### Centre name:
Glebe House Nursing Home

### Centre ID:
0039

### Centre address:
- Glebe Road
- Enniskerry Road
- Kilternan
- Dublin 18

### Telephone number:
01 2063382

### Fax number:
01 2078989

### Email address:
c tuliao@cowpercare.ie

### Type of centre:
- [x] Private
- [ ] Voluntary
- [ ] Public

### Registered provider:
Cowper Care Centre Limited

### Person in charge:
Cheryl Tuliao

### Date of inspection:
11 May and 12 May 2010

### Time inspection took place:
- **11 May**
  - Start: 09:10 hrs
  - Completion: 20:15 hrs
- **12 May**
  - Start: 07:50 hrs
  - Completion: 17:30 hrs

### Lead inspector:
Marguerite Gordon

### Support inspector:
Eileen Kelly

### Type of inspection:
- [x] Registration
- [ ] Scheduled
- [ ] Announced
- [ ] Unannounced
About 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 and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** - this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

**Registration inspections** are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration.
New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider’s fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider’s fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider’s understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.
About the centre

Description of services and premises

Glebe House Nursing Home is owned by Cowper Care, a body with charitable status and part of the Church of Ireland diocese of Dublin and Glendalough. The centre provides 48 places for residential, respite, palliative and convalescence care to older people. There were 46 residents at the time of inspection. It is a single-storey, purpose-built building on two acres of grounds which became operational in 2007. Alongside it are retirement bungalows with accommodation for 22 residents. Four people from these retirement homes join the residents at Glebe house for lunch each day.

The main entrance and a reception area is to the front of the building which leads to a central open plan area. This area comprises of the dining room, sitting room, nurses’ station. There are three other smaller sitting rooms which residents and visitors use. Bedroom accommodation is provided in three separate wings which project from the open plan living area. There are 35 single, two twin, and three three-bedded rooms, all with shower and toilet en suite facilities. There are three additional assisted bathrooms and toilets for residents, seven other toilets (two in each of the three wings) and one beside the recreational/day-care room. Separate staff facilities include two showers, two toilets and separate toilet facilities for kitchen staff.

There is a separate dementia care unit with places for 16 residents. Each resident had a private bedroom with en suite shower and toilet facilities. The layout of the unit allowed residents to walk unimpeded, and residents who need to wander were free to do so. The dementia care unit has views of the outdoor secure courtyard, which residents can access easily.

The centre has two separate dining rooms, one in the dementia care unit and one in the main central part which also has dining room facilities. A prayer room is currently being completed for residents’ prayer and reflection. The on-site day-care room is used for occasions such as family gatherings and birthday celebrations. Many of the rooms provide pleasant views of the landscaped gardens and countryside. There is ample parking at the front and side of the centre.

Location

Glebe House is located three miles from Stepaside village in South Dublin on the Glebe Road which is off the main Dublin to Enniskerry Road. There is an hourly bus service from Dublin to the centre, and it is five minutes by car from the Sandyford Luas stop.
**Date centre was first established:** 1 December 2007

**Number of residents on the date of inspection:** 46

**Number of vacancies on the date of inspection:** 2

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
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</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>18</td>
<td>17</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Management structure**

Seamus Shields, Chief Executive Officer of Cowper Care Centre Limited, is also the Provider for Gascoigne House Nursing Home and St Patrick's Nursing Home. The Person in Charge is Cheryl Tuliao and the General Manager of Support Services for all three centres is Guy Kilroy. They both report to the Provider. Lloyd Mutandwa is the Director of Care and reports to the Person in Charge. Staff nurses supervise the care assistants and they report to the Director of Care. The kitchen manager and housekeeping staff report to the General Manager of Support Services.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1 Person in Charge 1 Director of Care</td>
<td>3</td>
<td>7</td>
<td>1 Chef 1 Assistant</td>
<td>1 Laundry 2 Cleaning</td>
<td>1</td>
<td>1 General Manager</td>
</tr>
</tbody>
</table>
Summary of findings from this inspection

This was an announced registration inspection. The provider had applied for registration under the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended). As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) This registration inspection took place over two days.

Inspectors met with the provider, residents, relatives, and the person in charge, staff nurses, the general manager, the chef, housekeeper and other members of staff. Records were examined including care plans, medical records, accident and incidents log, fire safety records, staff records including training records, policies and procedures.

The provider and person in charge were knowledgeable and committed to meeting the requirements in 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. They demonstrated good leadership and commitment to developing and improving the service for the residents, in terms of healthcare, safety and well being. Risks were appropriately managed. Aspects of the service were audited and information was used to track trends, promote learning and inform continuous improvements.

The inspectors were satisfied that the medical and other healthcare needs of residents were met. The care planning was of a good standard, medication was administered safely and residents had access to healthcare services. The centre was purpose-built and of a high standard. The inspectors found that the premises, fittings and equipment were very clean and well maintained. The dementia care unit was appropriate for residents who lived there.

However, inspectors found that staffing levels were inadequate with an over reliance on staff overtime. This impacted on the quality of life and safety for residents as staff had little time to devote to the social aspects of care.

Other areas for improvement identified by inspectors are detailed in Action Plan at the end of the report. These include lack of consultation and participation for residents and procedures for the use of restraint.
Comments by residents and relatives

In advance of the inspection, inspectors received five questionnaires from residents and relatives with comments on the care received and quality of life for residents. Inspectors also spoke in detail with eight residents and six relatives during the inspection and with others throughout the day of the inspection. Comments from residents and relatives were mixed.

All the relatives spoke highly of the cleanliness of the centre. Many relatives said they were impressed with the layout of the facilities when they first came to visit. One relative who had visited a variety of centres prior to her mother’s admission said the centre was the best she had seen. She was assured that her mother was safe, secure and cared for.

Residents and relatives commended the food. One resident said that the variety of food was great, while another resident told the inspectors that she got ‘the very best of food and good choice. Another resident praised the lovely homemade brown bread. Residents and relatives felt their healthcare needs were met and were satisfied with the service. One relative said “I can't speak highly enough, they brought her back from death”. However, another relative complained that that there was no time for her to chat to staff about her family member’s health issues.

Residents talked about activities and meaningful social recreation, saying that they particularly enjoyed the “Fit for Life” exercise class and some residents said that they would like more of this. One resident said: “I like the scrabble and bingo”. Others said they liked reading the newspaper and watching television. Two relatives said they could not answer this as their family members had memory loss and were incapable of participating in activities. In itself this was a somewhat worrying comment.

Residents and relatives identified the person in charge, director of care or nurses as staff they would approach if they had a complaint. One relative said they would talk to whoever was there at the time. Relatives said “Staff were all helpful in answering queries and concerns”. “Everyone is very informative and helpful” and “staff sort things out”. One relative who was not entirely satisfied with the outcome of a complaint described the response to her complaint as “just adequate”.

Inspectors found evidence to support the level of dissatisfaction expressed by residents and relatives about staffing levels. Comments such as “Due to the condition and nature of residents, more staff would be desirable”. Other remarks included “Staff are too busy with the workload” and “Staff levels vary from time to time, there are a lot of agency staff at weekends”. Apart from one person, relatives were generally dissatisfied with the laundry service. Three relatives said clothes get shrunk and ruined from time to time. Other comments on the laundry included “It could be better” another said it was “just OK”
Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and Standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Leadership and Management
There was evidence of committed leadership and the provider, who was chief executive of the Cowper Care Group, was actively involved in the day-to-day running of the premises. There was a clear management structure in place and inspectors observed good communication between the provider, person in charge, the general manager and the director of care. All personnel understood their roles and responsibilities. The provider and person in charge are also the provider and person in charge for the other two Cowper Groups centres. The three centres are located reasonably close to each other within the greater Dublin region.

Formal weekly meetings were held at the centre between the providers, person in charge, and the director of care. Separate weekly meetings were held between the provider, person in charge, and the general manager of support services. The general manager line managed the catering and cleaning staff and had responsibility for maintenance and upkeep of the centre. The director of care was the clinical leader and he reported to the person in charge. Along with informal meetings, the person in charge met with all staff on a monthly basis, and some of these meetings were also attended by the provider. Inspectors reviewed the minutes of the last meeting and items such as identifying and training of health and safety representative were discussed.

Continuous Improvement/ Audit
The person in charge demonstrated a strong commitment to auditing the practices and services provided. The inspectors reviewed copies of internal audits undertaken in December 2009 and January 2010 for all services at Glebe House. Audits were undertaken on staffing levels, residents' mealtimes, complaints and clinical areas such as medication errors and weight loss. The director of care had also recently carried out an unannounced night inspection to observe the care provided, the staffing levels and the premises at night. This information was used to track trends and inform continuous improvements. Findings were fed back in a comprehensive written report and used for learning and quality improvement.
Risk Management
Risks were well managed. There was a comprehensive risk management policy which addressed clinical and non-clinical risk. The safety statement dealt with risks to the environment, hazard identification and set out actions to manage these. Roles and responsibilities were specified in an emergency situation. Staff interviewed were aware of these procedures, roles and responsibilities.

All residents had clinical risk assessments and an inspector reviewed audit reports on the incidence of falls, pressure ulcers and medication errors. Following analysis of incidents and accidents action was taken with a key focus on resident safety. For example, it was found in December 2009 that there was a high incidence of falls between 6.00 pm and 8.00 pm. This was addressed by giving feedback on these findings to the staff and increasing staffing levels around this time. A reduction in falls following this intervention was achieved.

Health and Safety
The provider had written operational policies in place. The inspector viewed the policies and was satisfied with procedures in place for the health and safety including food safety, and safety of residents, staff and visitors.

Fire
Staff knew the appropriate procedures to follow in the event of a fire and details of these procedures were posted throughout the centre. Records of fire alarm checks and fire drills were reviewed by the inspector and found to be satisfactory. Fire equipment servicing was up-to-date and all staff had received fire safety training. The most recent fire training had taken place on 6 May 2009.

Health Act, 2007
As a management group, the providers, person in charge, general manager, director of care and staff demonstrated a good understanding of 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. During their fit person interviews, both the person in charge and the providers displayed a satisfactory appreciation of how they would use the Regulations and standards to shape ongoing improvement for the residents.

Statement of Purpose
The inspectors reviewed a copy of the statement of purpose, which outlined the goals and philosophy of care. It was comprehensive and had been updated to reflect the recent changes in the management structure. In the statement of purpose, the provider described the categories of residents to be admitted to the centre, which included older people, those with dementia and some respite care. Inspectors were satisfied that the providers could meet the specific needs of these residents.

Inspectors found that staff had the training and expertise to care for residents outlined in the statement of purpose. In particular, the person in charge had a strong background in dementia care.
The layout of the building was suitable to residents’ needs as there were single rooms all at ground level with an adequate number of assisted bathrooms and toilets, and safe areas for residents with dementia to walk.

**Complaints**

There was a comprehensive complaints policy in place. The provider, person in charge and staff spoken to by the inspectors showed a positive attitude towards managing and learning from complaints. A copy of the complaints policy was available in each resident’s bedroom. The inspector reviewed a sample of complaints from the complaints records and found them to be managed and recorded in line with the policy.

**Protection of Older People**

There was a policy in place on detecting and reporting elder abuse. The training records reviewed showed that all staff had attended training on the prevention of elder abuse. Staff members spoken to by inspectors could give examples of different types of elder abuse and outlined what they would do if they suspected elder abuse at the centre.

**Residents’ Finances**

All of the residents managed their own finances with the assistance of relatives. However, the centre had a secure safe, which was available to residents if they wished to store any valuables or money. An appropriate system was in place to monitor this practice and residents’ possessions.

**Contracts of Care**

Contracts of care were in place and signed for each resident. Inspectors reviewed a sample of the contract of care which set out details facilities, services to be provided for residents and of fees to be charged.

**Some Improvements Required**

Inspectors reviewed the comment book at reception, and saw that there were a number of negative comments recorded. There was no space on the comment book to note if these issues were resolved. There was no other record available to show how these issues were addressed or not.

Areas identified for quality improvements were not consistently addressed by staff. For example, the person in charge identified in January 2010 that residents’ bowel movement records were displayed in the sitting room of the dementia specific unit and needed to be removed. However, on the day of inspection, the inspector saw that these records remained in place. When inspectors spoke to staff, they were not knowledgeable about recent improvements or developments which had been incorporated into practices.
Significant improvements required

Staffing levels were inadequate to meet the needs of residents, taking into account their levels of dependency. There were 35 residents in the high and maximum dependency category, and over half the residents had some degree of dementia. Inspectors found that vulnerable residents were not appropriately supervised and they observed that the level of care required by residents in both sections of the centre left little time for staff members to take a person centred approach to delivering care. The provider told inspectors that they had difficulties recruiting staff. The person in charge over relied on staff to work overtime, particularly to cover leave. Inspectors reviewed the roster a found that one nurse had worked 60 hours in the previous week and 48 hours the following week.

Staffing Deployment over the 24 hours to care for 46 residents

<table>
<thead>
<tr>
<th>Time</th>
<th>Nurse</th>
<th>Care Assistant</th>
</tr>
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<tbody>
<tr>
<td>Morning</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Afternoon</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Evening</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Night</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Daily Life
Inspectors were satisfied that residents enjoyed a flexible daily routine. Most residents chose to have breakfast in bed but inspectors also saw three residents having breakfast in the dining room. Residents had a choice around times for getting up, resting during the day and retiring at night. A resident told the inspector that she got up at 7.00 am and this is what she had done all her life. Relatives said they felt free to visit at any time.

Provision of Activities
A qualified activities person coordinated activity provision across three centres of the Cowper Care group. A group activity programme for the week was displayed, and activities were displayed in a colourful way. Activities included exercise classes, art and craft, balloon games, and scrabble. The inspector saw residents enjoying a game where residents and a care assistant tossed a balloon to each other. This provided exercise for arms and upper body and incorporated a fun element. Work had commenced on the process of gathering information from residents about their interests and hobbies. The inspector saw that social and recreational assessments were completed for each resident as part of their care plan. One resident told the inspector that she enjoyed the monthly homemade bread making session. A number of residents said they liked the weekly exercise sessions.

People with Dementia
Many residents had personal items such as pictures and soft furnishings in their rooms. The layout of the unit allowed residents to walk unimpeded, and residents could wander safely. Specific activities for people with dementia included Sonas A group session involving stimulation of all five senses particularly useful for people with cognitive impairment), massage and doll therapy. Inspectors saw a resident enjoying nursing a life-sized doll, a technique used to soothe people with dementia. Other residents were observed to be enjoying the outdoor secure courtyard, which had seating, shrubs and plants.
Meals and Mealtimes
Meals were served in two dining rooms, one in the dementia care unit and one in the main part of the centre. Tables were attractively set with napkins, glasses and condiments. Most residents had breakfast in their rooms, this was by choice. There was a choice of breakfast cereals fruit and fruit juices being offered. Food menus were displayed in both areas. The menus were attractive and contained pictures of the meals on offer. The inspectors joined residents at lunchtime in the two dining rooms. The lunch choices looked and tasted appetising. A resident told the inspector how she looked forward to roast turkey. The meal was nicely presented and appetising to taste. Drinks and snacks were available to residents throughout the day. There was a tray in the dining room with fruit and drinks. The majority of relatives said that there was a variety of snacks and drinks available outside of regular mealtimes.

Fifteen residents had lunch in the dining room in the dementia care unit. Lunch was unhurried and residents who required help were assisted appropriately. Staff sat and interacted with residents while providing support and maintained eye contact with them. Staff explained that noise levels were kept to a minimum to promote a relaxed environment at mealtimes.

Religious and Spiritual Needs
Religious and spiritual needs were addressed. Most residents were of the Roman Catholic or Church of Ireland faith. Mass was held in the central sitting area on Sundays and the Church of Ireland service was held there on Wednesdays. The person in charge told the inspectors that one resident of the Jewish faith joined in with the church service on a Wednesday and that she and her family were happy with this arrangement.

Privacy and Dignity
Inspectors observed that the privacy and dignity of residents was respected and promoted by staff. Inspectors noted that staff exercised discretion when discussing the residents' personal information. When staff were in a resident's bedroom, a green light was displayed over the door. Staff members knocked and waited before entering residents' bedrooms and ensured doors and curtains were drawn while delivering personal care.

Residents appeared well dressed. Inspectors observed that staff supported residents' personal choices and self expression. A resident told the inspector that she was wearing her favourite colour and that the carer helped match her skirt with her cardigan that morning. The hairdresser came to the centre each week. The inspector saw several residents chatting together while waiting to have their hair done.

Significant improvements required

Pace of Work
The operation of the centre was institutional in some respects. Staff were focused on providing care in a task oriented way. Inspectors saw that staff appeared hurried while providing personal and physical care to residents. There was no time for meaningful interactions or communications. Several members of staff said they felt
pressurised by time constraints when providing care for residents. A resident commented to the inspector that staff were respectful to her, but added that they were rushed and did not have time to have a chat or interact in a personal way.

**Choice**
There was a lack of choice and consultation about bathing and showering. Inspectors read a list which showed that each resident was allocated a certain day for a shower or bath. A care assistant agreed that residents were assigned a specific day for a shower or bath.

**Care in the Dementia Care Unit**
Supervision of residents in the dementia care unit was inadequate. The availability and organisation of staffing did not meet residents’ need for safe, person-centred care. Staff members told the inspector that they would like to spend more time with residents especially in the mornings. Although the provider had employed an extra staff member from 8.00 am until 4.00 pm each day, the issue did not appear to be resolved. The inspector saw a staff member serving hot drinks at morning snack time. She was assisting one resident with her hot drink, but had to leave to assist another resident who needed to go to the toilet. Consequently, the trolley with the hot drinks was left unattended and the inspector saw a distressed and restless resident getting up and pushing the trolley. This posed a potential risk of injury to the resident.

While staff provided assistance to residents during mealtimes, the inspector saw one resident who had her meal placed in front of her although she was asleep throughout the entire mealtime. A care staff member told the inspector that this resident had refused her lunch, and that she would encourage this resident to have a snack later.

Inspectors saw one resident asleep in another resident’s bedroom, during the day. When this was brought to the attention of the care staff by a member of the household staff it was not addressed for a period of forty minutes.

Bibs used to protect some residents clothing during mealtimes were reused for other residents. The inspector saw a stained bib, used by one resident in the morning, being given to a different resident at lunch-time. This practice did not respect the dignity of residents and was not hygienic.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Health Promotion
Health was promoted. Inspectors saw staff encouraging residents to walk - some residents were assisted by staff and some used assistive aids to walk independently. The provider employed a dietician to review menus and work with the chef to provide a varied balanced diet to residents. The ‘flu vaccine was offered to residents. A resident told the inspector about the improvement in her health as a result of the good care she received at the centre, following her discharge from hospital a few months before.

Healthcare Services
Residents and relatives said they were satisfied with the healthcare services provided. Residents had their own general practitioner (GP) of choice - four different GPs attended the centre. An out-of-hours medical service was provided by doctor on call. The chiropodist attended the centre every four weeks or as needed. The local dentist and optician attended on request. The director of care told the inspector that occupational therapy and social work services were accessed through the local hospitals following GP referral. Three residents were availing of private physiotherapy to improve their mobility. The ‘Fit for Life’ programme was provided each week for all residents. A number of residents told the inspectors how this had improved their strength and they looked forward to the exercise sessions.

Sixteen of the 48 residents had a primary diagnosis of dementia and 12 others had varying degrees of dementia. Mental health services were provided by a psychiatrist from St Vincent's Hospital, who attended the centre following GP referral - five residents were availing of this service.

Dietician services and swallowing assessments were provided by a dietician and a speech and language therapist from a private company. The director of care told the inspectors that residents were reviewed within one week of referral and residents’ records confirmed this.

Residents were supported to attend outpatient hospital appointments. If a family member was not available, a staff member accompanied the resident to the appointment.
Medication Management
Medication management was guided by the medication policy which outlined procedures for the safe storage, prescribing and administration of medication. Inspectors observed staff adhering to good practice during the administration process. Inspectors were satisfied with the system in place for the safe storage of drugs, which required additional safety precautions.

Assessments and Care Plans
There was a pre-admission policy in place, which guided practice. The person in charge assessed all residents for suitability prior to admission and this information, provided by the resident and their relative, informed the resident's care plan.

Residents had a comprehensive nursing assessment and risk assessments for prevention of falls, pressure ulcers, nutritional risk, and behaviour that challenges. Residents' individual care plans addressed their assessed needs and daily progress notes were linked to the care plans. Assessments and care plans were updated on a needs basis or once every three months. Nurses were trained to prevent and treat dehydration throughout the administration of subcutaneous fluid therapy. Residents who required tube feeding directly into the stomach via PEG (percutaneous endoscopic gastrostomy) were well managed. The inspector observed that two residents who were at risk of falls wore hip protectors and care staff understood the value of these to minimise the risk of a hip fracture if a person fell.

The care plans in the dementia care unit had a resident's personal profile and life story completed which helped to inform a person-centred plan of care for the resident. Staff had made significant efforts to personalise the assessments and care plans. It was agreed at the staff meeting in March 2010 that all care assistants were paired with staff nurses when drawing up or reviewing care plans. It was felt that families and residents might find it easy to express their requests either through the "link carer or staff nurse". A resident told the inspector that staff had talked to them about their care plan and that it made her feel good that they were "interested in her story".

These care plans supported a person-centred approach. Inspectors saw staff using such approaches when working with residents who had behaviours that challenged. For example, the inspector saw a care assistant working with a resident who was displaying signs of distress. The care assistant eased the resident's distress by playing soft music, and calming the resident.

Some improvements required
A relative told the inspector that her mother (who had memory impairment) was not taken for a walk. She said this was the one activity her mother enjoyed. While the inspector saw this resident's name listed for assisted walking on an exercise schedule, there was no record maintained of whether this had been provided and staff could not say if or when this resident had been taken for a walk.
**Significant improvements required**

Staff did not adhere to the operational policy in the management of restraint. There was no schedule for the release of restraint for a resident who had a lap belt restraint in place. Inspectors were satisfied that alternatives to restraint had been considered and they observed that the resident was taken for walks. However, the lack of a plan for release of the restraint did not ensure consistent care.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of Good Practice

The Premises
The centre was new, purpose-built, well maintained and spacious with good facilities so that residents could maintain optimal levels of independence. The fixtures, fittings and equipment were available in sufficient numbers and were well maintained. There was good natural light, particularly in the main sitting and dining area. There was fabric material used on the walls of the communal area to absorb sound and promote a tranquil atmosphere. There were mainly single bedrooms, which were spacious with good storage facilities and all had en suite toilets and shower facilities. There were lockable facilities for residents’ personal valuables.

Residents had good choice of seating and seating areas. Residents told the inspectors that they liked to use the main central sitting and dining room area in the day time and if they had visitors they would use the small sitting rooms.

The design and layout of the centre allowed residents to move about easily. Corridors were designed to allow residents to walk unimpeded. There was additional signage in use, such as pictures of bathroom doors to orientate residents with dementia and to promote independence.

There was an easily accessible, secure courtyard garden available and residents told inspectors that they used and enjoyed the gardens in the good weather. There were plans to complete the main outdoor garden for residents’ use. The person in charge told the inspectors that she and the architect for the centre have arranged to visit a university in Scotland to look at examples of garden design and apply this to the garden at Glebe House. The provider told inspectors this work was scheduled for completion at the end of June 2010.

People with Dementia
The facilities in the dementia care unit were tailored to meet the needs of the residents. They had their meals in a small dining room and shared a sitting room. Each resident had a private bedroom with en suite shower facilities. There was an enclosed garden attached to the dementia care unit.
Infection Control
The premises were very clean and inspectors were satisfied with arrangements for infection control. Personal protective equipment such as gloves and aprons were available and staff used good infection control practices. Inspectors saw staff wearing gloves and aprons appropriately and using the alcohol gels provided frequently throughout the day. Both residents and relatives commented on the cleanliness of the centre. There was a cleaning schedule in place. The cleaning staff members who spoke with inspectors had a good knowledge of their role in infection control. Cleaning chemicals were stored securely. Arrangements for the disposal of domestic and clinical waste management were appropriate.

Kitchen
The kitchen facility was bright, spacious and clean. It had separate service hatches to the two adjacent dining rooms. Inspectors met with the chef and viewed the kitchen. The chef told inspectors that he met the residents informally after meals, listened to their views, and incorporated these when drawing up the menus. For example, ham in cider was currently a popular dish. The inspector viewed the menus and saw that nutritious meals were offered and there was plenty of choice. Special diets were catered for. The chef told the inspector that the dietician regularly reviewed the menus from a nutritional perspective and he incorporated her recommendations into the menu. Inspectors saw that there was a good stock of dry goods in the store. The chef said that vegetables and fruit are delivered daily, meat and fish are delivered twice a week from the butcher. Staff said they could access food for residents anytime of the day or night. Residents who spoke with inspectors confirmed this.

Equipment/ Storage
Inspectors noted that there was sufficient assistive equipment such as specialist chairs, hoists, specialist mattresses and adapted beds to meet the needs of residents. Inspectors observed a variety of pressure relieving cushions in use by residents in the day-room. The inspector observed a member of the care staff using a hoist to transfer a resident and saw that she used the appropriate technique, explained the procedure and reassured the resident. Inspectors examined equipment maintenance and servicing records and found that they were up-to-date. They also noted that there were good facilities for the storage of equipment.

Staff Facilities
Staff facilities were adequate - there were separate changing, shower, toilet and lockable facilities for staff.

Some improvements required
CCTV was widely used in communal areas such as dining and sitting rooms. Although residents or relatives did not raise this as a concern, there was no policy to identify residents as interested parties in the ongoing review of CCTV.
Inspectors found that there was not enough staff hours devoted to laundry services. Inspectors viewed the laundry and met the laundry person. She worked from 8.00 am 2.00 pm five days per week. Care assistants did laundry when the laundry person was off duty and this led to deficiencies in the service. The inspector saw notices in the laundry advising care staff not to launder residents’ personal clothes as they were getting damaged. Relatives remarked to the inspectors that personal clothes were shrunk on a number of occasions.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents. Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

Communication Policy
The inspectors reviewed the communication policy, which reflected best practice and guided communications. Inspectors found that the person in charge had a comprehensive set of policies, in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Policies were stored at the nurses’ station and there was a list of staff signatures to indicate that staff had read and understood them. When inspectors spoke to staff, they demonstrated how policies and procedures informed practices. For example, the inspector spoke with a carer who had a good knowledge of the policies on nutrition and pressure ulcer prevention. She described the importance of monitoring and recording fluid and food intake of residents who were nutritionally compromised and the importance of skin inspection, changing and recording residents’ positions when they were assessed as being at high risk of developing pressure ulcers.

Residents’ Guide
There was a newly developed Residents’ Guide that described the facilities and services. This was provided in each resident’s bedroom and was available to prospective residents, relatives and anyone making enquiries about the centre.

Communications
The inspector observed communications between management, staff, residents and relatives and saw that they interacted in an open and receptive manner with each other. Visitors told the inspectors they felt welcomed at all times. Inspectors saw the provider and person in charge and staff interact informally with residents and relatives. Residents commented to inspectors on how they liked the fact that all staff wore their name badges. One lady said she found it really helpful because she could not always remember names. The notice board for residents and staff included information of interest such as hairdressers’ visits, and upcoming local events, and group activities.

At each change of shift, there was a staff handover meeting to aid communication within the team. Inspectors attended a handover meeting where night staff were giving a report to day staff that were coming on duty. The meeting was attended by
nurses and care assistants. Relevant information was shared by the night staff and
day staff had an opportunity to ask questions and seek clarification where necessary.
Care staff described to the inspector how they reported any relevant changes in
resident’s health and welfare status at these meetings and how the information they
received at hand over meetings assisted them in providing appropriate care to the
residents.

The provider arranged language skills coaching to staff for whom English was not
their first language. The provider told the inspectors that five staff members were
availing of this training at present. Inspectors found that staff with whom they spoke
had a good standard of English.

There was a call bell system throughout the facility. The director of care told
inspectors that the timing of the response to call bells was monitored and audited.
Inspectors observed that call bells were responded to promptly during inspection.

Inspectors observed good practices when staff were communicating with people with
dementia. Staff took time to discover what a resident was trying to say, although he
had difficulty expressing himself. The inspector saw a care assistant supporting and
calming a resident who was agitated and who had difficulty independently turning
the pages of his newspaper.

Residents had easy access to different media, such as newspapers, books, radio and
television.

**Some improvements required**

Information about the residents’ committee was not shared with all residents. The
inspectors read the residents and visitors’ committee meetings minutes held in
October 2009 and March 2010. When inspectors spoke to the residents and relatives,
they were not aware of this committee. Relatives told inspectors that they were
reluctant to talk with staff or to raise issues because staff appeared to be very busy.

While each resident had a television in his or her bedroom, the television in the
sitting room of the dementia specific unit was not in working order. The manager of
support services told the inspectors that he had scheduled this for repair this week.
6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents’ needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Education, Training and Staff Development

The person in charge demonstrated a strong commitment to her own and the continuing professional development of staff. She had both a nursing and a medical qualification. She had undertaken studies in dementia care which qualified her to train staff about caring for people with dementia. The person in charge had put a system in place whereby designated nurses took a lead role on certain clinical issues. These nurses developed an area of expertise in areas such as falls and nutrition, acted as educators and provided advice for other staff. Staff who spoke with inspectors said they found this a valuable resource.

Inspectors found that staff knew about the National Quality Standards for Residential Care Settings for older people in Ireland. Copies of these were available to staff.

The training folder which inspectors reviewed documented the training provided to staff in 2009 and inspectors observed that staff had good practices in manual handing, infection control and medication management.

Training provided for Staff 2009

- Person-centred care in dementia
- prevention of elder abuse
- fire training
- infection control (all cleaning staff)
- health and safety
- moving and handling
- fire safety
- medication management
- activity provision.

Recruitment and Induction

The inspectors reviewed the recruitment and induction policy in place. The policy was comprehensive, staff files showed that the most recently employed staff had been recruited and inducted in accordance with the policy. Recently employed staff described their induction to the inspector and this was in line with the policy.
Performance Review
The inspector reviewed the recent performance reviews and found they were detailed and comprehensive. There was a probationary period of twelve months in place for all new staff. Staff met with their line manager at the end of the first month, third month, sixth month, ninth month, and on a yearly basis thereafter. All other staff had a personal development plan which supported specific training needs and staff development.

Staff Files
The staff files reviewed by inspectors showed that they contained all the required criteria such as Garda Síochána vetting, birth certificates, references, curriculum vitae and identification on all staff as required by the centres policy and as set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Significant improvements required
Although the provider had a policy for the use of agency staff, a number of relatives, and staff, told inspectors that there was a high number of agency staff who were unfamiliar with the residents. The provider and person in charge told inspectors that they used agency staff because they had difficulty recruiting staff to work in the centre.
Closing the visit

At the close of the inspection visit, a feedback meeting was held with Seamus Shields, the person in charge, Cheryl Tuliao the general manager of support service, Guy Kilroy, and the director of care Lloyd Mutandwa, to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Margurite Gordon

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

17 May 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Glebe House Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0039</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 May and 12 May 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 June 2010</td>
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</tbody>
</table>

### 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 is failing to comply with a regulatory requirement in the following respect:**

Staffing levels did not allow for appropriate supervision of vulnerable residents.

There was a lack of a contingency plan in place for sick leave. Inspectors reviewed the staffing rosters and saw that one staff member was rostered for sixty hours in one week and forty-eight hours the following week.

**Action required:**

Put in place the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents.

**Reference:**

Health Act, 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>A master roster is in place which incorporates cover for annual leave.</td>
<td>30/07/2010</td>
</tr>
<tr>
<td>An extensive recruitment effort is almost complete with new staff currently in their orientation. Staff who have the necessary qualifications continue to provide cover for sick leave. Every effort is being made to reduce reliance on agency staff.</td>
<td>30/07/2010</td>
</tr>
<tr>
<td>Allocation of staff has been reviewed and changes were implemented to ensure that adequate staff are available to meet the assessed needs of the resident, i.e. another staff has been allocated to assist in providing soup to the residents.</td>
<td>Complete</td>
</tr>
</tbody>
</table>

2. **The provider is failing to comply with a regulatory requirement in the following respect:**

Inspectors observed that staff provided care to residents in a hurried fashion, leaving no time for meaningful interactions or communications with the residents.

**Action required:**

Put arrangements in place to provide suitable and sufficient care to maintain the resident’s welfare and wellbeing, having regard to the nature and extent of the resident’s dependency and needs as set out in their care plan.

**Reference:**

- Health Act, 2007
- Regulation 10: Residents’ Rights, Dignity and Consultation
- Standard 4: Privacy and Dignity
- Standard 18: Routines and Expectations

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>A review of the daily routine has been carried out therefore meeting the needs of the residents effectively while allowing staff to work in a less time constraining fashion.</td>
<td>Complete</td>
</tr>
<tr>
<td>New staff has been employed which reduced the reliance on agency staff which improved the workload of the staff.</td>
<td>30/07/2010</td>
</tr>
</tbody>
</table>
3. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors found that there were not enough staff hours devoted to laundry services and did not meet residents’ requirements.

**Action required:**

Provide adequate laundry services to include the washing, drying and ironing of residents’ clothes.

**Reference:**

Health Act, 2007  
Regulation 13: Clothing  
Standard 25: Physical Environment

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

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<tr>
<th>Provider's response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>The hours of the laundry staff has been increased to meet residents’ requirements.</td>
<td>Complete</td>
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</table>

4. The provider is failing to comply with a regulatory requirement in the following respect:

The practice of restraint use was at variance with the policy. For example, there was no schedule for the release of a lap strap.

**Action required:**

Maintain records of any occasion on which restraint is used, the nature of the restraint and its duration.

**Reference:**

Health Act, 2007  
Regulation 25: Medical Records  
Standard 32: Register and Residents’ Records

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

<table>
<thead>
<tr>
<th>Provider's response:</th>
<th>Timescale:</th>
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<tbody>
<tr>
<td>A new additional form has been introduced to incorporate the documented release of restraint when used.</td>
<td>Complete</td>
</tr>
</tbody>
</table>
5. The provider is failing to comply with a regulatory requirement in the following respect:

The operation of the centre was institutional in some respects:
- residents were assigned a specific day to have a shower/bath. There was a lack of consultation and residents’ choice surrounding this
- the person in charge told inspectors that the residents’ and relatives’ committee meetings were held periodically, but residents and relatives were not aware of this committee
- CCTV was used throughout the centre in communal areas such as dining and sitting rooms, there was no policy to identify residents’ as interested parties in the ongoing review of CCTV usage

**Action required:**

Put systems in place that provides freedom for residents to exercise choice in relation to personal activities such as showering/bathing.

**Action required:**

Put in place arrangements to facilitate consultation and participation in the day to day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated. Careful consideration must be given to seeking the views of residents who have difficulty communicating.

**Action required:**

Carry out appropriate consultation with residents in the ongoing review of CCTV usage.

**Reference:**

Health Act, 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Standard 2: Consultation and Participation
Supplementary Criteria for Dementia-specific Residential Care Units for Older People

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tr>
<td>The assignment of specific shower/bath days for residents is used as a guide to staff only. Residents are consulted re hygiene needs on a daily basis so as to facilitate their needs and choices. The schedule of shower/bath were developed based on the residents preferred day of shower or bath taken during admission and is being reviewed regularly by DOC.</td>
<td>No action being taken</td>
</tr>
</tbody>
</table>
Residents/Visitors Committee - the function of this committee will be displayed on the residents’ notice board.

Opinions and views of residents, their significant others and advocates is being actively sought through our newly developed service satisfaction surveys, suggestion boxes, communication books, and key worker system.

**Use of CCTV**

The appropriate use of CCTV is a management issue. This is and will continue to be a matter determined by security needs, safety considerations, governance issues and performance auditing. This is not a matter for a residents’ committee. There is no surveillance in any bedroom, bathroom or other area where intimate care might be delivered. This is, and will remain, a management issue.

A policy reflecting this position will put in place and our use of this equipment will be detailed in the information pack being provided to residents prior to and upon admission.

Residents and significant others visit the nursing home prior to admission. All such equipment is visible. There is no covert use of recording equipment. A prospective resident is under no obligation to take up residence in one or our nursing homes if there is anything there (from ethos to the use of CCTV) that they consider unacceptable.

| Residents and visitors committee has been in place for over 6 years. Residents are aware and participate. |
| No change |
| 30/07/2010 |

---

**6. The provider is failing to comply with a regulatory requirement in the following respect:**

A relative told the inspector that her mother (who had memory impairment) was not taken for a walk. There was no record maintained of whether this had been provided and staff could not say if or when this resident had been taken for a walk.

**Action required:**

The registered provider shall ensure that all appropriate health care is facilitated and that each resident is supported on an individual basis to achieve and enjoy the best possible health.

**Reference:**

- Health Act, 2007
- Regulation 9: Health Care
- Standard 12: Health Promotion

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

**Timescale:**

---
### Provider’s response:

All activities carried out with residents are documented including walks and exercises.

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</table>
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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 6: Complaints</td>
<td>There was no space on the comment book and no other record available to note if negative issues about the service were addressed or not. It is recommended that the person in charge ensures that comments are raised at team meetings for feedback and measures required for improvement are put in place. Providers Response: Comments are/were being acknowledged by DOC signing on the book using red ink. This will continue. Issues that needed to be addressed are being raised on team management meetings if they are pertaining to non clinical issues. Clinical issues are being discussed and addressed in weekly clinical house reports and fortnightly clinical management meetings. We will not provide detailed responses or replies in the comments book other that a notation that the observation or comment has been noted. We have a comprehensive complaints procedure and will not permit or encourage this forum to be used as a forum for anonymous or unsupported complaint. A comments / suggestions post box is also in place</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:
None received

Provider's name: Seamus Shields
Date: 24 June 2010