



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Glenaulin Nursing Home
Name of provider:	Glenaulin Residential Care Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	04 December 2024
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0044953

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Home provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require long-term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end-of-life care. The designated centre is based in a period residence built in 1903. The centre can accommodate up to 84 residents with 38 single rooms, 16 twin rooms and four multi-occupancy rooms. Communal areas consist of spacious dining and lounge areas, a visitors' room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	84
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 4 December 2024	09:00hrs to 18:00hrs	John Greaney	Lead
Wednesday 4 December 2024	09:00hrs to 18:00hrs	Laurena Guinan	Support

## What residents told us and what inspectors observed

This inspection was unannounced and was conducted over the course of one day. Overall, residents spoke positively about their experience of living in Glenaulin Nursing Home.

Following an opening meeting with the person in charge and the assistant director of nursing at which the inspection process was outlined, inspectors were guided on a tour of the premises. Glenaulin Nursing Home is located in Chapelizod, close to Dublin City and is situated on large landscaped grounds on the banks of the River Liffey. It was originally a period residence that has been extended over time. The centre is registered to accommodate 84 residents over three floors. Bedroom accommodation comprises 38 single rooms, 16 twin rooms, two triple rooms and two four-bedded rooms. Access to the lower ground and first floor is through stairs and lift. The stairwells do not have stair gates and these were included on the centre's risk register. Management was requested to ensure that there were ongoing risk assessments of residents to ensure that adequate mitigation measures were in place to prevent residents from falling on the stairs. There were closed circuit television cameras (CCTV) throughout the centre, including in communal areas. Inspectors did note that a television screen showing live feeds from the cameras was located in a nurse's station. The screen was clearly visible from the main corridor, which would compromise residents' privacy.

The main entrance leads to a reception area. Immediately off the reception area is a dining room on one side and a sitting room on the other side. Inspectors saw that residents were arriving to the sitting room throughout the morning, once they had completed their personal care. Activities were underway in the sitting room and residents were preparing Christmas decorations for sale in the centre's Christmas shop. Inspectors availed of the opportunity to chat with residents. The feedback was overwhelmingly positive. One resident said that "if you want anything, staff are very good and deal with it very fast". Another resident said that they sleep in a triple room and even though they don't sleep very well "the other residents don't disturb me". There was a very relaxed atmosphere in the sitting room and residents were observed to be socialising with each other.

The ground floor is referred to as Liffey and there are ten single and five twin bedrooms in this area, all of which are en-suite with shower, toilet and wash hand basin. Bedrooms were seen to be personalised and some residents had brought furniture in from their home, which contributed to a homely feel. Inspectors did observe some areas that required attention from an infection control perspective. There were dentures stored in an unlabelled pot in a shared en-suite and wash basins and a bag of laundry inappropriately stored in the en-suite.

The lower ground floor is called the Healy Wing and comprises eleven single and two twin bedrooms, all of which are en-suite with shower, toilet and wash hand basin. There is a small sitting room called the Lower Ground Day Room and large

combined sitting and dining room called St. Catherine's. Access and exit from this unit is through keypad controlled doors on either end of the unit. While the keypad code is on display beside the door, it is written in a manner that may make it difficult for residents, particularly residents with a cognitive impairment, to decipher. There is a small secure courtyard accessible through a door from St. Catherine's sitting room through a keypad controlled door. The courtyard was suitably furnished and landscaped to a high standard with raised plant beds. Management confirmed that the courtyard was secure and therefore it was not clear why the door was locked, making it difficult to access.

The first floor is divided into three sections, Maple A, Maple B and Maple C. Maple A comprises one single, three twin and two triple bedrooms. These rooms are not en-suite but have a wash hand basin in the room. Each resident had a television, however, the remote control for some of the televisions could not be found on the day of the inspection. A number of the multi-occupancy bedrooms in Maple A had been reconfigured since the last inspection, as it had been found on previous inspections that residents had insufficient space in the room to afford them privacy. Improvements were noted on this inspection. Residents had adequate space to store personal possessions and each resident had a comfortable chair at their bedside. One of the bedrooms, Room 10, required further reconfiguration as the curtain surrounding the bed did not afford privacy to the resident in the bed closest to the door. This resident would also have to enter the bed space of the inner bed to access their wash hand basin. On the morning of the inspection, inspectors noted that a linen trolley was stored outside one of the multi-occupancy bedrooms, which could pose a risk of obstruction in the event of the need to evacuate residents in an emergency. Inspectors were informed that the trolley was only stored there during personal care provision. Inspectors noted that the trolley remained there throughout the day and was still there at the end of the inspection despite assurances that it would be moved. Maple B comprises four twin bedrooms. These rooms are also not en-suite but have a wash hand basin in the room. Residents in Maple A and B have access to three communal bathrooms in close proximity to their bedrooms. Two of the bathrooms contain a shower in addition to a toilet and wash hand basin. There is a fourth communal bathroom further down the corridor in Maple C that also contains a shower, for use of the residents in Maple A and B. Maple C comprises eight single and two twin bedrooms, all of which are en-suite with shower, toilet and wash hand basin.

Inspectors observed lunch to get a sense of the dining experience for residents. There were two sittings for lunch. Most residents were seen having their lunch in the various dining rooms. The menu for the day was on display on a whiteboard and choice was available. Meals were seen to be freshly prepared and attractively presented. Residents confirmed that the food was of a high standard and they were happy with the choices available. They also confirmed that if they wished to have something that was not on the menu for that day, this would be prepared. Residents requiring assistance were assisted appropriately by staff. Staff were seen to engage the residents in conversation and it was evident that they knew each resident well and discussed issues that were of interest to them.

Residents and visitors told the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspector that they were happy with the care provided and felt that the centre was a good place for their relative to live.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The inspectors found that there was a good management structure in place that ensured the service provided was safe and effectively monitored. The registered provider is Glenaulin Residential Care Limited. The Person in Charge was supported in their role by an Assistant Director of Nursing at operational level, and they were both actively involved in the running of the centre and well known by residents and staff. From a governance perspective, they had regular meetings with senior management and with the registered provider.

The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the service that included maintenance of equipment, medication management and infection prevention and control were monitored and subject to frequent auditing to identify areas for continuous quality improvement. However, a review of completed audits found that some audits were not effectively used to identify risks and deficits in the service. These will be discussed further under Regulation 23: Governance and management.

Inspectors found that there was an appropriate number and skill-mix of staff in the centre. There was active recruitment for vacancies and comprehensive induction and supervision of new staff. Nursing, healthcare assistants, kitchen and household staff each were supervised by a senior staff member for that discipline and the staff roster showed good management and supervisory cover over the seven days.

Training records showed high compliance with mandatory training. Due to the layout of the training matrix, it was difficult to ascertain how many staff needed to refresh in training for Management of Actual or Potential Aggression (MAPA). It was estimated that three staff out of 103 could potentially require training in this area. However, management are aware of this and are in the process of changing the layout for ease of use and to ensure staff are up to date with training. They also hold regular training sessions and two MAPA sessions were held in the last year. There was also a training session taking place on the day of the inspection.

Inspectors observed the complaints policy displayed in communal areas of the centre and residents said that they would feel comfortable raising concerns with staff. Five complaints were reviewed and they were found to have been dealt with by the named complaints officer within the stated time frame and the outcome of the investigation was clearly documented.

### Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill-mix were on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and there was high level of compliance. A training matrix was being adapted to more actively monitor this. Adequate performance management systems were in place for staff that required enhanced supervision. Staff from each department were appropriately supervised.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were not sufficiently robust to ensure a safe, consistent and effective service. Some audits were not effectively used to identify risks and deficits in the service. For example:

- medication audits showed a recurring issue of opened medication not being dated but no action was taken to address this
- call bell audits were done within the same time frame each day when most staff were on duty and so did not reflect times when staffing levels were reduced
- there were two liquid wax candles in the oratory that were not included on the risk register and therefore it was not clear what measures were in place to mitigate the risk of fire associated with their use.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Complaints were dealt with by a nominated complaints officer within the stated time lines and were appropriately recorded. A complaints policy was on display and available on the day of inspection.

Judgment: Compliant

### Quality and safety

Inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health and social care needs were met to a good standard. Improvements were noted since the last inspection in areas such as the design and layout of the premises, the dining experience and recognising and responding to safeguarding concerns. Despite these improvements, some further attention was required to the premises, infection control and access to communal and outdoor areas. These will be discussed further under the relevant regulations in this report.

The use of restrictive practices was kept under review. From the sample of care plans reviewed it was found that restrictive practice assessments had been carried out by the multidisciplinary team and there was evidence of consultation with residents and family members, where appropriate. All use of restraints had a signed consent form in place and were recorded in the restraint register. Further attention was required in relation to freedom of residents to move about the centre, such as to and from communal rooms and to an external courtyard. This is outlined in more detail under Regulation 9 of this report.

The overall premises was designed and laid out to meet the needs of the residents. Bedrooms were personalised. Previous inspections found that multi-occupancy rooms did not provide adequate space around the bedside to provide room for both

a locker and a chair. On this inspection, inspectors found the reconfiguration of multi-occupancy bedrooms had been largely addressed. Curtain rails had been moved to allow more space around the beds. Residents had adequate wardrobe space, each resident had a bedside locker and each resident had a television. Some further improvements were required and these are outlined under Regulation 17 of this report.

Improvements were noted in the mealtime experience since the last inspection. During the last inspection it was found that a number of residents had their meals at small side tables. On this inspection it was found that there were two sittings for lunch and a large number of residents had their lunch at dining tables in the various dining rooms. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. Inspectors observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes, and those spoken with confirmed that they enjoyed the meals provided.

Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff whom the inspector spoke with said that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The provider assured the inspector that all staff working in the centre and a volunteer had valid Garda vetting disclosures in place.

An activity schedule was available and activities were available from Monday to Sunday. Inspectors observed that residents had ample opportunities to participate in activities in accordance with their interests and capacities. Significant links were maintained with the local community. Glenaulin activity staff and residents were involved in the establishment of a dementia friendly café in Ballyfermot Library in conjunction with local community groups. A number of residents were facilitated to attend this once a month. A number of electronic tablets were supplied to the centre and residents were supported in learning how to use them. A creative writing group had been established with the support of a number of community groups. This resulted in the publication of a book called *Awakening Memories*, which was a collaboration between a local women's group and residents and comprised poems and stories of childhood and friendship.

Residents had access to radio, television, newspapers and other media such as the use of tablets. Access to independent advocacy was available. Notwithstanding the good practices in the centre, some areas for action were identified to ensure that all residents in the centre could exercise choice which did not interfere with the rights of other residents. These are outlined under Regulation 9 of this report.

## Regulation 17: Premises

Action required in relation to the premises to ensure it complied with Schedule 6 of the regulations included:

- a window restrictor in one of the bedrooms required adjustment to prevent the window from opening fully in order to mitigate the risk of a resident with cognitive impairment leaving the centre unaccompanied
- measures were required to mitigate the risk posed by small slopes on corridors that were a potential trip hazard
- a review was required of storage in the facility. A linen trolley was seen to be stored immediately outside a bedroom and posed a risk of obstruction. A hoist was also seen to be stored in a bedroom.

Judgment: Substantially compliant

### Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- shower and commode chairs were stored in bathrooms and there was an inadequate system in place to identify whether or not they were cleaned after use
- a commode chair in one bathroom had rusty legs
- dentures were stored in an unlabelled denture pot in a shared bathroom
- some personal hygiene basins were stored inappropriately in a shared bathroom in a manner that could cause cross contamination.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Procedures were in place to ensure responsive behaviours (how people with dementia may express discomfort with their physical and social environment) were tracked, analysed and recorded in order to identify triggers. Staff had received training in responsive behaviours and displayed good knowledge of residents and how to respond appropriately. The care plans for responsive behaviours were detailed and person-centred.

A restraint free environment was promoted in the centre. The use of bed rails was in accordance with best practice guidance and was based on comprehensive assessment. Restraints were used as a last resort, the use of restraint was being reduced and was being closely monitored.

Judgment: Compliant

### Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard residents from abuse. Adequate safeguarding arrangements were put in place to protect residents when safeguarding risks were identified. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre.

The provider was pension agent for eight residents and adequate banking arrangements were in place for the management of these pensions. There were good records available to support the tracking of financial transactions made for and on behalf of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Some improvements were required in relation to rights of residents. For example:

- the CCTV monitor with the picture feed from all of the CCTV cameras was located at a nurses' station and was positioned in a manner so as to be visible to anyone walking along the corridor
- there was a need to review access to one of the communal rooms and an outdoor space as they were only accessible through a coded door lock. Management could not confirm why these doors were locked.
- television remote controls were not available in a number of residents' bedrooms
- the design and layout of one of the multi-occupancy bedrooms did not support the privacy of both residents in the room. The curtain surrounding the bed did not afford privacy to the resident in the bed closest to the door. This resident would also have to enter the bed space of the inner bed to access their wash hand basin.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0044953

Date of inspection: 04/12/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To address the identified issues, the following compliance plan will be implemented. This plan aims to strengthen management systems, improve audit processes, and ensure a safe, consistent, and effective service environment.</p> <ul style="list-style-type: none"> <li>• We have implemented a protocol requiring all opened medications to be dated immediately, with daily checks and monthly audits to ensure compliance. All staff have been informed, and the CNM conducts weekly checks to address non-compliance. Audit findings will be reviewed and communicated to staff, with corrective actions taken for recurring issues.</li> <li>• Monthly call bell audits will be conducted at varied times, including during shifts with reduced staffing, to accurately assess response times during both peak and off-peak hours. Reviews will be conducted by the CNM, and the findings will be communicated to the staff.</li> <li>• The liquid wax candles were removed immediately on the day of the inspection.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A window stopper was applied to secure the adjustment.</li> <li>• A review of the small slopes in the corridors was conducted to mitigate the risk of potential trip hazards, and the issue was addressed by applying contrasting tape for improved visibility.</li> <li>• A review of storage practices has been completed, and hoists will no longer be stored</li> </ul>	

in residents' rooms unless essential for care; they will be kept in designated storage areas. The linen trolley has also been removed, and all staff have been made aware of these changes.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

To improve compliance with national infection prevention and control standards, will implement better staff training, and conduct more frequent audits.

- A daily cleaning log for shower and commode chairs has been introduced, allowing staff to record usage, cleaning, sanitizing, note any faults, and sign off on each task.
- The old commode has been discarded and replaced with a new one.
- The denture pot has been relabelled and now adheres to proper storage procedures.

The labelling and storage of the other residents' items have been reviewed and completed accordingly.

- Staff have been instructed to store all personal hygiene items correctly to prevent cross-contamination, with regular spot checks to ensure compliance.
- All of the above issues will be included in regular IPC audits to ensure compliance.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- CCTV monitors have been turned off in public areas. CCTV footage is now password-protected and accessible only to management when required. This will be fully implemented by 28/02/2025.
- The coded locks will be removed to allow free access for residents. This will be completed by 28/02/2025.
- The missing remotes will be replaced by 28/02/2025.
- The private space has been rearranged and completed, with the curtain layout adjusted to ensure privacy for residents. This was completed on 07/02/2025.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/02/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	18/02/2025

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2025