

eDeposit Ireland

Greystones Nursing Home, Church Road, Greystones, Wicklow

Item Type	report
Authors	Byrne, Deirdre
Citation	Deirdre Byrne, 'Greystones Nursing Home, Church Road, Greystones, Wicklow', [report], Health Information and Quality Authority, 2017-05-18, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-19 10:29:40
Link to Item	https://hdl.handle.net/20.500.14765/85846

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Greystones Nursing Home
Centre ID:	OSV-0000045
Centre address:	Church Road, Greystones, Wicklow.
Telephone number:	01 287 3226
Email address:	greystones@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Greystones Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	8

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 October 2016 10:00	18 October 2016 19:00
19 October 2016 09:30	19 October 2016 16:00

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	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The inspector reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated centre. As part of the inspection, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents and relatives had submitted questionnaires prior to the inspection. Overall, positive comments were

made about the service.

The inspector assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards of Residential Care Settings for Older People in Ireland.

Overall, the inspector found the provider ensured there were good governance arrangements in place with clear lines of authority. There were systems to review the quality and safety of care provided to residents. Staff were familiar with residents' health and social care needs, and were observed to interact with residents in a respectful manner.

The inspector found staff treated residents in a kind, patient and dignified manner. Care was provided to residents in a timely and effective manner, with medical, pharmaceutical and a range of allied health professionals available to the service.

Residents were afforded choice in how they went about their day, and what services they availed of. There were complaints procedures in place. The residents were consulted with about the running of the centre and they had good access to independent advocacy services. There were adequate staff number levels and skill mix to meet the residents' assessed needs.

There were some areas of non compliances identified during the inspection. These were in relation to Outcomes on:

- safeguarding
- governance
- health and social care needs
- workforce

The issues identified at this inspection are outlined in the report and the action plan at the end of the report.

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:

There was a written statement of purpose and function for the centre. It included the information required under regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

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 was a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the safety and quality of care of residents living in the centre. Some improvement was

identified regarding the annual review.

The centre is operated by Greystones Nursing Home Limited. The representative of the provider (the provider) and the person in charge had delegated clear lines of authority and accountability of roles in the centre. The person in charge attended meetings organised for the entire group of nursing homes. The actions from these meetings were documented and circulated to all in attendance after the meeting. The provider was based in the centre most days of the week and regularly met the person in charge. They had discussions and meetings on the operation of centre.

There were systems in place to monitor the quality and safety of care provided to residents. The inspector read a sample of audits from 2016. The audits were completed for a number of key performance indicators (KPIs) such as falls, wound care, weight management, restrictive practices, medicine management, and complaints, pressure relief settings. It was noted that some audits were not completed since April 2016, for example the medicine management audit. This was brought to the person in charge's attention, who said she will address this. The results of the audit findings were discussed with the provider and the senior staff.

An annual report for 2015 on the review of the safety and quality of care provided to residents was read by the inspector. The report had not been done in consultation with residents or relatives, and was not made available to residents. This was discussed with the provider.

Judgment:
Substantially 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 found residents were provided with a written contract and a guide to the centre was provided on their admission.

Samples of residents' contracts of care were reviewed. The contracts were signed within one month of entering the centre. It outlined the services provided and the fees charged.

The contract of care stated there was a fixed monthly charge for the social programme

payable regardless of residents' participation in activities. There was evidence of activities available to residents during the inspection as outlined in Outcome 15 (Residents rights, dignity and consultation).

A residents' guide was read and it contained the mandatory information required by the regulations.

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:

The inspector was satisfied that the centre was managed full time by a registered nurse with experience in care of older people.

The person in charge was a suitably qualified and experienced manager. She was a registered general nurse with experience in the area of care of older people.

The person in charge was knowledgeable of the residents' health and social care needs. It was evident she was very familiar with the residents, and was observed stopping to spend time and talk with residents. The residents and family members in turn told the inspector the person in charge was available to them.

The person in charge had post registration management qualifications in health related areas. She was supported in her role by a deputy nurse manager.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the documents outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval.

The policies required by Schedule 5 of the regulations were in place. The policies were up-to-date, centre specific, and guided practice. The person in charge reviewed policies. Staff were familiar with the centre's key operational policies and procedures.

There was evidence to confirm the centre was adequately insured against loss or damage to residents' property, along with insurance against injury to residents.

A hard copy directory of residents' information was maintained and it met the requirements of the regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days.

There were appropriate contingency plans in place to manage any such absence. As reported earlier, a deputy nurse manager would deputise for the person in charge in any planned absence.

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:

The inspector found there were good systems in place to safeguard residents and protect them from the risk of abuse. Some improvements were identified regarding pension arrangements and the use of restrictive practices.

There was a safeguarding policy in place. The person in charge was also familiar with principals of the Health Service Executive's (HSE's) safeguarding of vulnerable residents at risk of abuse, policy and procedures of 2014. A copy was also available in the centre. The inspector spoke with staff who were familiar with the different types of abuse and reporting concerns to management. Records read confirmed that staff had received training on recognising and responding to elder abuse. The person in charge facilitated the training which staff completed every two years.

There had been no allegations of abuse in the centre since the last inspection. The person in charge was aware of the requirement to complete an investigation and was familiar with the procedures to be followed.

There were systems in place to safeguard residents' personal monies held in the centre. All transactions were recorded and double signatures maintained to ensure accountability. The inspector reviewed these practices and found them to be satisfactory.

There were policies on the management of responsive behaviours and restrictive practices. Some residents had responsive behaviours due to their dementia. To support staff positive behaviour care plans were developed. Some care plans did not include the triggers to the behaviours or the de-escalations measures. This is discussed in Outcome 11. Nurses spoken with were clear about the triggers to pre-empt residents' behaviours and would consider the reasons why people's behaviour changed.

There was a policy on restrictive practices. It also made reference to the 2011 national policy Towards a Restraint Free Environment in Nursing Homes. There was evidence that the provider was implementing the policy in practice, with progress to be made regarding the use of bedrails in the centre. For example, 21 residents required bedrails in the centre. The person in charge said bed rail usage was regularly reviewed and the

majority of bedrails were in place to prevent risks to residents and when they were specifically requested by a resident. The records of assessments were read and there was evidence of the alternatives considered. There was documented consultation with residents or relatives where required. These were actions at the previous inspection and addressed.

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:

There were arrangements in place for the prevention and containment of fire. The provider had ensured there were systems to protect and promote the health and safety of residents, visitors and staff.

During the inspection an area of potential risk was identified by the inspector. On the first day of the inspection, a radiator located in a communal area felt very hot to touch. When brought to managements' attention, immediate action was taken to reduce the temperature and mitigate the risk of scalds to residents. There were systems in place to monitor temperatures of radiator surfaces: risk assessment had been carried out and weekly temperature checks were carried out. The inspector was told the radiator had been recently installed and it would be regularly checked hereafter.

The inspector reviewed an up-to-date safety statement for the nursing home. There was a risk management policy that met the requirement of the regulations. The environmental risks were maintained within the safety statement. A sample of the risk assessments read and included controls in place to mitigate the likelihood of an adverse event, the risk rating, and the actions to protect residents from harm. Some areas of the building were not risk assessed which would warrant consideration in terms of the control measures to mitigate risks. For example, the smoking room and the cleaning rooms.

There were systems in place to manage and document accidents and incidents. The inspector read records of accidents and events in the centre. The records included details of the incident. However, the actions taken, and learning to prevent reoccurrence were not consistently evident. For example, medicine errors/near misses. There were measures in place in to prevent the risk of injury to residents.

All staff had up-to-date training in movement and handling and in the use of assistive equipment such as hoists. There were non-slip safe floor surfaces. There were handrails provided on staircases and hallways and call bells, to support residents and to mitigate the risk of harm coming to residents in the centre. The centre was clean and well maintained.

A full time maintenance officer was based in the centre. There were systems in place to report any health and safety issues, which were formally documented by staff for the maintenance office to address and action

There were polices on the prevention of infection in the centre. There was a sufficient supply of hand gel dispensers, plus disposable gloves and aprons.

An emergency plan was read that included the procedures in place for potential risk such as flood, fire or water shortage. There was alternative accommodation available locally if an evacuation from the centre was required.

There were adequate arrangements in place for the containment and prevention of the spread of fire. Suitable fire fighting equipment was provided for example, extinguishers, fire doors, emergency lighting and alarm equipment. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order. All fire exits were unobstructed and records were read of the daily checks completed by nursing staff.

Fire evacuation procedures were prominently displayed in the centre. All staff had been trained in fire safety management, which they completed on an annual basis. The staff were knowledgeable of their role and the evacuation of residents in the event of a fire. There were fire drills completed regularly and at a minimum every six months. This was confirmed by records read, which included any outcomes and observations to bring about improvement in efficiency of evacuation.

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

Findings:
The provider ensured residents were protected by the centre's policies and procedures for medicine management.

There was a medicine policy which guided practice. It had been updated since the last inspection to include procedures for the administration of "as required" (PRN) medicines.

The inspector viewed a sample of completed prescription and administration records with a nursing staff. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. They were knowledgeable of the policy and professional guidelines. The actions from the previous inspection were addressed. The PRN medicines administered were prescribed the maximum dose in a 24 hours period, and no medicine errors were identified by the inspector during the review of residents' administration records.

Where medicine errors had occurred in the centre the details of these were recorded on incident forms. An area of improvement was identified and this is discussed in Outcome 8 (health and safety). There were reviews of medicine management practices. These took place every quarter. An area of improvement was found, and discussed in Outcome 2-Governance.

Medicines 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 balance of a sample of medicine and found it to be correct.

Temperature controlled medicines were stored in a refrigerator in a locked store room. The temperature was monitored and checked daily by the nursing staff, and record of the check maintained. The inspector found the temperatures were within acceptable standard limits.

Written evidence was available that three-monthly reviews of residents' medicines were carried out. The general practitioner (GP) completed a review for each resident.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector found a record of all incidents in the centre was maintained. Where

required, incidents were notified HIQA within the specified mandatory time frame outlined in the regulations.

The person in charge was familiar with the different incidents that were notifiable to HIQA within three working days. The person in charge also submitted a quarterly report outlining other incidents to HIQA.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents' wellbeing and welfare was maintained to a good standard of nursing care, with access to GP and allied health services. The inspector found aspects of the documentation of care plans required improvement. The actions from the previous inspection were followed up. The action regarding consultation with residents in care plan reviews was not addressed.

Care plans were seen to cover residents' identified healthcare needs, with information about residents' social, emotional and spiritual needs included. A range of recognised assessment tools were used by nurses in identifying any changes or risks in areas such as nutrition, dependency, skin integrity and mobility. These were generally completed on a four monthly or more frequent basis. However, aspects of care plan documentation required improvement. For example:

- a small number of care plans did not fully reflect the good practices of staff. For example, diabetes management, weight loss, pressure sore prevention and responsive behaviours.
- the recommendations of some allied health professionals was not incorporated into a small number of care plans. For example, dieticians advice to prevent weight loss.

There was a policy in place that set out how residents' needs would be assessed prior to admission and on admission. A review of the records showed residents were assessed

prior to admission by the person in charge. All residents were assessed on admission and a temporary care plan was developed. A full care plan would then be developed for each resident. There was evidence that residents were seen within 72 hours by a GP.

There were regular GP services available, or residents could retain the services of their own GP if they wished. Records showed that where medical treatment was needed it was provided. There was evidence of referrals made to other services as required for example, dietician, speech and language therapist. There was also good access to geriatrician and psychiatry of older age services in the area. A physiotherapist also worked in the centre three days a week providing a valuable service to residents.

Records showed that where there were known risks related to a residents care, they were set out in the care planning documentation on admission. Inspectors were told nurse key workers completed assessments for residents and the care plans in relation to their identified needs, for example daily living skills, mobility and pain management.

Consultation with residents or their families in care plan reviews was not adequately evident. The person in charge said families and residents were regularly updated on any changes made to their care plans but limited documentation was available to demonstrate that consultation had taken place. This was an action from the previous inspection and not fully addressed. The provider stated in their action plan response that this was would be addressed by June 2016, but there was no evidence of same.

Evidence was seen during the inspection that residents were closely monitored. Records showed that residents had been seen by a GP, or in some cases went to hospital for further assessments.

There were arrangements in place to manage and prevent the risk of falls. Care plans were in place and following a fall, the risk assessments were revised. During the time the inspector was in the centre, there was evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were monitored on a monthly basis. Nutritional care plans were in place that detailed residents' individual food preferences. There was evidence of referrals and visits from dieticians and speech and language therapists. Nutritional and fluid intake records, when required, were appropriately maintained.

Residents' social care needs were assessed and planned for. The inspector met the activities coordinator who outlined their role and the programme of activities that took place in the centre. This is discussed in detail in Outcome 16.

Judgment:

Non Compliant - Moderate

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 inspector found the design and layout of the centre is suitable for its stated purpose, and meets the needs of residents to an adequate standard. The action from the previous inspection was completed.

The centre consists of the original Georgian era building (the main house), and an extended modern wing. In general, it was maintained in good repair. It was noted some architraves on doors were chipped and some skirting boards had been removed. This was discussed with the provider who explained that works were taking place to replace architrave and skirting boards in the centre. The centre was nicely furnished, and the standard of cleanliness was adequate. It was well ventilated and brightly lit.

There was sufficient communal dining and sitting areas available for the number of residents accommodated. There was a large bright living room on the ground floor of the main house. A large dining room was located in this section also. There were two sitting-dining rooms in the extended part of the centre, a private sitting room and a number of seating areas. Since the last inspection additional signage had been displayed in common areas to improve residents' ability to way find around the centre.

There were an adequate number of assisted showers, baths and toilet facilities available for residents. Grab rails were installed in all toilets. There were handrails provided on staircases and communal areas where required.

There was an enclosed garden, accessible from the ground floor, and safe for residents' to access independently. The premises and grounds were clean and well maintained.

The corridors enabled easy access for residents using wheelchairs and those people using frames or other mobility appliances. There was safe flooring provided. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. A lift serviced all floors in the centre and records were available to show that it was regularly serviced.

The building was safe and secure. There was a key code required to enter or exit the building, and the entrance lobby was manned by a receptionist during the day.

There were two utility rooms provided. Separate, secure store rooms were also provided for cleaning equipment. Household staff were observed working in an unobtrusive manner which did not disturb residents. The inspector spoke to some of the staff and found that they were knowledgeable in relation to infection control. Staff described appropriate procedures such as the colour coding of cloths and mops and the correct procedures for cleaning in the event that a resident had an infection.

Separate changing and recreation facilities were provided for all staff. The kitchen was inspected and found to be adequately provided with catering equipment.

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):
No actions were required from the previous inspection.

Findings:

The complaints procedure was prominently displayed at the main entrance. A complaints policy was also in place and in line with legislative requirements.

The inspector read a sample of complaints records for 2016. The nature of each complaint was documented. There was a response to each complainant, including records of an investigation carried out, and action taken. Each complainant's satisfaction was documented. There was evidence that the appeals process was utilised where required.

The complaints policy listed the details of the nominated complaints officer, the appeals process. In addition, the person nominated to ensure complaints were responded to and records maintained.

The inspector met spoke to residents and family members who were happy with the complaints process.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on end-of-life care which guided practice.

The person in charge stated that the centre maintained strong links with the local palliative care team. No resident was receiving end-of-life care at the time of inspection.

The records showed that a number of staff had received training in this area in the recent past. This was confirmed by staff who discussed the training they had received with the inspector.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs.

The inspector spent time with residents in a dining area in the extended wing during the lunchtime meal. Residents could choose to eat in the main dining room or their bedroom. Comments in one resident's questionnaire stated "staff encourage (resident) to eat in the dining room and also to mingle with the other residents ". The atmosphere in the dining room was observed to be calm and sociable, and the tables were nicely set.

The meals served to residents were nicely presented, wholesome, and nutritious. There were good practices to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals.

There was a menu displayed in the dining room. There was a variety and choice of meals available to residents. The care staff took residents meal requests each day. The inspector spoke to a number of residents who confirmed this. One resident told the inspector "we are asked every day".

The residents on a modified consistency diet received their prescribed diet. There were systems in place for nursing staff to communicate residents' prescribed needs with the catering staff. The inspector was shown written communication provided to the catering staff. It was updated regularly if changes were made to residents' dietary requirements.

There were plenty of refreshments and snacks provided to residents during the day. The inspector saw residents being offered water, fruit juices, soups and hot drinks. There was fresh fruit, cakes, scones and sandwiches provided during the day.

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

Findings:
The inspector found the provider ensured residents' privacy and dignity was respected, and systems were in place to consult with residents in how the centre was organised.

A sample of comments in the residents' and relatives' questionnaires confirmed residents were happy that their rights were respected. Some residents stated their rights include "staff are always respectful and helpful" and "I know I have the right to be cared for and not have my rights abused in any way". The privacy of residents was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner.

Residents had opportunities to take part in activities and had interesting things to do

during the day.

There was an up-to-date programme of activities displayed in the reception area. An activities coordinator was employed in the centre on a full time basis. The inspector met the coordinator who outlined their role in the centre, which included one to one and group activities with residents. There were activities taking place each day and these consisted mostly of group activities such as exercise classes, beauty classes, baking and on other days, music sessions. A number of external service providers also visited the residents to provide additional recreational activities.

Residents' civil and political rights were respected. There were arrangements with the local county council for residents to vote in-house at each election, or to use a local polling station if they wished.

There was an open visitor's policy to the centre, and residents could meet visitors in private in a designated meeting room. This was confirmed in questionnaires also "family can visit all the time and can stay as long as they want to".

The provider said that residents from all religious denominations were supported to practice their religious beliefs. There were religious services held on the centre for roman catholic residents.

A residents' committee met approximately every three months. The facilitator of the meeting was from an independent advocacy group. Following each meeting, the person in charge was given the minutes of the meeting and would address any issues identified. The minutes and the actions taken were also displayed on the residents' notice board. From a sample of minutes read, it was evident that action had been taken to bring about improvements.

An independent advocacy service was available to residents. Their contact details were prominently displayed in the centre.

Residents had access to a hands free telephone if they needed to take or make a phone call in private. Newspapers were available for residents.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found there were arrangements in place to protect residents' possessions and clothing.

There was suitable storage space for residents' clothing and their personal possessions. A lockable drawer was available in each resident's bedroom.

There were suitable laundry facilities available in the centre. A member of staff outlined the laundry arrangements to the inspector. Each piece of clothing was labelled by the staff if requested. After clothing was laundered it was then returned to each resident.

The provider was a pension agent on behalf of a number of residents. The arrangements in place to collect pensions for these residents required review to ensure that residents had access to and retained control over their finances. It was noted that residents' pensions were paid into a central account and not into an individual interest earning account in their own name. This was brought to the provider's attention during the inspection with regard to the Department of Social Protection guidelines.

Judgment:

Non Compliant - Moderate

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:

The inspector found there was an adequate staffing skill mix and number working in the centre to meet the care needs of the residents for both day and night.

There was a planned and actual staff roster in place. It included the names and the times of staff shifts and of each staff category.

The person in charge who worked full time in the centre was rostered on duty. The nursing staff took a supervisory role in the centre. The care staff on duty reported to the nurses. The nurses in turn reported to the person in charge.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Síochána vetting for the staff whose files were reviewed. The person in charge confirmed all staff working the centre also had vetting. The provider ensured references for new staff were verified.

All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

There was a detailed induction programme for new staff, which included training and policy overviews. Appraisals were carried out for all staff on an annual basis.

The inspector reviewed training records with the person in charge. The records read confirmed staff had up-to-date mandatory training in areas such as fire safety and prevention of abuse. All staff had completed training in movement and handling.

Other training completed by staff included palliative care, responsive behaviours and cardiopulmonary resuscitation (CPR).

The centre availed of a number of volunteers and external service providers who provided a valuable service to residents. Two volunteers' files were reviewed. There was An Garda Síochána vetting for both. However, one file had no written agreement of the volunteer's role on file.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Deirdre Byrne
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:	Greystones Nursing Home
Centre ID:	OSV-0000045
Date of inspection:	18/10/2016
Date of response:	15/03/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Consultation with residents, and families, in the preparation of annual review is required.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

We will consult with residents and families in the preparation of the 2016 annual review. As soon as it is completed a draft it will be presented to the residents committee meeting and copies displayed in key areas of the unit and made available to residents families and friends.

Proposed Timescale: 31/03/2017

Theme:

Governance, Leadership and Management

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

The regularity of reviewing the quality of care provided to residents requires improvement.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

12 Management Audits are completed twice yearly for a 2 year cycle and then the management audit structure is reviewed.

Healthcare Audits are completed monthly and/or quarterly as required.

All discrepancies are actioned within the following month.

Each year the annual audit and report is compiled and circulated as required.

At the time of the inspection one audit was missing and all are now fully up to date.

This approach will continue.

Proposed Timescale: 14/11/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was progress required in the implementation of the National Policy 2011, Towards of Restraint Free Environment in Nursing Homes.

3. 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 are fully compliant with the National Policy 2011 however the number of residents using bed rails had not decreased over the previous 6 months. On-going specific attention to the use of bed rails will continue through our monthly restraint and bed rail audit.

We will endeavour to ensure that where practical and in agreement with the residents the use of bed rails will be discontinued.

The October audit will take place before 15/11/16 and the action will follow monthly from this date.

Proposed Timescale: 15/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There were improvements required in the completion of assessments and care plans as some did not reflect the good interventions of staff, and had inadequate evidence of consultation with residents or their representatives.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report

Proposed Timescale: 30/03/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

The arrangements in place to collect pensions for residents required reviewed to ensure that residents had access to and retained control over their finances.

5. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report

Proposed Timescale: 30/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Written agreements of volunteers' roles and responsibilities were not evident on all files reviewed.

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

All volunteers will have defined roles on their files by end November.

Proposed Timescale: 30/11/2016