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Glenashling Nursing Home, Oldtown, Celbridge, Kildare

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Authors	Kennedy, Siobhan
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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:	Glenashling Nursing Home
Centre ID:	OSV-0000040
Centre address:	Oldtown, Celbridge, Kildare.
Telephone number:	01 627 2694
Email address:	gavigang@iol.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Garry Gavigan
Provider Nominee:	Garry Gavigan
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	73
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 September 2016 12:00	28 September 2016 18:30
29 September 2016 09:00	29 September 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection assessing ongoing regulatory compliance and the progress in relation to the matters arising from the previous inspection.

The provider performs the role of person in charge and will be referred to as the provider throughout this report.

On the day of the inspection there were 73 residents being accommodated with 2 vacancies. Twenty residents were assessed as having dementia (Alzheimer's, vascular and lewy body) and or a cognitive impairment.

The inspector met with residents, relatives, and staff members, observed care practices and interactions between staff and residents using a validated observation model, reviewed documentation such as care plans, complaints and information regarding staff working in the centre.

The health-care needs of residents were met with good access to medical and allied health care. Medication management was satisfactory.

There was evidence that the provider had taken measures to protect residents from abuse and harm and staff who communicated with the inspector were knowledgeable regarding the detection, prevention of and responses to elder abuse. However, an examination of the training records showed that some staff had not participated in training in this area and vetting had not been carried out for all staff in accordance with the appropriate legislation.

Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability.

The policy and practice on the use of restraint was in line with the national policy and staff promoted a restraint free environment.

The inspector saw that staff respected the privacy and dignity of residents. Staff engaged in a meaningful way with the majority of residents in planned activity sessions, however, all residents were not provided with opportunities to engage in activities appropriate to their needs and capacities.

Staffing levels were adequate to meet the needs of residents. While there was evidence that training opportunities were provided, all staff had not been trained appropriate to their role, for example, in responding to and managing responsive behaviours, dementia care, infection-control and food hygiene.

The premises met the needs of the residents. Communal facilities were adequate and appropriately furnished. Over half of the bedrooms had ensuite facilities. However, some matters were identified for improvement.

The risk management policy had been implemented.

The areas of non-compliance are detailed in the action plan of this 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 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:

The provider was also performing the role of person in charge.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The staffing levels and skill mix on the day of inspection met the needs of the residents. The management structure was identified in the statement of purpose and staff who communicated with the inspector were aware of the lines of authority and accountability.

The provider, a qualified registered nurse was fully aware of all aspects of management service and had worked with on occasions as a staff nurse to supervise staff and provide leadership.

Management systems were in place to ensure that the service was safe, appropriate to residents needs, consistent and effectively monitored. There were audits in relation to clinical matters such as medication management, falls, pain management and evidence that the statistical information compiled was analysed to bring about improvements for residents.

Residents and relatives who shared their views with the inspector during the inspection were familiar with the provider and positive in their comments regarding the management of the centre.

A resident's forum convened on a monthly basis so that residents could have an input into the operation of the centre. Residents contributed to a regular newsletter highlighting events which took place in the centre.

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 centre was being managed by a suitably qualified and experienced nurse who is also the provider. This person has the authority and is accountable and responsible for the provision of the service. Registration with the professional body is up-to-date and the staff member has extensive experience of working with older persons and works full time

During the inspection he demonstrated that he had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. He was supported in these roles by nursing, care, administration, maintenance, kitchen and housekeeping staff.

The provider performing in the role of person in charge had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives 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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in relation to safeguarding vulnerable residents.

Some relatives communicated that they were aware of the role of the provider and staff nurse in charge and would have no hesitation in bringing any matter of concern to their attention.

The inspector examined an investigation carried out and found that the allegation was appropriately managed and the safety of residents protected. There was evidence of learning from the investigation.

Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place, however, all measures had not been put in place to protect residents, for example, all staff had not participated in refresher training in the protection of residents from abuse and some staff members were not fully vetted in accordance with the legislation. The provider assured the inspectors that the staff members would not be rostered for duty until vetting had been finalised.

There was a policy and procedures in place that promotes a positive approach to the behaviours and psychological symptoms of dementia (BPSD).

There was evidence that staff had implemented care plans for residents with responsive behaviours following assessment of residents' needs using a validated assessment tool for residents with a cognitive impairment.

The inspector found that all staff had not participated in training appropriate to their role regarding understanding and managing behaviour that challenges.

A restraint free environment was fully promoted. This was brought about by having equipment such as low low beds and crash mats, thus reducing the need for bed rails. On the day of the inspection in the main, all of the residents were up and about during the day. Incidents where restraint was used were notified to the Authority in accordance with the regulation.

The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed by two staff or a staff member and the resident. An examination of a resident's monies corresponded with the resident's financial records. Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

Judgment:

Non Compliant - Major

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 relevant policies in place relating to risk management. There was a risk register which identified the risks and put controls in place either to minimise or fully control the risk.

The provider had a plan in place for responding to major incidents and satisfactory procedures were in place to prevent accidents.

There were systems and procedures in place in the event of an emergency and staff were familiar with the safe evacuation methods for residents. Documentation was available to ensure that a safety equipment was maintained. fire doors, and were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. Emergency exits and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse

consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents and residents' representatives were involved in the residents' care plans and review of care.

Residents' records were available and contained copies of discharge letters/correspondence from hospital.

In respect of residents who were transferred to hospital from the centre, the inspector found that the transfer letter contained information about the resident's health,

medicines and personal information. Relatives were informed if a resident was transferred to hospital and in the main would accompany the resident, however if this was not possible a staff member would accompany a resident to ensure that full information was provided.

There was evidence of an assessment on admission and ongoing assessments in relation to aspects of nursing care. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain.

The inspector saw that residents' care plans were formally reviewed on a 3 to 4 monthly basis. This was carried out by nursing staff who coordinates the care for an allocated number of residents. Health care assistants were involved to the extent that on a daily basis they provided information regarding residents' conditions and care to the nursing staff to be written up in the residents' daily notes which assists in determining if the care plan is implemented and effective or otherwise.

The care planning documentation included a communication plan which described residents' non-verbal communication mode if the resident did not have verbal communication skills.

Residents had a choice of general practitioner (GP) and there was evidence that contact was made with the resident's previous GP if residents were admitted from outside the local area and all medical records were passed on to the GP of choice. In the main, the inspector was informed that the GP follows the residents. An out of hours service is also available to residents.

Resident had access to a variety of health and social care professionals including geriatrician, physiotherapy, dietetic, speech and language, dental, ophthalmology, audiology, podiatry services and psychiatric services.

Management and staff told the inspector that residents and their family members are supported and end of life care is provided in accordance with the residents and their families' wishes. These are outlined in an advance directive/end of life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Residents' religious practices are facilitated within the centre.

Wounds were appropriately assessed and managed. The inspector saw that referrals were made to the tissue viability specialist services and guidance from this source brought about an improvement in the condition. Pressure relieving mattresses and specialist cushions were in place.

There were systems to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake

records when required were appropriately maintained. Residents with diabetes were appropriately managed.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

There were 51 single bedrooms and 12 twin bedroom. Forty four bedrooms had ensuite facilities while the remaining bedrooms were located within close proximity to toilet and bathing facilities. The inspector visited a number of bed rooms and found that they were comfortable, well decorated and had been personalised with residents' possessions such as family pictures. Call bells were provided and were within easy reach of beds. Residents and relatives, who communicated with the inspector, expressed a high degree of satisfaction with the standard of accommodation provided.

Communal facilities were suitable and comfortable for residents. The large seating area was nicely decorated with homely features and there were a variety of areas where residents could sit and observe visitors to and from the centre. There were a number of further sitting rooms where residents could use. Two separate dining areas were provided and an oratory was provided. Some residents appreciated this facility. Grab rails and hand rails were provided in all communal areas.

In addition to the landscaped gardens which surrounded the centre, there were safe and secure patio gardens which were attractively maintained.

Appropriate assistive equipment was provided to meets 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 regularly serviced.

Appropriate arrangements were in place for the disposal of general and clinical waste.

Cleaning equipment was appropriately stored.

Issues identified on inspection, which required attention or repair, were as follows: –

- A radiator cover was broken in a bathroom.
- An extraction fan was not working in a toilet facility in wing 9 – 12.
- There was no personalised signage indicating residents' bedrooms and some of the communal facilities.
- Residents were not able to access the toilet facility from one of the dining rooms.
- Disused chairs were stored in the corridor.

Judgment:

Substantially 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:

The recruitment procedures in place were satisfactory with the exception of not having appropriate vetting in place for all staff. An action on this is included under outcome 7, safeguarding and safety.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The staffing arrangements provided for the supervision of residents in communal rooms and staff who communicated with the inspector were knowledgeable of residents' conditions and preferences.

There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the day of inspection was reflected in the roster.

There were a variety of meetings scheduled in order to ensure that staff of various grades had appropriate knowledge to deliver services to residents. This included handover meetings at the change of shifts and performance management meetings.

The inspector found that while there were opportunities for staff to participate in education and training all staff had not attended mandatory and relevant training

appropriate to their role and responsibility. For example, infection-control and food hygiene.

The recruitment process included induction and probationary periods for staff.

The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that these were in place.

Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

Staff reported that they enjoyed their work in the centre and felt fully supported by the provider and other staff.

The provider was aware of the documentary requirements for volunteers working in the designated centre and these were satisfactorily maintained.

Judgment:

Non Compliant - Moderate

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:

Siobhan Kennedy
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:	Glenashling Nursing Home
Centre ID:	OSV-0000040
Date of inspection:	28/09/2016
Date of response:	30/12/2016

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:

All staff did not have up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

Appropriate training will be put in place for staff to update their knowledge and skills in managing responsive behaviours

Proposed Timescale: 15/03/2017

Theme:

Safe care and support

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

All measures had not been taken to protect residents from abuse as follows:

- All staff had not participated in refresher training in the protection of residents from abuse.
- Some staff members were not vetted in accordance with the appropriate legislation.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Staff awaiting vetting were not rostered for duty until vetting was finalised.

All staff are now vetted.

In house refresher training is ongoing and will be complete in 15 th March 2017

Nurse education and Training Solutions – NETS - will provide this training

Proposed Timescale: 15/03/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Issues identified on inspection were as follows: –

- A radiator cover was broken in a bathroom.
- An extraction fan was not working in a toilet facility in wing 9 – 12.
- There was no personalised signage indicating residents' bedrooms and some of the communal facilities.
- Residents were not able to access the toilet facility from one of the dining rooms.
- Disused chairs were stored in the corridor.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The radiator cover is now fixed on 07/11/2016.

The extractor fan was fixed on 07/11/2016.

The doors have signage facilities and will be personalised following consultation with the Residents.

Toilet access is now available from all of the dining rooms.

The disused chairs are removed. Some chair remain there as they are extra seating for the oratory area and also serve as a resting area for Residents who wander.

Proposed Timescale: 15/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

All staff had not participated in appropriate training relevant to their role, for example, in responding to and managing responsive behaviours, dementia care infection-control and food hygiene.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

A detailed training schedule is in place and is ongoing. The schedule includes the above and was in situ and ongoing at the time of inspection.

Proposed Timescale: March 15th 2017

All training for Managing responsive behaviours , dementia care, infection control and food hygiene will be complete by this date .

Proposed Timescale: 15/03/2017