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Glenaulin Nursing Home, OSV-0000041, 27 September 2017

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenaulin Nursing Home
Centre ID:	OSV-0000041
Centre address:	Lucan Road, Chapelizod, Dublin 20.
Telephone number:	01 626 4677
Email address:	info@glenaulin.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Glenaulin Nursing Home Limited
Provider Nominee:	Veronica McCormack
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	85
Number of vacancies on the date of inspection:	2

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 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 September 2017 09:40 To: 27 September 2017 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection carried out over one day. The purpose of which was to inform a decision of the renewal of the centre's registration following an application by the provider to accommodate up to 87 residents.

There were 85 residents accommodated on the day of inspection and two vacancies. The centre is currently registered for a maximum of 87 residents.

During the course of the inspection, the inspector met with residents and staff, the person in charge and the provider representative. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

Ten outcomes and relevant regulations were inspected against. Eight outcomes were compliant, one moderate non-compliance and one was substantially compliant.

The inspector found that the care environment was of a high standard, comfortably equipped, suitably decorated and welcoming.

The health and social care services delivered to residents and their visitors was of a high standard.

Staff knew residents well, were friendly and welcoming to visitors and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to health and social care was observed.

Meaningful activity and engagement was promoted. Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by kind and friendly staff.

Residents were well groomed and cared for and expressed satisfaction with the care they received, felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff and the service provision.

Systems and appropriate measures were in place to manage and govern this centre. The provider representative, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Areas for assessment and improvement included:

- a review of fire safety evacuation arrangements to include a risk assessment and updated personal evacuation plan for each resident and for the group of residents from each zone
- a review of the definition of restraint use and reporting arrangements and
- ensure the level of detail in care plans guided effective interventions based on previous experience.

The findings are discussed within the body of the report and the areas for improvement are outlined in the Action Plan at the end of the report for response.

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 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 was reviewed as required and amended accordingly.

A copy was made available that 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 representative understood that it was necessary 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:

There were sufficient governance and management arrangements, and adequate resources in place to ensure the effective delivery of care as described in the statement

of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. Staff and residents were familiar with the current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that there were opportunities to be involved and consulted in the operations of the centre.

There were arrangements in place to facilitate staff and residents or their representatives to raise concerns about the quality and safety of the care and support provided. Regular resident, staff, health and safety, management and governance meetings were maintained. Minutes were available that included improvements progressed and put into practice as a result of the discussions at meetings held.

Staff recruitment, training and development was maintained in accordance with best practice standards. There were comprehensive auditing and management systems in place to capture statistical information in relation to resident outcomes and staffing arrangements. For example audits were carried out and analysed in relation to accidents, complaints, medicine management, skin integrity, care plans, menus, and infection control, use of bedrails and complaints. This information was made available for inspection and a review of key quality performance indicators was maintained monthly with quarterly or six monthly overviews to inform management meetings. Good oversight, planning, reporting, communication and accountability arrangements between the providers, person in charge, management and staff team was evident.

Learning was brought about as a result of the findings of reviews, evaluations and/or consultation processes in place. For example, change in the menu, activities and arrangements for tidying residents wardrobes were made following resident feedback.

The centre's insurance cover was current and a certificate of insurance was available on display along with other required records that included the complaints procedure and certificate of registration.

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a change in the person in charge of the centre since the previous inspection. The change was as a result of a planned absence for a specified timeframe that exceeded 28 days.

The person in charge is a registered general nurse, has experience of working with older persons in the previous three years and works full time in the centre. She has been engaged in professional development on an on-going basis and had certificates of attendance at relevant educational courses and a broad range of study days. She has a recognised post-graduate management qualification and relevant experience in healthcare management, as required. The person in charge reports to the provider representative who also works full-time in the centre.

During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She had good knowledge of residents' care and conditions, audit and monitoring systems and reporting structures. She was involved in management, health and safety, staff, and resident meetings and was supported in her role by the provider representative and two operational management members. Minutes of staff and management meetings were recorded and available.

Reporting structures were in place for all staff members that reflected the organisational structure outlined within the statement of purpose.

The inspector was satisfied that the person in charge was engaged in the operational management and administration of the centre, was suitably qualified and experienced, and responsible for the provision of the care service.

The person in charge, provider representative and the staff team facilitated the inspection process by providing documents and responding to information requests. Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team.

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse.

There was a policy which provided guidance for staff to identify and manage incidents of elder abuse. This had been implemented in practice and included information on the various types of abuse, assessment, reporting and investigation of allegations or incidences. Referral and liaison with external relevant parties was also included and demonstrated in practice since the previous inspection.

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

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was controlled by staff. All parts of the centre or communal areas were reasonably accessible to residents. Some were freely accessible while between lower ground and upper floors required staff support, dependant on each resident's abilities and condition. The inspector saw that there were facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities, lifts, mobility aids, hand rails in communal and circulating areas. Transport and escort arrangements were available for residents.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the measures taken, such as the secured entrance and due to the support and care provided by the staff team.

Systems and arrangements in place for safeguarding resident's finances and property was examined on the previous inspection and found to be satisfactory. The provider representative confirmed that they were not a pension agent of any resident. Fees were invoiced and generally processed electronically and recorded on a spread sheet.

The inspector found that the centre aimed to promote a restraint free environment. Twenty percent of residents were reported as using bedrails, however, this had not been reported as a restraint in use in the quarterly notifications. Therefore a review of the policy, procedures, definition and staff understanding of a restraint was required and acknowledged by management on inspection.

Environmental restrictions (key coded secure doors preventing access to upper floors) were also in place on the lower ground floor.

Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff nurse and general practitioner (GP). Various alternative equipment such as, low beds, foam wedges, sensory alarms and floor mats, available and tried prior to the use of bedrails or following a review of the care plan. This formed

part of the assessment and decisions recorded.

Decisions were also reflected in the resident's care plan and subject to review. Records to demonstrate regular checks of restraint and release practices were included in the plan of care.

Due to their medical conditions, some residents displayed behaviours that challenged them or those around and responding to them. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques and interventions used by staff.

Support and distraction techniques were used for those with behaviours that challenged. However, care plans required further development in this area to include more details of specific interventions and preferred activities specific to each resident's likes and interests to promote positive behavioural support. Behaviour logs formed part of the policy and assessment and care plan process. Every effort was made to identify antecedents and/or triggers of behaviours and minimise the consequences and or impact on other residents.

Chemical restraint and the use of PRN (as required) medicines were rarely used and all medicines were subject to regular reviews by nurses, pharmacy and the general practitioner (GP).

Staff spoken with were familiar with the most effective interventions and activities to use to respond to residents behaviour that challenge.

Good support from the community psychiatry team and hospital was reported and seen in a sample of resident records reviewed.

Judgment:

Substantially 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:

The centre had policies and procedures in place to ensure that the health and safety of residents, visitors and staff was promoted and protected.

There was a risk management system, policy and register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control

such risks.

An up-to-date health and safety statement for 2017 was also available. Staff had completed a range of training that included manual handling, fire safety, infection control, first aid and cardio pulmonary resuscitation (CPR), hand and food hygiene.

There was a policy and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for preventing accidents, and for investigating, and learning from serious incidents or adverse events within the centre. The inspector saw that there were suitable facilities and equipment in place to assist residents to promote and retain their safety, independence and mobility. For example, call-bell facilities were in place and responded to in a timely manner when activated by residents. Passenger lifts between each floor, mobility aids, and hand rails in communal and circulating areas. Supervision and staff allocation arrangements were in place for residents' safety and support.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and hand sanitisers. Staff and visitors were seen using these during the inspection. The standard of cleanliness throughout the centre was excellent. An inspection was carried out earlier this year by an environmental health officer and recommendations made were complete according to the person in charge.

Arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm (September 2017) and equipment were completed at appropriate intervals. A record dated 22 April 2017 confirming the findings of a fire safety inspection carried out on behalf of Dublin fire brigade was available on file.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member was responsible for testing the fire alarm weekly and ensuring that fire exits were clear and checks documented.

A number of fire drills had been completed this year and outcomes were outlined in fire drill records seen. Simulated evacuations were practiced and confirmed by most staff and management spoken with. However, some staff had not been involved in a simulated evacuation drill this year, and others that were had not used the emergency evacuation equipment (ski pads) seen available with residents accommodated over three floors. More fire drills were organised for October to capture those returned to work after leave or who had not attended.

Records of fire evacuation drills included information in relation to the simulated fire location and time of day, staffing levels/numbers involved and the time taken to evacuate an individual resident. However, a simulated evacuation to assess and calculate the time and staff required to safely evacuate up to 16 residents with various dependencies from an entire compartment had not been practiced, timed or estimated.

A risk assessment and evaluation of the arrangements in place was required to ensure the adequacy of fire safety precautions in place. Up to 16 residents may be accommodated within one compartment at night with a nine staff available over three floors.

Staff described how residents might be evacuated in the event of an emergency and a reference to mode of evacuation was seen inside residents bedroom wardrobes in records referred to as 'wardrobe information'. However, the level of detail did not sufficiently inform an appropriate personal emergency evacuation plan (PEEP) and this arrangement required updating/development with regular review and updating following changes. This was responded to by management for address during the inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Residents were protected by safe medicine management policies and practices seen in place. The action required from the previous inspection was addressed. The maximum dose of as required medicines (PRN) was recorded along with the indication for use.

There were written operational policies and safe procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated and described safe practices in medicine administration and management. The inspector observed a staff nurse consulting with residents prior to the administration of medicines and following a review of prescriptions. Medicines administered were recorded following administration.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements. The safe storage of refrigerated medicines was also seen.

The centre had a system in place for recording and managing medicine errors to ensure appropriate action, support and learning took place.

A system was in place for reviewing and monitoring safe medicine management practices. An arrangement for a review of all residents' medicines on admission and subsequent reviews of prescribed medicines by the GP was in place. An audit and review system that included the person in charge or a member of nursing staff, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medicine management.

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):

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

Findings:

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

From an examination of a sample of residents' records and care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented accordingly.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. Records were maintained in hard and soft copy formats. An assessment prior to a resident admission formed part of the centre's admission policy and practice.

Documented assessments of activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep were maintained. Social and recreational assessments and plans 'a key to me' were also completed in the sample reviewed. There was evidence of a range of assessment tools

being used to monitor areas such as the risk of falls and malnutrition, cognition, depression, pain, mobility and skin integrity.

The development of care plans was carried out in consultation with residents or their representatives and information received on admission. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews, addressing the requirement following the previous inspection. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the sample of residents records reviewed. Advanced care directives were seen in place for some residents that involved the GP, resident or family and staff which was subject to ongoing reviews. Palliative care services were available but not in use by any resident at this time.

There was one resident that had been admitted with a pressure ulcer and three had healing low grade pressure ulcers that developed in the centre. The inspector reviewed the management of pressure ulcers and wound management care for one resident. Records showed advice received from a tissue viability nurse was being implemented and liaison in relation to the pressure relieving device in use was to be sought. Ongoing assessments and regular care plan reviews were planned.

Falls risk assessments were maintained and reasonable measures were in place to mitigate identified risks. Mobility and daily exercises were encouraged by staff. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following assessments undertaken by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails in facilities used by residents were available to promote independence and safety.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents' clinical observations that included regular monitoring of weight, preferences and desire for recommended food and fluid consistency. The recording of intake and output records was maintained, when required, and the assessment and management of pain was well maintained.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. The inspector reviewed residents' records and found that some residents had been referred to and received these services.

Residents who spoke with the inspector reported they were provided with food and drinks at times and in quantities adequate for their needs.

Residents were satisfied with the services provided. Residents had access to GP services, and out-of-hours medical cover was provided. Most residents had the services of GPs that attended the centre. Psychiatry services were available to the residents on a referral basis. A range of other services was also available on a referral basis that included chiropody, audiology, dental and optician services.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were recorded and seen in logs made by the activity coordinator/manager. A good level of resident participation was observed in the activity groups on each floor and this information was used to plan their weekly and daily activity programme. A weekly programme of activities was available and on display. Residents were offered group and individual activities that were meaningful to them.

The activity manager and five dedicated activity staff members were on duty during this announced inspection and staff confirmed the availability and rostering of five activity staff daily. The activity manager was enthused in her role, recognised the value of social activity and engagement and described how she co-ordinated the weekly activity programme delivered seven days per week. Other staff and residents supported groups of residents' participation in activities. The inspector saw that residents had a variety of activities such as exercises, music, stories and story boards, quizzes and games that were tailored for the resident group. Arts and crafts, flower arranging, reading and competitive baking activities were preferred by some and facilitated. A tapestry 'butterfly rug' completed by residents was hanging on display. Outings were also part of the activity programme. Trips to the local hotel and to other attractions determined by residents were facilitated. Fourteen residents along with staff and family had visited Bray, a group had been to the Zoo and shopping to Liffey Valley earlier this year. Links with local community schools was facilitated during a yearly community festival to promote intergeneration engagement.

Emphasis was placed on family engagement. Residents were encouraged and facilitated to access external functions deemed appropriate and family events.

Religious ceremonies were celebrated, ministers visited and a weekly mass service was available to residents. Overall, residents had opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities.

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):

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

Findings:

The premises were inspected on the previous inspections in August and December 2016. The action required in relation to storing unnecessary equipment in resident en-suites had been addressed.

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable manner. The premises was suitably decorated throughout and benefited from natural and artificial lighting. The view outdoors from rooms occupied by residents was pleasant and decor throughout was of a high standard.

Rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. Some residents had a double size bed to meet their assessed needs and preferences. The centre was well maintained and a maintenance programme was in place.

The centre was laid out over three floors with passenger lifts and stairwells between all floors. Residents were accommodated over the three floors and the main entrance and foyer was at ground floor level. It included, dining, day and activity rooms, staff offices and resident bedroom accommodation and independent assistive bathrooms and a visitors toilet.

Day spaces and rooms used for recreation, activities, relaxation or gatherings were available on each floor. Access to a secure and other outdoor areas and verandas was available to all residents.

A set of floor plans were received that reflected the layout and footprint of the centre. The revised statement of purpose included the location and detail of all bedroom accommodation. The lower ground floor accommodated up to 25 residents in 17 bedrooms with full en-suite facilities. It also included a laundry used by household staff as all residents and other laundry was contracted externally. The ground floor accommodated up to 26 residents in 21 bedrooms with full en-suite facilities. The upper floor accommodated up to 37 residents within 22 bedrooms. Ten of which had full en-suite facilities and residents without en-suites had nearby access to independent bathrooms and toilets.

All rooms and bedrooms had an outlook and view of outside onto the mature gardens, the river Liffey, internal courtyard or surrounding area. The grounds were well

maintained and the conservatory on the ground floor was out of commission for upgrading. Each room had bell systems, suitable and adjustable furniture and sufficient storage facilities. The centre was tastefully decorated and maintained in keeping with its period house style.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their assessed needs. Supportive equipment such as remote control beds, hoists, weigh scale, screens and shower chairs, and pressure relieving aids were seen available for residents. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets.

Corridors and door entrances were wide and spacious to facilitate modified, support equipment and aids used and assessed as required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Residents and family were consulted with in relation to internal movements if dependency increased or needs changed. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms which was seen in the bedrooms viewed.

The centre was calm, clean, warm, well ventilated and well maintained. Entry and exit to the centre via the main entrance was controlled by staff. Corridors, entry and exit locations were monitored by CCTV. The provider representative office was located on the first floor while the person in charge's office was located off the main reception area on the ground floor.

Suitable and sufficient staff facilities, offices and auxiliary rooms were available. The onsite catering facilities serviced the dining rooms on each floor and a heated trolley was used to transport prepared meals to residents. The dining experience observed was unhurried. Residents had sufficient support and assistance from staff in a calm but engaging atmosphere. Dining arrangements and table settings was akin to a hotel setting. Two sittings took place on some floors to cater for the needs of residents.

Car parking facilities were available at the centre.

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

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre.

Access to and information in relation to the complaints process and independent advocacy services was available to residents. Residents' independence, choice and autonomy were promoted.

An active and well attended resident's committee had met in September June and January this year. Meetings to date had included the attendance of a representative from a national advocacy group, however, going forward they were to be available on a referral basis only. The meetings were generally chaired by the activity manager and all matters arising or feedback was communicated to management. The main topics were in relation to the menu, activities, facilities and any other business.

Residents had opportunity to meet on a daily and regular basis with staff and management. Family members' involvement in resident care and welfare was promoted and records of communication with family members was seen in some of the resident files reviewed.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector said they were able to make choices about how they spent their day, where they ate meals, rise from and return to bed or partake in activities. Residents knew who to complain to and had options to meet visitors in a private or in communal areas based on their assessed needs.

A comprehensive communication policy was in place. Communication and notice boards, daily news papers and telephone arrangements were available. Some residents had personal electronic devices to enable them to engage in communication with the wider community. Management confirmed the availability of Wi-Fi to residents.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings with family or friends, as outlined in outcome 11. A choir group that involved residents from two other centres met for choir rehearsals.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia.

Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by friendly staff.

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:

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents.

Staff confirmed that they had sufficient supervision and direction, and had time to carry out their duties and responsibilities. The management team explained the systems in place to recruit, induct, supervise and appraise staff. Staff were seen to be sufficiently supervised and were supportive of residents and responsive to their needs in a timely manner. Residents were complimentary regarding the staff team and their availability to them.

The inspector reviewed the roster for staff and found that management, nursing, activity; care and support staff were adequate. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was seen to be facilitated by the staff team.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be compliant. The provider representative told the inspector that all staff had completed Garda vetting and supervision of staff included induction and appraisal of skills.

Staff handovers, allocation and meetings formed part of the operational management and communication systems that afforded staff to report and raise issues with management and discuss areas to be developed or improved.

Evidence of professional registration for all rostered nurses was available and current.

Staff training and development was promoted and well attended. A staff training

programme was in place that was ongoing. A record of training for rostered staff was available.

Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. Two staff nurses were due to renew their cardio pulmonary resuscitation (CPR) training arranged for October 2017. Training in wound management and pressure ulcer prevention was also planned for October 2017.

A good range of relevant training was completed by staff in 2017 that included care for residents with dementia (March), capacity and decision making (March), modified fluids (June), end of life, dementia and responsive behaviours (July, August and September). Training on assessment and care planning, infection control, health and safety and medicine management was also completed by relevant staff.

Staff were seen to be calm, confident and friendly towards all residents and respectful towards their privacy and dignity. They were knowledgeable of residents and preferred routines. Staff were heard offering residents the choice to join others for meals and to attend activities. Staff also respected residents' choice to refuse to join others and treatment plans recommended.

A volunteer was involved in the centre. Their file was examined and record of an agreement in relation to their role was completed along with evidence of Garda Vetting, as required.

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:

Sonia McCague
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:	Glenaulin Nursing Home
Centre ID:	OSV-0000041
Date of inspection:	27/09/2017
Date of response:	27/10/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Care plans required further development in relation to those with responsive behaviour that challenged to include more details of specific interventions and preferred activities specific to each resident's likes and interests to promote positive behavioural support.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date

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

knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

- All care plans for residents with responsive behaviour will be reviewed and updated accordingly by the multi-disciplinary team to include more specific details on the resident's likes and interest.

Proposed Timescale: 30/11/2017

Theme:

Safe care and support

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

Twenty percent of residents were reported as using bedrails and environmental restrictions (key coded secure doors preventing access to upper floors) were also in place on the lower ground floor. However, these restraints had not been reported as in use in the quarterly notifications.

Therefore a review of the policy, procedures, definition and staff understanding of a restraint was required and acknowledged by management.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- We will report the number of residents using bedrails in our next quarterly notifications which is due 31st October 2017 along with the number of environmental restrictions (key coded secure doors preventing access to upper floors and lower ground floor)
- A review of our policy, procedures, definition and staff understanding of a restraint will be carried out

Proposed Timescale: 31/12/2017

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:

A risk assessment and evaluation of the fire evacuation arrangements in place was required to ensure the adequacy of fire safety precautions in place with up to 16

residents accommodated within one compartment and nine staff available over three floors at night.

3. 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:

We do adopt a performance based regulatory approach which cover both Regulation 26 and 28 - as outlined in our policies and procedures which are written in accordance with Schedule 5 and are implemented in the Designated Centre.

In accordance with our risk based oversight protocols and, in consultation with our fire safety engineer, all known fire hazards have been identified and appropriate risk mitigation measures put in place. Our risk management policy and risk register reflect the measures that have been implemented to control the potential for injury or harm to our residents.

Proposed Timescale: 27/10/2017

Theme:

Safe care and support

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

Some staff had not been involved in a simulated evacuation drill this year, and others that were had not used the emergency evacuation equipment (ski pads) seen available with residents accommodated over three floors.

A simulated evacuation to assess and calculate the time and staff required to safely evacuate up to 16 residents with various dependencies from an entire compartment had not been practiced, timed or estimated.

The level of detail in the record referred to as 'wardrobe information' did not sufficiently inform an appropriate personal emergency evacuation plan (PEEP) and had not been updated for some residents following changes in their condition.

4. 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:

- Outstanding Practical Fire training for staff that were on annual leave is planned for 5th November 2017
- Refresher course on the usage of (Albac Matts / Ski Pads) for all staff will be

completed by the 31st November 2017

- A Simulated Fire Evacuation was carried out on the 26th October 2017 on the floor where 16 residents are located. More Simulated Fire Evacuation drills will be carried out in the centre throughout the coming year.

- PEEP information on residents "wardrobe information" has been updated accordingly. Completed 13th October 2017

Proposed Timescale: 30/11/2017