable to alert staff.

A risk assessment was conducted and the risks were identified. The information was disseminated to all staff. As a result clips for the call bells will be purchased for residents identified in the risk assessments. Staff re –trained and the residents safety maintained at all times. Regular observations of all residents.

- A resident was not able to use a resident alarm system as it was not located close to his/her bed.

Staff educated regarding the safety and welfare of the resident at all times. Staff aware of continuing monitoring of the location of the call bell for the easy access of the resident.

- There was insufficient ventilation in the smoking room.

Risk assessments of the smoking rooms were carried out. A larger xpelair fan will be installed and the purair machine switched on at all times. Windows in Elm Unit smoking room open at intervals. Policy reviewed to reflect changes.

- The keys remained in the medication trolley which was located on the corridor during a period when medicines were being administered to residents.

A risk assessment was carried out . All Staff nurses were made aware of the dangers associated and the legal and professional responsibilities with regard to medication management.

Proposed Timescale: With immediate effect

Proposed Timescale: 18/06/2015

Theme:

Safe care and support

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

Satisfactory procedures were not in place for the prevention and control of health care associated infections as a cleaning trolley was stored for a short period in the sluice room and clean bin liners were stored in an open waste bin.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

An area has being located for the permanent storage of the cleaning trolley.
One bin liner per waste bin inserted.

Proposed Timescale: 18/06/2015

Theme:

Safe care and support

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

All persons working at the designated centre had not participated in a simulated fire drill during the late evening/night duty

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Simulated fire drills during the late evening/night duty were carried out on the following dates in 2015: 11/05/2015;23/03/2015;20/03/2015;10/02/2015;18/02/2015.

A continuous schedule of training dates will be continued

Staff training on simulated fire drill includes actions on discovering a fire, actions to be taken on hearing the fire alarm, compartmentation, escape routes, equipment ie the use of ski sheet/mats, fire extinguishers, safe exit.

Proposed Timescale: 18/06/2015

Theme:

Safe care and support

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

Some staff were not familiar with emergency procedures including evacuation procedures regarding a particular escape route.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Staff training on evacuation procedures are carried out by the fire safety marshals and external contractor ensuring staff practice scaled evacuation drills from a variety of

locations within the nursing home. Please see list of night drills in action point Page 24 above. We will ensure that no member of staff will miss vertical evacuation drill in a set period.

Proposed Timescale: 18/06/2015

Theme:

Safe care and support

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

Adequate arrangements were not in place to evacuate the centre as a hoist and blocked one side of the corridor/ primary evacuation pathway and a quarter door had not been locked into position.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

All staff reminded of the importance of maintaining an unobstructed means of escape. Fire marshals do carry out daily checks and these will be monitored more rigorously going forward.

Proposed Timescale: 18/06/2015

Theme:

Safe care and support

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

There were insufficient safety measures in place in one of the smoking rooms as the receptacle for cigarettes/cigars was inadequate.

Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Receptacles purchased for disposal of cigarettes /cigars.

Proposed Timescale: 24/06/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

In the main, the location and design of the centre was suitable for its stated purpose and met residents individual and collective needs in a comfortable and homely way, however, inspectors identified following issues: –

- The layout of 2 twin bedrooms (numbers 13 A and B and 22 A and B) did not meet the needs of the individual residents being accommodated as they did not have their personal items in close proximity to their beds and when the bed was raised it was not possible to use the electric sockets.
- In some facilities there was no handrail in close proximity to the toilets.
- In a twin room only one side light was available.
- The light cover in the lift was missing.
- There were insufficient chairs for visitors' use in residents' bedroom accommodation.
- There was poor ventilation in the smoking rooms.
- A resident's personal chair was frayed and torn.
- The floor in the dining room in Cedar was uneven.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- The layout of 2 twin bedrooms (numbers 13 A and B and 22 A and B) did not meet the needs of the individual residents being accommodated as they did not have their personal items in close proximity to their beds and when the bed was raised it was not possible to use the electric sockets.

The plan for the layout of the twin rooms will be discussed in conjunction with the residents involved and a plan in parallel with the future refurbishment of the bedrooms. The residents immediate requirements ie personal items will be located within easy reach of the resident. The layout changes will allow for use of sockets.

- In some facilities there was no handrail in close proximity to the toilets.

A hand rail will be facilitated in bathrooms where appropriate.

- In a twin room only one side light was available.

The side light in twin room will be installed.

- The light cover in the lift was missing.

Light cover for lift light to be purchased

- There were insufficient chairs for visitors' use in residents' bedroom accommodation.
- Chairs to be available for visitors in bedrooms

- There was poor ventilation in the smoking rooms.

Risk assessments of the smoking rooms were carried out. A larger xpelair fan will be

installed and the purair machine switched on at all times. Windows in Elm Unit smoking room open at intervals. Policy reviewed to reflect changes.

- A resident's personal chair was frayed and torn. Resident's family spoken to regarding chair and it was taken home.
- The floor in the dining room in Cedar was uneven. Maintenance assessed the floor and is awaiting flooring company to review.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

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

The skill mix in a unit was not appropriate to the assessed needs of residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We have reviewed the roster to ensure appropriate skill mix / gender ratio, All staff are continuously trained regarding dignity and respect.

Proposed Timescale: 18/06/2015

Theme:
Workforce

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

To further assess the appropriateness of staffing levels to meet residents' needs management agreed to carry out a review of staff response to the resident alarm system and forward to the Authority.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Audit carried out on the call bell system. Timelines assessed. Report prepared.

Reviewed in order to comply with regulation. Staff meeting to report findings of audit. A noticeable outcome was the re scheduling of staff breaks and rescheduling of rounds. Discussed in daily handovers, team meetings and ward meetings to increase awareness.

Proposed Timescale: 18/06/2015