

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Glady's Nursing Home
<b>Centre ID:</b>	OSV-0000686
<b>Centre address:</b>	53 Lower Kimmage Road, Harold's Cross, Dublin 6w.
<b>Telephone number:</b>	01 492 7624
<b>Email address:</b>	ros@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Ltd
<b>Provider Nominee:</b>	Hilda Gallagher
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 July 2014 08:10 To: 30 July 2014 16:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both of the outcomes.

While areas of non compliance were identified regarding food and nutrition and end of life care, overall the inspector found a satisfactory level of compliance with 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. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Residents requiring end of life care received a high quality and person-centred service at this stage of their lives. The inspector noted many examples of good practice in this area and staff were supported by prompt access to specialist services. Feedback shown to the inspector from a number of relatives of deceased residents showed that families were satisfied overall with the care given to their loved ones. However, care plans did not properly guide the care to be delivered. New documentation was in the process of being implemented, and further this would be

further training for staff was planned to equip staff with these skills.

The nutritional needs of residents were met to a good standard and there was access to specialist services. There was a good standard of nutritional assessment and monitoring and residents had very good access to the GP, dietician and speech and language therapist when indicated. Residents were provided with food which was varied and nutritious and respected their preferences. Residents provided feedback to the inspector, regarding the food and nutrition, which was very positive.

However improvement was required. There was a lack of clinical supervision at meal times. Appropriate assistance was not provided to all residents at meal times. Appropriate seating was not provided to all residents. This did not make the meal time enjoyable for all residents. The inspector observed that manual handling practices on two occasions were poor .

These matters are discussed further in the report and in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 05: Documentation to be kept at a designated centre**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The end of life policy had not been fully implemented in practice.

**Judgment:**

Non Compliant - Minor

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. Minor non-compliance in care planning as detailed under Outcome 14 and 15 was identified.

While staff had attended training in moving and handling, however poor practices were

observed during the inspection which may have injured residents. There were manual handling assessments and plans in place for residents but they were not being used to guide practice.

No other aspect of this outcome was reviewed on inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Overall residents received a high standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the assessment and care planning and the implementation of the policy.

There was a policy on end-of-life care which was centre specific, while it had been reviewed since submission of the self assessment it had not been implemented at the time of the inspection. The person in charge had not identified any areas for improvement within the self assessment.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. There were no residents receiving active end-of-life care at the time of inspection. One resident who had been deceased had a care plan but it was not updated as the residents condition deteriorated and would not guide care. New end of life preferences, assessment and care plan had been developed but were not yet rolled out for all residents. The nurses told the inspector this was a work in progress. Some information regarding resident's spiritual needs was documented. The residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported.

The decisions concerning future health care needs for some of the residents had been discussed with the GP and family. This was documented; however was not reflected in the residents care plan and there was no system for review of this status.

The staff stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the nurses and GP, the inspector saw that there was prompt access to the service when required. Staff

members were knowledgeable about how to initiate contact with the service. This was documented in resident's files.

The inspector reviewed complement cards returned by the relatives of residents who had died in the centre. This information showed that all respondents were very satisfied with the care which had been provided at the time of death.

Overnight facilities were provided for relatives, which they could use to be with the resident when they were dying. A single room was provided in most cases for residents at this time. Refreshments were provided in the centre for relatives.

Residents said they did not fear their end of life as they had witnessed how well the staff looked after other residents at this time. Relatives concurred with this. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them.

Residents and visitors were informed sensitively when there was a death in the centre. Residents and relatives spoke of paying their respects to their friends who had died in the centre. A notice was available to be placed at reception to alert all staff, residents and visitors when a resident was at end of life. There were plans to introduce this. Residents said they were supported when a resident dies in the centre, through one to one discussions with the staff.

The inspector found that there was information available for distributing to families following the death of a loved one. This included registering a death. The procedure for the management of resident's personal property was satisfactory. Personal possessions lists were signed by the staff and there was two signatures maintained in the management of valuables. This included the resident or relative. There were appropriate bags available to handover personal possessions.

Records showed that staff had received training in end-of-life care in 2014 and further training was planned. Mass services took place weekly, communion was also offered weekly. Residents expressed their satisfaction with this service. Access to other religious representatives from other faiths was available if requested. Respect for the remains of the deceased was documented and family were consulted throughout the whole process.

Many of the staff attended the funeral if they can. A sympathy card was also sent to the family. While staff said they reviewed the care delivered to residents following death, there was no documented post death review of the end of life practices to improve the services going forward. An end of life audit had been completed in 2014 and there were no areas for improvement.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of the care plans. Assistance at meal times and supervision required improvement.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. The person in charge had not identified any areas for improvement in the self assessment document that was submitted to the Authority.

The inspector observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms or in the dining/day areas. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. Some residents liked a fried egg or ham sandwich and this was provided. The inspector also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. This could be further enhanced with the use of picture menu's for staff to use while assisting residents to choose their meal.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. Regular fluids were provided during the day. Portion sizes were appropriate. Many of the residents who required assistance at this meal received this in a sensitive manner. However this required improvement. The inspector observed that appropriate assistance was not provided to all residents. Two of the staff were not seated when assisting residents with meals.

Resident's meals were observed to be stored in an open trolley for up to 15 minutes following transportation to one of the day rooms and waited until staff were available to assist residents. Many of the bed tables used to rest a meal on in the dining/sitting areas were not appropriate for residents and residents were seen to be having difficulty reaching these tables at times. This was not a satisfactory experience for residents.

Clinical supervision at meal times required improvement. As the person in charge was on leave, there were two staff nurses on duty and both were engaged in the administration



of medication at meal times and could not supervise the care delivered to residents.

Residents who required specialised diets and altered consistency meals were facilitated and staff members were aware of individual resident's requirements. The inspector saw that advice from the speech and language therapist (SALT) was implemented for individual residents. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets. However the communication between the chef and the nursing staff regarding residents needs required improvement, the chef was not fully aware of residents who required high protein, high calorie diets.

Fortification of foods required improvement. There was a lack of clarity as to who was responsible for fortifying meals and the inspector noted that food was not fortified in the kitchen or when received by the resident. Overall there were care plans for nutrition and hydration in place. While the nutritional needs of residents were being met. Care plans for residents who had lost weight recently did not fully direct the care to be delivered and were not always updated when the resident's condition deteriorated.

The person in charge had implemented a system of review of residents needs based on the information collected on a monthly basis. There was good ongoing monitoring of residents nutritional and hydration needs and residents at risk were reviewed by the dietician and speech and language therapist as required. Residents had good access to the general practitioner (GP) and dentist.

There was a three weekly menu plan in place, which was externally audited by the dietician in order to ensure that it was nutritionally balanced. There were no areas for improvement.

The inspector spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting and the menu meeting. The minutes showed overall satisfaction with the meals. The menu had been amended as a result, for example spaghetti Bolognese was added. A suggestion box was also in the centre and changes to the food were implemented based on feedback. An audit of the meal time experience had been completed and there were no areas for improvement.

Staff had received training in the area of nutrition and were knowledgeable.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The complaints for 2014 were reviewed and they did not relate to food or end of life.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Clinical supervision at meal times and at other times throughout the inspection required improvement as outlined in outcome 11 and 15.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Linda Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St. Glady's Nursing Home
<b>Centre ID:</b>	OSV-0000686
<b>Date of inspection:</b>	30/07/2014
<b>Date of response:</b>	22/08/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 05: Documentation to be kept at a designated centre

**Theme:**

Governance, Leadership and Management

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

The end of life policy had not been fully implemented in practice.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

As acknowledged in the report an updated End of Life policy has been introduced in the Nursing Home. The implementation of this involves two parts, the staff reading and understanding the new policy and the End of Life wishes for all residents being documented in their care plans.

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

Nursing staff have read and reviewed the policy and non nursing staff are currently being introduced and are in receipt of ongoing training pertinent to their role in this new policy. Additionally all new residents End of Life wishes are being recorded and staff are addressing this sensitive issue with existing residents at appropriate times. The policy should be fully implemented by October 2014.

**Proposed Timescale:** 31/10/2014

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Person-centred care and support

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

Residents needs were not set out in the care plans.

**Action Required:**

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

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

As the new policy is implemented, care plans will be updated accordingly. We will also seek to ensure that these are updated as residents' conditions or wishes change. This will be completed when the End of Life policy is fully implemented in October 2014.

**Proposed Timescale:** 31/10/2014

**Theme:**

Person-centred care and support

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

Poor manual handling practices were observed on two occasions during the inspection.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All staff receive regular manual handling training and the relevant staff have been spoken to regarding the inspector's observations on the day of inspection. Practices are

being monitored to ensure full compliance with our policy. Additionally manual handling training has been arranged for September 2014.

**Proposed Timescale:** 30/09/2014

### **Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Appropriate assistance was not provided at meal times.

**Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

As commented in the report, residents are served their meals in their preferred locations. We have addressed the inconsistencies commented on in the report. Additionally our Person In Charge is now receiving regular updates from our Dining Supervisor to ensure that there is full compliance with our policy and monitoring of same.

Completed

**Proposed Timescale:** 25/08/2014

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Clinical supervision required improvement as outlined in outcome 11 and 15.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

As stated in the previous action point, we have a Dining Supervisor whose role is to ensure the consistency of service for all residents at mealtimes and the inspectors observations have been passed on to the relevant staff and the Person In Charge. Staff nurses have been instructed to strengthen the monitoring and observation of manual

handling practices at all times. Staff nurses are also included in post death reviews of end of life practices to ensure quality improvement.

**Proposed Timescale:** 25/08/2014