<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Glenashling Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000040</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Oldtown, Celbridge, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 627 2694</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gavigang@iol.ie">gavigang@iol.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Garry Gavigan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Garry Gavigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>73</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
**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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 August 2015 10:30 To: 25 August 2015 15:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The inspector reviewed the management of complaints in response to information received by the Authority and action required from the previous inspection. The inspector found that action previously required relating to complaints management had been recently addressed although two complaints were still open.

Previous action relating to the use of PRN “as required” chemical restraint had also been addressed. The statement of purpose had been amended to meet the requirements of the Regulations.

Although not specifically being inspected, the person in charge discussed ongoing improvements as regards risk management. A gap analysis had been completed and an improvement plan had been put in place which included actions to be completed and the timescale. A risk register had been developed to complement the risk management policy and there was a sign off date for staff to have familiarised themselves with this before 31st August. Fire servicing and training were up to date and the emergency plan was reviewed.

The inspector also noted ongoing improvements as regards the management of falls including the use of very specific risk assessments for residents with dementia related illnesses. Work was also being undertaken on ensuring the activity programme met the needs of the residents. These will be reviewed in full at the next
Outstanding action related to the contracts of care. A specific fee was being charged to some residents for toiletries and it was unclear what was being provided for this fee. This is discussed in more detail in the report and included in the action plan at the end.
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):**

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

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre. It had been updated to reflect the change in the person in charge.

**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:**

The inspector saw that contracts of care were in place. There was a small number that were awaiting final signatures. However the inspector noted that some residents were being charged a standard €30 for toiletries. The inspector saw that this was also recorded on invoices to relatives. However there was no explanation as to what was supplied or how the sum of €30 was calculated. This was discussed with the provider who undertook to provide an individual itemised list of what was included in this €30.

The inspector read the residents’ guide and noted that it met the requirements of the
**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):**
No actions were required from the previous inspection.

**Findings:**
The recently appointed person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

An interview was carried out during which she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed a diploma in human resource management, a diploma in labour and employment law and a Masters in healthcare management.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the inspection.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider, a nurse with the required qualifications and experience, deputised for the person in charge with support from the clinical nurse manager.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse. Action previously required relating to the use of PRN “as required” chemical restraint had been addressed and was in line with evidence based practice.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if she received information about suspected abuse of a resident.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to staff and additional training was planned. There was a policy in place which provided guidance to staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

Improvements were noted around the use of restraint. Staff had attended specific training. The inspector noted that appropriate risk assessments had been undertaken. Frequent checks were completed when bedrails were in use. There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre’s policy.

**Judgment:**
Compliant
**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 inspector was satisfied that medication management practices reviewed were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that four-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

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

**Findings:**
Previous action was required in relation to the management of complaints. This related to insufficient details of investigations undertaken and a lack of recording of the complainant’s level of satisfaction with the outcome. The Authority had also received information regarding a lack of response to complaints.

The complaint’s policy was in place and the inspector noted that it met the requirements of the Regulations. It had recently been updated to reflect the new complaints' officer. The complaints policy was on display in the centre.
The inspector saw that a complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome and the complainants‘ level of satisfaction with the outcome. Two open complaints were still on file and the person in charge told the inspector that she was currently dealing with these. The inspector requested that the Authority be informed once these were completed.

**Judgment:**
Compliant

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**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:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000040</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/08/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18/09/2015</td>
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</tbody>
</table>

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 03: Information for residents

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Full information regarding fees charged to some residents was not included in either their contracts or invoices.

1. Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**
Fees charged for all residents are included in their Contracts and Invoices. The breakdown of the Toiletries Charged is now provided to each resident.

**Proposed Timescale:** 18/09/2015