

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St Glady's Nursing Home
Centre ID:	0686
Centre address:	53 Lower Kimmage Road Harolds Cross Dublin 6W
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Willoway Nursing Home Limited
Person in charge:	Ros O' Byrne
Date of inspection:	23 February 2010
Time inspection took place:	Start: 09:00 hrs Completion: 20:00 hrs
Lead inspector:	Eileen Kelly
Support inspector(s):	Valerie McLoughlin
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> 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.

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About the centre

Description of services and premises

St. Glady's Nursing Home is a two-storey residential centre with 51 places for older people, including people with dementia, which opened in December 2008. The building is an original Georgian period property and many of its original features have been maintained throughout. Two extensions were added to the original building forming the main bedroom accommodation. On the ground floor there are seven single rooms all with en suite toilets and showers and four twin rooms with en suite shower and toilet facilities. The kitchen and the main dining room are on the ground floor and there are three day lounges. The lounge on the lower ground floor is used primarily by the most dependent residents who also dine in this lounge. On the first floor, there are 12 single rooms with en suite shower rooms, two additional single rooms, nine twin rooms with shared en-suite shower and toilet facilities and two other twin rooms. The building has one assisted bathroom and there is lift access from three points between the ground and first floors.

There is an enclosed landscaped garden area with a patio and hazard free pathways, and adequate parking to the front of the premises

Location

The centre is located in the Harold's Cross area within a three mile radius of Dublin's city centre. It is well serviced by the 54a and 19a bus routes to the city centre.

Date centre was first established:	December 2008
Number of residents on the date of inspection	51

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	18	28	5

Management structure

The owner is Harvey Healthcare Group. The Providers are Seamus Brady and Derry Shaw. The Person in Charge is Ros O'Byrne who reports directly to the Director of Care for Harvey Healthcare, Noeline Kinnear. The nurses, care assistants and housekeeping staff report to Ms. O'Byrne.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	9	3	2	0	3 Maintenance

Summary of findings from this inspection

This was an announced registration inspection which took place over one day and the second inspection carried out by the Authority. As part of the registration process the provider has to satisfy the Chief Inspector that he is 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 part of the application for registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority including completion of the required Fit Person self assessment document in advance of the inspection visit. This documentation was reviewed by inspectors to inform the inspection process. In order to assess the fitness of the provider and the person in charge separate interviews were held with these key personnel as part of the registration process.

The inspection findings were largely positive. Inspectors found that residents in general at St Gladys received a safe and reliable quality of service where healthcare needs were well monitored and managed. There was a culture of risk management and clinical leadership. Residents were consulted about the running of the centre and their independence was actively promoted. There was evidence of flexibility and choice for residents in many of the day-to-day routines and staff in the main provided care and support in a warm and friendly manner. The policies and procedures were comprehensive, clear, up-to-date, accessible to staff and actively used to guide practice.

Inspectors found that the premises were maintained to a high standard. There was evidence of a self evaluative approach by both the providers, the director of care and the person in charge and there was a demonstrable commitment towards ongoing continuous improvement. Inspectors noted that this centre had been in operation for just over one year and that the management team have made progress in meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Additionally, inspectors were satisfied that the management team had responded positively to the actions required following an announced inspection carried out by HIQA in November 2009 and that continued efforts were being made towards improving best outcomes for residents.

There were some areas identified for ongoing development and improvement in person-centred care planning, transparency in logging and tracking of complaints, communication with residents and medication management. These issues are included in the Action Plan at the end of the report. Inspectors concluded that the response to this action plan was satisfactory.

Residents' and relatives' comments

In advance of the inspection, inspectors received 11 questionnaires from residents and relatives with comments on the care received and quality of life for residents. Inspectors also spoke with several residents and some relatives on the day of the inspection. Comments from residents and relatives were largely positive and inspectors found that staff were mainly knowledgeable about residents' needs and preferences. Comments from residents included "I feel well cared for all the time", "I am always clean and looked after" and "staff always willing to suit one's wishes". One resident said that the "staff are wonderful here". Residents made comments such as "never had need to complain", "no cause for complaint". They identified the person in charge or nurses as staff they would approach if they had a complaint. Relatives' views echoed this sentiment with comments such as "staff are all extremely helpful in answering queries and concerns", "everyone is very informative and helpful" and "all staff are very caring and friendly". There were several positive comments about the high standard of cleanliness in the physical environment, such as "the place is always clean and well maintained" and "there is a very high level of cleaning activity".

Residents were mainly positive about the food and told inspectors that they enjoyed the variety of food. Comments included: "the food is very good"; "there is always plenty of food and home baking".

Residents talked about activities and meaningful social recreation, saying that they particularly enjoyed the regular live music and some residents said that they would like more of this. One resident said: "I like to watch the coming and going of people to the home" and some other residents talked about enjoying television and reading or playing cards.

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

There was evidence of committed leadership and strong management involvement in the day-to-day running of the centre. Both providers, the person in charge and the director of care were present throughout the inspection and were participating in the process and learning from it. All management personnel demonstrated a good understanding of 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 2009*. Since the completion of the Fit-person entry programme the provider had introduced a residents' forum to ensure that there is a mechanism in place to obtain regular feedback from residents and relatives. Also, since the first scheduled announced inspection carried out by the Authority in November 2009, the providers took action to address the privacy and dignity of residents by ensuring that all bedroom doors which had viewing panels were now suitably covered.

Inspectors observed open communication between the management team. The person in charge met with the provider on a formal basis once per week and the director of care coordinated monthly meetings between the other persons in charge of centres within the Harvey Healthcare group. The person in charge at St Gladys told inspectors that she found this peer support extremely helpful in setting a clear direction and vision for quality care for residents. She gave an example of how as a group of nurses they had recently devised a weekly audit tool for use in assessing some aspects of the quality of care. Inspectors viewed this document and found it to be a useful gauge on the potential for poor outcomes for residents. One example contained in this weekly monitoring audit was a call bell check by the person in charge. Inspectors saw that the person in charge had shared her findings with all staff in her daily meetings. She told inspectors that the audit findings formed the basis of ongoing informal education, feedback and training with staff.

The person in charge demonstrated a commitment to the regular auditing of care practices in general. For example, inspectors viewed a detailed audit on falls, which encompassed a review of falls assessments contained in residents' records as well as

an assessment of the physical environment to identify slips, trips and potential hazards.

The person in charge is an experienced qualified nurse with management experience and a keen interest in gerontology. She worked in the centre full-time and there were satisfactory deputising arrangements in place. Skilled senior nurses provided cover in the absence of the person in charge and the director of care whom the inspectors met on the days of the inspection. They also provided an on-call service in the absence of the person in charge.

Inspectors viewed an up-to-date and comprehensive safety statement and a recently developed Statement of Purpose which met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Inspectors found that the Statement of Purpose reflected the service provided.

There was a visitors' book in the hallway which was actively used. There was also a suggestion box which was in a prominent position, for visitors and residents to use. Inspectors were informed by the providers and the person in charge that this initiative was put in place since the last inspection in order to more widely encourage the sharing of views in the running of the centre.

The complaints policy, mission statement, fire safety certificate, residents' charter of rights and certificate of insurance were displayed in the reception area. The complaints policy had been updated since the last inspection to include details of the independent appeals process and which included details of the named independent person who will oversee that complaints are dealt with in a fair and transparent manner.

All residents managed their own finances with the assistance of relatives. However, there was a secure safe which was available to residents if they wished to store any valuables or money. Inspectors saw that there was an appropriate system in place to monitor this practice and residents' possessions were adequately insured.

There were adequate fire safety policies and procedures in place and there was a fire system certificate displayed in the hallway with an expiry date for 14 October 2010. Two staff members are designated fire safety representatives and staff displayed a good understanding of fire safety. Staff were able to explain that walkways were checked daily to ensure they were clear and an audio check of the fire alarm system was carried out each week. Records viewed by inspectors verified this. The most recent fire training took place on 12 January 2010 and a further fire training day was scheduled for 25 March 2010. Since the last inspection in November 2009, three new members of staff had joined and two of these people had received fire training with a plan for the third person to be included in the March training. These new members of staff had also received mandatory training on elder abuse and on safe practices in the moving and handling of residents. Staff spoken with were able to talk about procedures to follow in the event of suspected or alleged abuse.

Significant improvements required

Although the person in charge was open in her discussion of complaints and demonstrated an interest in the potential for learning and improvement gained, as a result there was no clear system of logging complaints and tracking progress and outcomes. An inspector met a relative on the day who said that she had raised some issues with the person in charge in relation to quality of care but inspectors noted that these were not been logged or tracked as complaints.

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

Inspectors were satisfied that residents enjoyed a flexible daily routine. Breakfasts were served to residents in bed if they wished and they were given choices as regards times getting up, personal care, resting during the day and retiring at night. Inspectors observed some residents opting to have lunch in quieter areas in sitting rooms instead of in the main dining room. An inspector observed one resident being assisted by a member of the care staff to have tea and biscuits in a sitting room after having her main meal in the dining room.

Staff were familiar with residents and their needs. Since the last inspection 10 new residents have come to live at there and staff who spoke with inspectors demonstrated an awareness of the needs and interests of these residents. For example, an inspector spoke with the chef on the day who displayed a good knowledge of the dietary needs and preferences of each new resident. The chef talked competently about meeting special dietary needs such as renal, diabetic, low salt and low calorie diets.

During the lunch and evening meal inspectors observed staff sitting alongside residents who required assistance with their meals. Staff were providing appropriate and sensitive assistance as well as engaging socially with residents. Meals, including soft and pureed diets, were attractively presented and there was a choice of menu clearly displayed. Tables had centre pieces with fresh flowers in the main dining room and the tables for more dependent residents were set with attractive place mats. Meal portions were adequate and residents were asked whether they wanted second helpings or additional flavours or sauces. A choice of soft drinks was also served. Lunch was an unhurried occasion and many residents were seen engaged in conversation with each other and with the staff. Inspectors observed that several residents had formed friendships and that this promoted a sense of well being. For example, the person in charge told an inspector about one resident who had been eating rather poorly and who had developed an improved appetite as a result of sharing a table at mealtimes with another resident who had become a close friend.

There was a positive approach towards visitors. On the day of the inspection there were several relatives present, including children. Inspectors observed that relatives

were warmly received by staff who were familiar with them and several relatives were seen having tea with residents.

There was a lively music session mid-morning with two musicians playing a flute and an accordion. Residents were observed clearly enjoying this activity and a sing-song ensued. The Harvey Healthcare Group employs a full-time activities coordinator who visited on a weekly basis and organised activities for residents. There was a notice board displaying the activities on offer and residents were mostly aware of the activities on offer which included aromatherapy, hand massage, crosswords, gentle exercise, songs, music, bingo and art. Inspectors saw a gentle exercise class taking place in one of the sitting rooms which was well attended by residents. Staff used a gentle exercise video for the exercise session with more dependent residents which was held in the afternoon. Inspectors saw some residents watching their favourite programmes or reading books and newspapers while one resident was seen enjoying a card game with a member of staff. Inspectors noted that the person in charge took active responsibility for ensuring that all residents are aware of the structured activities available by designating one care assistant each day to inform residents of what activities are available and ask whether they wish to participate. An inspector observed a member of the care staff informing individuals and groups of residents about the structured activities of the day.

Residents' spiritual needs were met. They could participate in mass which was held on a monthly basis and receive Holy Communion weekly. Some residents went out to mass with relatives as well as on other outings for meals or shopping trips. There were organised day trips mostly in the summer period, visiting local parks and city museums. One resident continues to attend a local day centre which had been part of this person's life before moving to live at St Gladys. Inspectors saw leaflets for an upcoming planned outing to see a local musical which interested residents and relatives were also invited. Inspectors were told that a relative had recently donated a computer for use by residents. The person in charge told inspectors that she hoped to develop this initiative in conjunction with transition year students from local secondary schools.

Some improvements required

Although most residents looked well groomed and wore coordinated clothes, a small number of residents required more attention to their nails and skincare. Some residents needed to have their shoes polished.

The statement of purpose stated that the building was a smoke free area but this impacted on the quality of life for three residents who wished to smoke. Inspectors saw two residents having to go outdoors on a very cold day to smoke. Although there was a canopy for shelter, it was not in use on the morning of the inspection and therefore the available seating was wet. The canopy was in use later that afternoon. Inspectors spoke with both of these residents who said that they had no problem with going outdoors to smoke but inspectors were concerned one man went outdoors to without any extra warm clothing.

Inspectors observed that there were times during the day when the television was left on in sitting rooms with no clear management of the relevance of programmes for residents. For example, in one sitting room there was a programme which nobody seemed to be interested in and members of staff were not proactive in consulting with residents about the use of the television at that time. One relative told inspectors she often found that the television was overly used as a means of stimulation and that programmes were often loud and not always to the liking or relevance of residents.

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

Inspectors found that there was a proactive culture of risk management and monitoring of residents' healthcare needs. Inspectors looked at samples of residents' records including assessments, care plans, medical records, prescription sheets and care plans. For example, there was good evidence of clinical risk management practices in the prevention of pressure sores, falls prevention and management of PEG feeding (percutaneous endoscopic gastrostomy - a method of feeding via a tube to the stomach). One resident, who was at risk of falling over, wore hip protectors and all residents had access to pressure relieving mattresses. Residents at risk of falls had a suitable falls assessment combined with a falls diary and post falls assessment. These allowed staff to review the factors that might cause someone to fall and amend their care plan accordingly. Records showed that appropriate actions, including neurological observations were taken in response to falls and a copy of each incident form was shared with residents' general practitioner (GP) upon the next review. Residents had a choice of GP service; some residents retained their own GP they had attended prior to coming to live at the centre and others availed of new GP services arranged by the person in charge.

Since the last inspection the person in charge has begun to implement a social assessment component to inform care planning. This is in the initial phase and is being developed in conjunction with the life story initiative. Also, care plans have been amended to include evidence of residents' or their representatives' involvement in the care planning process.

Inspectors found that healthcare observations were carried out by nursing staff. Records viewed by inspectors showed that residents' individual weights and vital signs were monitored and there was a proactive approach to the recording and monitoring of food and fluid intake. The person in charge described her liaison with GPs and allied health services and inspectors found that she had a proactive approach. For example, she had a good working relationship with specialist services such as dietetics and mental health services for older people at St James' hospital. The person in charge informed inspectors that since the last inspection, there was specialist nurse input once every three months for residents who required the use of a type of urinary catheters. Another resident received a weekly visit from a mental health specialist. Residents had a three monthly access to chiropody and there was a

limited access to physiotherapy which was sought on a private basis and paid for by residents.

Inspectors observed that staff promoted residents' independence and that residents were not restrained. Inspectors saw several residents walking independently about at their ease, some using the support of suitable assistive aids. Residents who required supervision while walking were also encouraged to remain active. Inspectors saw residents being accompanied by staff on walks.

Inspectors observed the administration of medication and found that staff adhered to procedures for the safe administration of prescribed drugs. Prescription charts were reviewed regularly by visiting GPs and were formally evaluated every once every three months when a new chart would be written up. Drugs were delivered daily by the pharmacy in individually labelled blister packs. The pharmacy provided a reference book identifying the special features of every drug.

Some improvements required

Although care plans stated the actions to be taken by staff in the delivery of health and social care, they were not adequately person-centred to reflect the specific detail of the care to be delivered as well as the likes and wishes of residents. For example, there was a tendency for personal care to be delivered with a task driven approach rather than in a flexible and person centred way. There was a book allocating tasks to be carried out by staff and it included personal care to residents such as showering on particular days and assistance with going to the toilet at particular key times during the day. As a result, personal care was delivered in a scheduled rather than needs based manner, and this did not encourage a sense of autonomy, dignity and choice for residents. For example, an inspector observed two residents being assisted to the toilet following lunch. One resident commented to a member of the care staff: "I thought I was going first". The staff member addressed this resident by her name and clearly explained that she would return when she was free while adding in a matter of fact way that "you will have to wait for a while." This resident nodded in a compliant manner and continued to wait until the care assistant was free. This resident told an inspector that she sometimes has to wait for a staff member to assist her to go to the bathroom.

Inspectors noted that one resident with behaviours that challenge did not have a behaviour management chart on his care plan to monitor and inform practices in the delivery of his care.

Significant improvements required

An inspector observed that GPs' prescriptions for Warfarin were not written up in accordance with best practice. This is a high alert medication that requires special attention in all aspects of administration. The specific dose was not appropriately recorded on the prescription sheet. This was brought to the attention of the person in charge who gave the assurance that this would be raised with GPs promptly.

Inspectors observed that in one sitting room, a choice of drinks had been left out on a table for residents but were not offered to residents during the course of the morning. Although an inspector saw that residents were offered tea in the morning, they were not offered the fresh drinking water and orange in jugs which were on a table in the room.

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 standard of cleanliness and décor throughout was very good. Cleaning staff demonstrated an understanding of their roles and responsibilities and showed regard for residents' privacy and dignity. Bedrooms were spacious with adequate storage facilities. Bedrooms were decorated with personal photographs and possessions. Inspectors viewed the day rooms, dining room, laundry, kitchen, bathrooms and sluice room. The dining room and day rooms were sufficiently spacious. The day rooms were comfortable and homely with suitable seating and paintings on the walls. One room had a fireplace and the other had substantial book shelves and a piano. Inspectors viewed the laundry and sluice room and all were considered to be satisfactory. Visitors primarily met with residents in the communal sitting rooms but access to a private space was available for those residents who did not have an individual bedroom and who wished to see relatives' and friends privately. Since the last inspection, viewing panels into bedrooms had been covered and inspectors were satisfied that the provider had responded positively in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in relation to the privacy and dignity of residents.

Equipment and assistive aids such as PEG feeding equipment (percutaneous endoscopic gastrostomy – a method of feeding via the stomach blood pressure monitors and wheelchairs were well maintained with up-to-date servicing records. Maintenance staff were employed for the general repair work and a system of logging and tracking maintenance requests was in use.

An inspector visited the kitchen and spoke with the chef. The kitchen was clean and well organised and there was a plentiful supply of food. Staff were appropriately trained in areas such as food hygiene, fire safety and infection control and it was noted that refresher HACCP (Hazard and critical control points) training was scheduled over the next few weeks. It was noted that care staff paid attention to infection control issues by wearing disposable protective aprons when entering the kitchen. The most recent environmental health inspection took place on 20 March 2009 and the kitchen was found to be in compliance with health and safety legislation.

Waste was well-managed; general waste was separated from clinical waste, and collected regularly. Clinical sharps were disposed off safely in accordance with best practice.

Laundry services were provided on site and considered satisfactory.

Inspectors observed that there was new planting in the garden since the last inspection and new garden furniture. A resident told an inspector that he had participated in choosing the plants which he had enjoyed immensely and hoped to continue to care for the plants.

Some improvements required

Although servicing records on equipment were made available to inspectors, the two hoists seen on the day did not display an updated service check label. One had no service check label while the other displayed a label declaring the last service check took place in December 2008.

CCTV was widely used throughout in communal areas such as dining and sitting rooms. Although residents or relatives did not raise this as a concern, the relevant policy did not adequately identify residents as interested parties in the ongoing review of the operation of CCTV.

There were no bedpan washers in sluice rooms to promote infection control. This creates a risk of cross contamination.

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

Inspectors found that the person in charge had a comprehensive set of policies which were in-line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There were informative and accessible policies for clinical risk management and most policies had a list of staff signatures to indicate that staff had read them. Policies and procedures were generic to the Harvey Healthcare group and were presented in a format specifying their use at St Gladys. There were implementation and review dates on them. Staff spoken with were able to demonstrate their understanding of how policies and protocols inform practices. For example, a nurse with lead responsibility for the monitoring of continence promotion displayed a good knowledge of the policy and described how this helped inform her and other staff in understanding the importance of continence care for residents.

There was information available to residents such as a mission statement, the information booklet, the complaints policy, the activities plan and contract of care. Residents had easy access to different media, such as newspapers, books and television. They also were able to use the mobile phones to make personal calls and some residents had their own individual telephone landlines in their bedrooms.

Systems were in place to maximise effective communication between staff. There was a communication book between day and night staff in order to highlight any issues for attention about residents' personal care needs. There were handover meetings between staff shifts, as well as a daily report to care assistants that was normally conducted by the person in charge or a senior nurse. Sensitive information regarding residents' needs was communicated discreetly. For example, information on residents' dietary needs was kept in the kitchen and details on individuals' moving and handling needs were stored in residents' files with an accessible copy for staff inside residents' individual wardrobes.

The person in charge promoted and encouraged residents to become involved in the running of the centre. For example, a menu meeting with residents was scheduled for April 2010 to discuss plans for a summer menu. An inspector spoke with the chef who was enthusiastic about involving residents in this decision-making. Other

initiatives included a new advocacy group established by the providers and the person in charge since the last inspection. There has been one meeting to date and 10 residents attended. An inspector viewed the minutes and saw that issues raised by residents were being addressed such as the request for trips out and for more fish on the menu. The person in charge also undertook resident and relative surveys as part of her annual quality review and inspectors viewed a sample of these on the previous inspection.

The person in charge held a record of any incidents deemed significant in the delivery of care to residents. An inspector viewed this record and noted an example where the person in charge had identified that nurses had on occasions omitted to clarify on the medication administration sheet when a resident had completed a course of antibiotic treatment. The person in charge used this communication book as a learning tool. Inspectors noted that nurses had signed the record to indicate their understanding of the incident.

Staff have been engaged in developing residents' life stories with the help of residents and relatives. This is a work in progress and the person in charge informed inspectors of plans to develop memory boxes for staff to use with residents in order to enhance meaningful engagement.

Significant improvements required

There were some examples observed by inspectors of poor communication practices which demonstrated a lack of respect and suitable insight into residents' needs. For example, an inspector observed a care assistant opening a window in a sitting room although a resident had complained of the cold. The care assistant told a resident in a rather matter of fact manner that he could close it again if he wished to do so. A care assistant was also observed bringing a meal on a tray to a resident who wished to dine in the sitting room. The care assistant did not interact socially with this resident and did not ensure that the meal was suitably arranged and comfortably within the resident's reach. An inspector saw this resident struggling to reach the soup bowl which posed the risk of potential scalding. On another occasion, one care assistant did not appropriately reassure or reorient a resident who changed a television channel when other residents were about to participate in an exercise video activity.

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

Inspectors found that the person in charge and the nursing staff demonstrated a sense of clarity, purpose and focus to their roles and responsibilities. Nurses were clear about their supervisory responsibilities for care staff, but also had a broader role in educating the team. The person in charge had put a system in place whereby designated nurses acted as educators on certain issues which promoted continuous improvement. For example, the person in charge identified the use of link nurses to provide a monitoring and learning focus for health and social care needs. One senior nurse provided lead advice and support on continence promotion as well as elder abuse and another nurse led on nutrition. The person in charge encouraged her senior nurses to expand their skills in the education and training of staff and auditing. For example, when the person in charge carried out an audit on falls, she used this as a learning opportunity for the nurse who will in future take a lead responsibility for a future audit.

All staff had completed training on areas such as the prevention and detection of elder abuse, manual handling, fire safety, nutrition care and dementia care. Nurses had opportunities to avail of ongoing professional development and training in specialist areas such as PEG feeding, catheter care, medication management and wound management. For example, plans for future nurse training included end of life care at a local hospice in April 2010. Fifty percent of all care staff had Further Education and Training Award Council (FETAC) Certificates. Records were kept of all nurses' certificates of registration with An Bord Altranais for 2010.

On the day of the inspection, there were two staff nurses on-duty and nine care assistants as well as the person in charge. There are four care assistants until 10 pm each night to so that residents could go to bed when they wished. Staffing rosters indicated that there are two nurses on-duty at night and two care assistants.

Three new care staff had recently been recruited; their personnel files were largely up-to-date and of a good standard, containing birth certificates, photographs, references, contract of employment and curriculum vitae. Garda Síochána vetting had been applied for these new staff. The person in charge's plan to introduce a new

staff appraisal system was underway and she told inspectors that staff had been invited to complete the self-assessment documentation as part of this process.

Some improvements required

Care staff were organised to work in a task centred way. They rotated responsibility for carrying out day-to-day tasks, including the provision of personal care, from one group of residents to another. Although this arrangement provided for clarity in the organisation of day-to-day routines, it did not necessarily provide person-centred continuity of care for residents.

Report compiled by:

Eileen Kelly

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

8 March 2010

Provider's response to inspection report

Centre:	St Gladys Nursing Home
Centre ID:	0686
Date of inspection:	23 February 2010
Date of response:	26 March 2010

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 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:

An inspector observed that GPs' prescriptions for the high-risk medication warfarin were not written up in accordance with best practice.

Action required:

Liaise with GPs so that prescriptions are suitably written up in accordance with best practice.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Timescale:

<p>Provider's response:</p> <p>We think it may be important to establish what best practice in the administration of Warfarin is. Currently we use St James's Hospital prescription books for Warfarin. In this formatted prescription book there are three columns indicating the dosage amounts of 1mg, 3mg & 5mg. Currently the doctors fill in the prescription in the same way as the hospitals for example, by placing a 2 in the box under the 3mg column it indicates to the administering nurse that the resident requires 6mg of warfarin. As we understand it the inspectors would prefer to see '6mg' placed in this column. Having spoken to the doctors they believe that this could lead to errors in the administration of warfarin.</p> <p>We have also consulted the Safe Medications Practices website and there is no clarity on best practise but we are meeting with our doctors to formally agree this approach.</p>	<p>Ongoing End April 2010</p>
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<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no record of some verbal complaints.</p> <p>The management of complaints was not tracked to ensure that they were resolved.</p>	
<p>Action required:</p> <p>Ensure that all complaints are tracked and monitored in a transparent manner.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We discussed this issue with the inspectors at our summary meeting and believed that this matter had been resolved. Our complaints book is designed to include both verbal and non verbal complaints. To date we have not received verbal complaints. There are, however, occasionally, some relatives who want to talk to the Director Of Nursing but state categorically that they do not want to make a complaint and we have to respect their wishes. For the purposes of transparency, and to ensure that we learn from any constructive comments, any such conversations are entered in a</p>	<p>Completed</p>

<p>separate book and the Director of Nursing invited the inspectors to review it.</p> <p>As stated we have a complaints policy, procedure and an independent complaints person who reviews all compliant on a regular basis. In addition to the questionnaires issued by HIQA we have issued our own questionnaires to residents and relatives and have a suggestions box in the entrance hall of our Nursing Home. Any suggestions or issues arising from these are entered in the complaints book.</p>	
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Drinks were left untouched for an unacceptable length of time in one sitting room.</p>	
<p>Action required:</p> <p>Ensure that residents have ease of access to drinks and where required are appropriately assisted with having drinks.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 12: Health Promotion Standard 19: Meals and Mealtimes</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Hot and cold drinks are offered to all residents with their meals and at various times throughout the day. In addition cold drinks are available for all residents and visitors but we will continue to monitor they are offered to residents on a regular basis.</p>	<p>Completed</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were some examples observed by inspectors of poor communication practices by some care staff which demonstrated a lack of respect and suitable insight into residents' needs.</p>	
<p>Action required:</p> <p>Ensure that staff communicate respectfully with residents at all times.</p>	

Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We refer page 19 of this report, which this action point refers to and deal with the reported incidents individually. It is important to remember that over 50% of the residents in our home suffer from various form of dementia which manifests it in various ways. The resident referred to regarding the windows has a phobia about windows, is very ambulant and spends much of his time opening and closing windows as well as collecting teacups. We understand that this would not have been known by the inspectors and our carer's comments may have come across as dismissive but this is part of his daily ritual. Regarding the dining issue, the resident referred to does not normally eat in the living room but chose to dine there that day. At the time the tray was presented with his lunch the inspector was speaking to him. The carer waited a moment for the conversation to end and when it continued she arranged his food for him to eat when he finished his conversation. Finally with reference to the resident who turned on the TV as an activity involving a DVD was taking place this was the third time he had attempted to do this. Prior to that he had attempted to disrupt the residents in this sitting area and was encouraged to use the other sitting rooms. Despite this we respect the observations made by the inspector and will endeavour to ensure that all our residents are treated with respect from our staff members.	Completed

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

There was inadequate and inconsistent consultation with residents:

There were times during the day when the television was left on in sitting rooms with no clear management of the relevance of programmes for residents.

Action required:	
Put an appropriate care plan in place for the monitoring and delivery of care for this resident.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>I think it is very important to put some of these behavioural challenges in context. When we accept new residents to our home there are sometimes settling in periods as the residents adjust to their new surroundings. This can be disruptive if a resident is in a sharing room but these situations are monitored on an ongoing basis and our Director of Nursing will change residents' rooms to ensure that all our residents are comfortable and safe.</p> <p>The incident referred to in this action point refers to such a situation. At the time of the inspection we had accepted a new resident who was adjusting to his new environment in a way that disturbed another resident. This matter was being monitored at that time and is now working well.</p>	Completed

7. The provider is failing to comply with a regulatory requirement in the following respect:	
Two hoists seen on the day did not display an up-dated service check label.	
Action required:	
Ensure that all equipment and assistive aids are regularly serviced with servicing records and display labels where appropriate.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The two hoists have been serviced and the Director of Nursing has details of the recent service in the equipment book. We will ensure that the service company attach stickers on the equipment to confirm this but we would like to confirm that they have full service records.</p> <p>Labels will be attached at next service in April.</p>	<p>April 2010</p>
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Personal care was delivered in a task driven manner rather than in a flexible and person-centred manner.</p>	
<p>Action required:</p> <p>Provide suitable and sufficient care to maintain resident's welfare and wellbeing, having regard to the nature and extent of resident's dependency and needs as set out in their care plan.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Once again we would like to thank the inspectors for their positive comments regarding the cleanliness of our Nursing Home and hygiene standards. Currently we are using a product called Sani D for cleaning our bedpans. It is deemed to be the most effective cleaner available in the prevention of MRSA, C.diff and other infections. This product is manufactured by Unilever and all our staff have been trained in its use.</p>	

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Personal care was delivered in a task driven manner rather than in a flexible and person-centred manner.</p>	
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Action required:	
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 6: General Welfare and Protection Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>There has been much debate in the UK regarding a holistic approach to care for the elderly but there is a two way debate regarding the best approach for the residents. We acknowledge the positive comments made by our residents about their care in home acknowledged in this report and would like to state clearly that residents' wishes are kept very much to the fore.</p> <p>As an example we would like to refer to the inspectors' observations about two residents on page 11. We have two residents who were admitted to the Nursing Home a short time before the inspection. The inspectors correctly observed that they were a little unkempt as they refused to be shaved or groomed by our staff in the mornings and their wishes respected. Since then by getting to know them better staff have been able to encourage them to improve their appearance and they are now, on most days prepared to shave and take pride in their appearance.</p> <p>We adopt the approach of person centric care. Each resident has a key worker assigned to them. This key worker maybe changed depending on how the relationship with the resident develops. Additionally staff are de-briefed every morning by the Director of Nursing or senior staff nurse regarding the objectives for the group of residents that they are looking after for that day. In time these groups are rotated so that all our staff get to know all our residents. At no stage are residents forced to have showers or certain activities on particular days but many residents, especially those with dementia, like to the routine of knowing what to expect on particular days. This is also the approach with activities for residents. There are routine activities that take place at similar times each week and a lot of ad hoc activities depending on the mood or desires of residents.</p>	Ongoing

Any comments the provider may wish to make:

Provider's response:

Once again we would like to thank inspectors for their compliments about our home and staff. We welcome all of their observations and action points, which we take very seriously. Post their visit we had an opportunity to speak to staff about some of the observations made by inspectors and we have included the context of these in our provider's response.

Inspectors were courteous and very helpful during their visit and we look forward to being able to further develop our relationship with inspectors during and outside of the inspection process

Provider's name: Willoway Nursing Home Limited

Date: 26 March 2010