

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	0037
<b>Centre address:</b>	Main Street, Ferbane, Co Offaly
<b>Telephone number:</b>	090 645 4742
<b>Fax number:</b>	090 645 3930
<b>Email address:</b>	info@gallenpriory.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Mr Jim McCrystal, Mr Charles McDonald and Mr Ronan Hannigan as partners in Gallen Priory Nursing Home
<b>Person in charge:</b>	Denise Hilton
<b>Date of inspection:</b>	16 March and 22 March 2011
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 17:30 hrs <b>Completion:</b> 20:00 hrs <b>Day-2 Start:</b> 09:30 hrs <b>Completion:</b> 13:45 hrs
<b>Lead inspector:</b>	Marian Delaney Hynes (Day 2 only)
<b>Support inspector:</b>	Carol Grogan (Day 1 and 2)
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Gallen Priory Nursing Home is registered with the Health Information and Quality Authority (the Authority) and has 51 places. On the days of the inspection there were 40 residents living in the centre. All residents were over 65 years and some residents had dementia.

It is a two-storey building with 26 single rooms, 11 with en suite facilities. It has eight twin rooms and two multi-occupancy rooms which can accommodate between three and five residents. Additional toilet and bathroom facilities on the ground floor include three assisted toilets and two assisted bathrooms. There is also an assisted toilet on the first floor as well as four assisted bathrooms, one with an assisted toilet.

The dining room, recreation room, smoking room and an oratory are on the ground floor. and there is a dining room, sitting room, recreation/activity room and clinical room on the first floor, which is accessed by a passenger lift and stairs. The kitchen is well equipped with adequate storage space.

There are adequate staff changing facilities for general staff and those working in the kitchen and catering department.

Parking is available at the front of the centre and there is an enclosed garden to the rear of the centre.

### Location

Gallen Priory is situated on the outskirts of Ferbane town in Co Offaly in a rural setting about half a mile from the main road.

<b>Date centre was first established:</b>	3 July 2010
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	11

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	6	16	14	4

## Management structure

The registered Provider of Gallen Priory Nursing home is a partnership between James McCrystal, Charles McDonald and Ronan Hannigan. Denise Hilton is the Person in Charge and she reports to the Provider. The nurses, administrator, chef, catering, laundry and cleaning staff all report to the Person in Charge. The care assistants report to the nurses on duty.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on 16 March 2011	*	2	4	1	0	1	0
Number of staff on duty on 22 March 2011	**	2	6	2	2	1	1 activities coordinator

\*The inspection on 16 March 2011 was undertaken after hours. The person in charge and a staff nurse attended the centre during the inspection and the administrator remained on duty.

\*\* The person in charge was on leave on the second day of the inspection and there was a staff nurse in charge in her absence.

## Background

Gallen Priory Nursing Home has been inspected five times by the Authority. The inspections reports are available on [www.hiqa.ie](http://www.hiqa.ie) under centre number 0037.

## Summary of findings from this inspection

This was a triggered inspection in response to information received by the Authority concerning the quality of service, provision of supplies for residents, heating and staffing at the centre. The inspection was carried out over two days. Day one focused on areas of immediate risk to residents, including provision of food, heating and staffing. Day two focused on a review of the action plan issued to the centre following the inspection on 14 December 2010.

On 16 March 2011, the inspector was satisfied that there was no immediate risk to the health and safety of residents. The centre was warm, comfortable and there was adequate provision of supplies. There were sufficient numbers and skill-mix of staff on duty to meet the needs of residents. The provider was requested to submit additional documentation which was received promptly.

Inspectors reviewed all the actions outlined in the report of the previous inspection and found that the provider and person in charge had made some improvements in many areas. For example, a new person in charge had been appointed in January 2011, staff were familiar with the emergency plan, the medication policy had been updated and a wide variety of activities were available to residents, provided by the recently appointed activities coordinator.

Improvements made included:

- the appointment of a person in charge to supervise the delivery of care
- staff now familiar with the emergency plan
- increased activities for residents was provided
- improvements in residents care plans
- privacy and dignity was enhanced
- the medication management policy was updated
- the directory of residents was updated.

The service did not meet all of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider had identified time frames for the completion of all actions - these times had been exceeded in some cases and actions were not completed. For example, not all staff files had been updated and some staff members had not received training in the prevention of elder abuse.

## Issues covered on inspection

### **Heating**

The Authority received information that the heating in the centre was inadequate. On both days of the inspection the heating was working and the centre was warm. Neither staff nor residents voiced any concerns regarding the heating of the centre. There was no evidence to substantiate this concern.

### **Provision of supplies including food**

The Authority received information that there were insufficient supplies of food for residents such as bread and milk. Inspectors visited the kitchen on both days of the inspection and spoke with the chefs on duty. There were adequate supplies of bread, milk, meat products, fresh fruit and vegetables. The chef expressed no concerns regarding delivery of supplies to the centre. Residents stated that they were offered choice at meal times. There was no evidence to substantiate this concern.

### **Staffing**

The Authority received information that there was inadequate staff on duty and that some staff rostered on duty had left the centre. The inspection commenced at 5.30 pm on the first day of inspection and there were two staff nurses and three care assistants on duty. Inspectors observed that call bells were answered promptly. The person in charge and staff were not aware of any staff that had left the centre while rostered on duty. On the second day of inspection adequate staffing levels were observed on duty. Staff were knowledgeable about the residents and their care needs. There was no evidence to substantiate this concern.

### **Leadership and Management**

The person in charge commenced employment on 5 January 2011 and there was evidence of good clinical leadership. Regular staff meetings were held and topics such as work load, privacy and dignity and behaviours that challenge were discussed. There was evidence of continuous quality improvement with clinical audits being carried out on medication management and falls and resident and relative satisfaction surveys had been undertaken. Policies were currently being updated and aligned to the Standards. There was an identified person who was deputising in the absence of the person in charge. This staff nurse was rostered to work in a management position while the person in charge was on leave.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Put in place recruitment policies and procedures to ensure that staff members are fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

This action was partially completed.

Inspectors reviewed five staff files and found evidence that the provider had made good progress and was continuing to up date the files. However, the inspector noted that one file did not contain any of the required documentation and a second file contained only two references. The nurse in charge said that the person in charge had reminded staff to submit this information.

### **2. Action required from previous inspection:**

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Provide suitable training for staff in fire prevention.

Provide training for staff in the moving and handling of residents.

This action was partially completed.

Inspector read the staff training records which showed that three staff members had not attended training in the prevention of elder abuse. The nurse in charge told inspectors that that the training would be arranged in the near future. Staff including the nurse in charge were knowledgeable about the policy on the prevention of elder abuse and what to do in the event of an allegation of abuse. Training was scheduled for the recently recruited staff. Residents confirmed to inspectors that they felt safe in Gallen Priory and were always fully respected by the staff.

There was no evidence that two staff members had attended fire safety training. The nurse in charge said that she thought that these two staff members had attended but that she would speak with them when they were on duty again and clarify the situation.

Inspectors observed staff employing good moving and handling techniques and saw two staff members safely transferring a resident from a wheel chair to a regular chair. Records examined by inspectors showed that all staff had received this training.

### **3. Action required from previous inspection:**

Ensure that the post of person in charge of the designated centre is full-time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

This action was completed.

The new person in charge took up position in January 2011. Adequate deputising arrangements were in place and inspectors met with the senior nurse who was deputising for the person in charge on the second day of inspection. She was suitably qualified and had the required experience in care of the older adult. Inspectors were satisfied that during the time that she was deputising she was fully engaged in the operational management of the centre.

### **4. Action required from previous inspection:**

Make arrangements to ensure that all persons working in the designated centre are familiar with the emergency plan.

This action was completed.

The inspector read the emergency evacuation plan which provided direction for staff in the event of a fire or other emergency. It included a contingency plan for the total evacuation of residents from the building should it be required. Staff spoken to were knowledgeable about the emergency plan.

### **5. Action required from previous inspection:**

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Ascertain the cause of the foul odour and put in place measures to address the issue.

Keep all parts of the designated centre clean and suitably decorated.

This action was completed

The inspector observed the physical premises was clean and well maintained. Residents confirmed that they were satisfied with the décor. One resident showed the inspector her bedroom, which was recently decorated and had matching linen. The metal strips on the floor which had previously been loose had been secured safely and did not pose any further risk to residents.

Inspectors observed that the floor in one of the bedrooms which was causing an odour had been replaced to eliminate the odour.

There was a maintenance plan in place to ensure the ongoing maintenance and upgrading of the centre which included painting and decorating.

**6. Action required from previous inspection:**

Update the medication management policy to include relevant and clear information in accordance with current Regulations and professional guidelines.

This action was completed.

The inspector read the revised medication management policy, which was centre-specific and included the system for the checking of controlled medications. Inspectors observed that the policy reflected safe practices. The policy was kept in an accessible area in the clinical room and staff were aware of the policy and its contents.

**7. Action required from previous inspection:**

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstance's and no less frequent than at three-monthly intervals.

This action was partially completed.

Inspectors reviewed residents' care plans and found that two of the files reviewed were comprehensive and included a good range of assessments. However, one resident's care plan showed that behavioural assessments were not completed and there was no information relating to triggers that prompted the behaviour. The nurse said that she would address the matter immediately.

**8. Action required from previous inspection:**

Provide each resident with privacy insofar as is reasonably practicably, to the extent that the resident is able to undertake personal activities in private.

This action was completed.

Inspectors observed that residents' right to privacy and dignity was respected. Bathroom and toilet doors were closed when residents were using them. Bedroom doors were closed when personal care was being delivered. Inspectors observed that staff knocked on bedroom doors and waited for permission prior to entering the room. Residents confirmed that the staff were always kind and communicated with them in very respectful manner.

### **9. Action required from previous inspection:**

Develop the activity programme to ensure activities are specific to individual residents' needs and there are opportunities for participation in purposeful and meaningful activity, particularly for more dependent residents those with dementia and cognitive impairment.

This action had been completed.

There was considerable improvement in the area of provision of opportunities for fulfilment for residents. An activities coordinator had been recently appointed and she was in the process of assessing each resident individually to ascertain their expectations, preferences, previous interests and capacity. Inspectors observed residents enjoying a varied and fulfilling day. Residents told inspectors that they had a good variety of activities each day ranging from music sessions, bingo and updates on current affairs. Inspectors saw a communications board in the dining room which informed residents on the day's activities.

One resident who was recently admitted to the centre told inspectors that he had settled in very well and that the staff had supported him to make new friends. He complimented the staff in how they assisted him to mass each morning and he said that the staff were very approachable and kind. Inspectors observed that residents were given a choice to participate in activities or not. There were a variety of daily, local newspapers and magazines available to residents.

### **10. Action required from previous inspection:**

Develop formal systems to collect data for auditing and quality assurance purposes.

This action was completed.

Inspectors saw that environmental audits had been carried out in the kitchen and catering area. Weekly audits had commenced in medication management, falls and care plans. The nurse in charge spoke to inspectors about the benefits of carrying out audits which she viewed as a learning tool and a mechanism to improve the quality of service delivered to residents.

### **11. Action required from previous inspection:**

There were no written protocols in place for the management of residents who had bedrails in position at night time.

This action was nearing completion.

The person in charge was in the process of completing a policy on the use of restraint. Inspectors observed that the provider promoted a restraint free environment. Restraint assessments were documented and there was evidence that

the resident was involved in the decision where restraint was used. Inspectors read a care plan where a resident had signed consent for the use of bedrails and restraint release times were documented.

**12. Action required from previous inspection:**

Maintain an up-to-date record of residents, called the "directory of residents" to include the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

This action was completed.

Inspectors reviewed the directory of residents and found that it had been updated to include missing information such as specific details of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

**13. Action required from previous inspection:**

Trolleys and cleaning equipment were stored on the corridor for long periods of time which caused an obstruction and impinged on the safety of residents.

This action had been completed.

Inspectors found that trolleys and assistive equipment were no longer stored on corridors. They were safely and securely stored so as not to impinge on residents who wished to use the corridors and access the grab rails. Inspectors observed residents walking up and down the corridors unimpeded by clutter.

**14. Action required from previous inspection:**

Implement the performance management policy so that all staff members are supervised and appraised on an appropriate basis pertinent to their role.

This action had not been completed.

The nurse in charge told inspectors that the person in charge was in the process of devising an appraisal and performance management policy with proposed implementation over the next three months.

**Report compiled by:**

Marian Delaney Hynes

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

29 March 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
17 and 18 August 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
9 September 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
12 January 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
10 and 11 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 December 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

**Provider's response to inspection report**

<b>Centre:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	0037
<b>Date of inspection:</b>	16 and 22 March 2011
<b>Date of response:</b>	27 April 2011

**Requirements**

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**1. The provider has failed to comply with a regulatory requirement in the following respect:**

Some staff had not received training in the prevention of elder abuse and there was no documentary evidence that two staff members had attended fire safety training.

**Action required:**

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action required:**

Provide suitable training for staff in fire prevention.

<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 32: Fire Precautions and Records Standard 8: Protection Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Five staff members still require training. This is being scheduled to coincide with availability of said staff.	20/05/2011

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Some staff files did not contain the required documentation including references, photographic identification and evidence of physical and mental health fitness.	
<b>Action required:</b>  Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff files now contain the necessary documentation.	Completed

<b>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Clinical assessments were not completed, there was no information relating to triggers that prompted behaviour that challenged.	
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<b>Action required:</b>	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Training for all staff in Challenging Behaviour and use of A.B.C. Tool scheduled for 11 May 2011.	11/05/2011

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
There was no copy of insurance cover available for inspectors to read. The nurse in charge said that she would speak with the provider and ensure that a copy was forwarded to the Authority.	
<b>Action required:</b>	
Ensure that the designated centre is adequately insured against accidents or injury to residents, staff and visitors.	
<b>Reference:</b>	
Health Act, 2007 Regulation 26: Insurance Cover Standard 31: Financial Procedures	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Provider has forwarded a copy of insurance to the Authority.	Completed

## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Implement the performance management policy so that all staff members are supervised and appraised on an appropriate basis pertinent to their role.
	Appraisals of Staff have been commenced - to be completed by 31 July 2011.

Any comments the provider may wish to make:

**Provider's response:**

None

**Provider's name:** James McCrystal, Charles McDonald and Ronan Hannigan

**Date:** 27 April 2011