

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glenaulin Nursing Home
<b>Centre ID:</b>	OSV-0000041
<b>Centre address:</b>	Lucan Road, Chapelizod, Dublin 20.
<b>Telephone number:</b>	01 626 4677
<b>Email address:</b>	info@glenaulin.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Glenaulin Nursing Home Limited
<b>Provider Nominee:</b>	Veronica McCormack
<b>Lead inspector:</b>	Shane Walsh
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	84
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

From: 08 December 2016 10:00 To: 08 December 2016 11:20

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report outlines the findings of an announced inspection. The inspection was carried out in response to the provider submitting an application to vary condition seven of the designated centre's certificate of registration. The application requested to increase maximum bed capacity from 84 to 87 beds. It was received on 03 November 2016. While there were actions from the last inspection, this inspection did not follow up on those actions.

The Inspector conducted the inspection on 08 December 2016 to determine if the application was appropriate and would not have any adverse effects on current residents in the centre. As part of the inspection the inspector reviewed the three new bedrooms, the communal areas and discussed staffing levels with the person in charge.

Overall the inspector was satisfied that the three new bedrooms met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The inspector was also satisfied the provider's proposed staffing arrangements were adequate. There was no action plan required for this inspection.

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 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):**

**Findings:**

The inspector inspected the three new bedrooms and communal areas in the centre in response to the provider's application to vary condition seven of the certificate of registration to increase maximum bed numbers from 84 to 87. The actions from the last inspection were not followed up on in this inspection.

In order to increase maximum bed numbers the provider wished to open three new single en-suite bedrooms. The three bedrooms were located on the Liffey floor of the centre. The bed rooms were numbered 58, 59 and 60, and had a floor space of 14.4, 14.8 and 14.8 square metres respectively. Each room had a height adjustable bed and a bedside locker with a lockable drawer. The bedrooms did not have a wardrobe or a chair, however the inspector was informed that the chairs had been purchased and were being stored in the centre. However residents had previously requested to bring their own chairs into their rooms and thus the provider wished to get the new residents' preference in chairs before putting a chair in the room. The inspector was also informed that the wardrobes were in the process of being painted off site. The inspector requested photographic evidence of the wardrobe installation to be provided post inspection. This was received 12 December 2016. There was a call bell in place in all three rooms beside the bed.

The three new bedrooms and en-suite bathrooms were well laid out and were suitable for use by residents who may use a wheelchair. The rooms were well ventilated, brightly lit with both natural and artificial light and heated. Blinds on the windows ensured privacy.

The inspector also reviewed the communal areas in the centre. The centre had two day rooms and a dining room on the Liffey floor and a day/dining room on the Healy floor.

The inspector found that the communal areas were spacious and there would be sufficient communal space for three additional residents without adversely impacting current residents.

Incorrect storage of residents' equipment was an action from the last thematic inspection. While this was not followed up on in its totality the inspector did review if there was suitable storage space in place for the new bedrooms. The recent renovations in the centre included the provision of a new storage room on the same corridor as the three new bedrooms. The inspector confirmed that this room was only used for the storage of equipment.

**Judgment:**  
Compliant

***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:**

Suitable staffing was found to be compliant on the last inspection. This inspection only reviewed the proposed change in staff levels in response to the increase in bed numbers. The new proposed staffing levels were found to be sufficient.

The inspector spoke to the person in charge in relation to staffing levels. The inspector was informed that there would be an additional health care assistant shift added to the daily roster from 08.00 to 14.00 during the day. There would also be an additional health care assistant shift added to the daily roster from 19.45 to 08.00 at night. An additional housekeeping staff member was also to be added to the daily roster. All three staff members were to be allocated to the Liffey floor.

The inspector was informed that the staff were in the process of being hired but could not start working until the application to vary the registration conditions was processed. The inspector was assured that all additional shifts would be covered by bank staff until the hiring process was complete.

**Judgment:**  
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:***

Shane Walsh  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority