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St Gladys Nursing Home, OSV-0000686, 2 April 2019

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Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Gladys Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	02 April 2019
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0026699

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is in a suburb of Dublin and close to local shops, bus routes and social amenities such as parks. It is a period building which has been developed to each side of the original building. It is registered to provide care for up to 51 residents. There are 21 single rooms, and 15 sharing rooms. Some of the bedrooms are en-suite and there are accessible bathrooms and toilets throughout the centre. The centre provides care of the elderly, but can also support residents under retirement age. The service is provided to residents with low, medium, high and maximum dependency. They focus on meeting residents' needs in relation to care of the elderly, Alzheimer's, dementia or psychiatric needs.

The following information outlines some additional data on this centre.

Current registration end date:	12/04/2020
Number of residents on the date of inspection:	51

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 April 2019	18:00hrs to 20:30hrs	Ann Wallace	Support

Views of people who use the service

The inspector spoke with a number of families and residents who expressed high levels of satisfaction with the care and services provided by staff in the designated centre.

Residents and families said that staff were kind and caring and that they were well looked after. Residents said that they felt safe and that they could talk to staff if they had any concerns. Residents and families said that there had been some staff changes but that new staff were now in place. Residents reported that there were enough staff to provide care and support although at busy times they might have to wait for staff to respond to the call bell.

A number of residents and families had met the recently appointed Person in Charge (PIC) and said that they were able to raise any concerns or complaints if they wished to do so. Families said that they were kept informed about any changes in their relative's health or well-being and that managers and staff were approachable.

Capacity and capability

The inspector found that there was effective leadership and management in the designated centre and that a good quality and safe service was being provided for residents. The actions from the previous inspection had been progressed in line with the compliance plan submitted by the provider.

A new person in charge (PIC) had been appointed in March 2019. A number of residents and families had met with the PIC since their appointment. Staff who spoke with the inspector said that the person in charge was accessible to them and that they were supported in their work.

There were sufficient nursing and care staff available on the evening of the inspection to provide care and support for the residents. The staff knew the residents well and were familiar with each resident's evening and night time routines. Staff knew which families visited during the evening and shared information with the families about how the resident had been during the day.

Rosters matched the staff on duty and recorded where staff changes had been made during the day. Staff told the inspector that staffing levels were adequate and that they could provide good care and support for the residents. As part of the

designated centre's improvement plans the provider had recently increased the housekeeping staff numbers to provide a laundry person each day. This work had previously been part of the allocated tasks for care staff on each shift. As a result care staff had more time to provide care and support for residents.

Managers had oversight of the rosters and the person in charge (PIC) had authority to increase staffing levels to meet increased needs such as residents at end of life or requiring 1:1 supervision. Staff were flexible and made themselves available if extra staff were required. As a result the designated centre did not use agency staff.

Management oversight of staffing levels included staff recruitment and selection, audits in response to call bell times, reviews of falls, and incidents and a comprehensive follow up of any complaints received. This information was reported to the designated centre's quality and safety committee and improvement actions were agreed and communicated to the relevant staff.

There was a comprehensive complaints policy available for residents and their families. Residents and families who spoke with the inspector said that they were able to talk to managers and staff if they had any complaints. Records showed that complaints were recorded and investigated in line with the centre's policy and procedure.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to the needs of the residents and to the size and layout of the designated centre.

The rosters showed that there were at least two registered nurses on duty at all times. The nursing and care staff on duty on the evening of the inspection matched the planned rosters. Rosters showed that there were eight to ten care staff on duty each day and two care staff at night. In addition there were activities staff available Monday to Friday to plan and carry out the scheduled activities programme.

Rosters showed that there were sufficient housekeeping, laundry and catering staff to provide services in line with the designated centre's statement of purpose. Maintenance staff were available over the 24 hour period for any maintenance issues. Staff reported that the maintenance team were prompt in their responses and that general maintenance of equipment and the premises was up to date.

The person in charge and the members of the senior management team were available throughout the day Monday to Friday and out of hours and at weekends through an on call rota. Staff were able to contact members of the senior management team on the evening of the unannounced inspection and two senior managers attended to support staff during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and that staff were appropriately supervised in their work.

Staff who had recently commenced working in the designated centre told the inspector that they had received a two week induction during which they had attended training on the centre's policies and procedures and had been introduced to their role and their responsibilities. Training records showed that all staff were up to date with their mandatory training in key areas such as safeguarding, fire safety and moving and handling. Staff who spoke with the inspector said that they had good access to training and that their training needs were met. Nursing staff attended medication management and pharmaceutical training sessions in line with their professional requirements.

Additional training was sourced in line with the profile of the current residents. For example a number of staff had attended dementia and responsive behaviours training (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff who had not attended the training were scheduled to complete training sessions later in the year.

Records showed that staff were supported and supervised in their work. For example care duties were allocated by the nurse in charge to each member of care staff at the beginning of their shift. Care staff recorded the care and support that they had given using an intentional rounding process which detailed the care given to each resident. Nursing staff used the records to ensure that care was delivered in accordance with each resident's care plan.

The person in charge completed a daily walk about in the centre to ensure that care and services were being delivered to the required standards. She also met with residents and their families to monitor their satisfaction with the care and services provided. In addition members of the senior management team attended the centre to carry out spot checks and monitor care and services at weekends and out of hours.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy which was implemented by managers and staff. The provider had oversight of all formal complaints and the outcomes of

complaints investigations.

There was a comprehensive complaints policy in place which was made available to residents and their families on admission. The complaints policy was also displayed in the reception area. Residents and families who spoke with the inspector said that they knew how to make a complaint if they had any concerns or issues that needed to be addressed.

Records showed that formal complaints were recorded and managed in line with the centre's policy. Each complaint had been investigated and the outcome of the investigation had been communicated to the complainant. There was a record of the complainant's satisfaction level with the outcome of the investigation.

Complaints were reviewed by the senior management team at the quality and safety committee meetings. Complaints were also used to provide feedback to staff and to inform changes and improvements within the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 34: Complaints procedure	Compliant