Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre DAC
Address of centre:	Kilternan Care Centre, Glebe Road, Kilternan, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0037958

About the designated centre

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

The centre in on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 54 beds to male and female residents primarily over the age of 65.
There is a mixture of single and double en-suite bedrooms provided over four units. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units, and one unit has been designed to provide accommodation for residents living with dementia. There is access to the gardens and internal courtyards from each unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

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 21 September 2022	09:20hrs to 17:35hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, it was clear that residents' rights were respected within Glebe House Nursing Home. Residents were consulted about the running of the designated centre and had the opportunity to have their feedback heard and listened to. Residents who spoke with the inspector said that the staff were very good to them, they felt safe and that they were content living in the centre.

When the inspector arrived at the centre, they were met by the receptionist who conducted a signing-in process, including hand hygiene, symptom checking and the wearing of a face mask upon entering the designated centre.

Following an introductory meeting, the inspector did a walk around the nursing home with the person in charge. The centre is located in Kilternan, Dublin 18. The centre is based on the ground floor and includes two separate areas referred to as the general area which has three different separate wings and the dementia area. The centre provides accommodation for 54 residents in 44 single and five twin bedrooms. Residents have access to en-suites or shared bathrooms.

The inspector viewed a number of residents' bedrooms and found that they were of a sufficient size. Residents had personalised their spaces with family photographs, furniture and ornaments. Residents spoken with told the inspector that they were happy with their bedrooms.

Residents from the general areas had access to various communal rooms, a large dining room, a prayer room and a social room. Residents from the dementia wing had access to a dining room and two sitting rooms. There were three internal gardens available for residents use. These gardens were seen to be well-maintained, however the garden seating available for residents was not suitable for outdoor use. In addition, residents used this space as the designated smoking area and there were no call-bell facilities.

There was a relaxed and social atmosphere within the centre. Residents were seen to spend time in the numerous communal spaces available to them. Activities on offer were displayed in communal areas within the general and dementia areas. There were two activity coordinators who facilitated activities from Monday to Sunday. Group activities such as ball games and one-to-one sessions of hairdressing and puzzles were seen to take place on the day of the inspection.

The inspector observed the main dining room during the lunch-time meal. While a pictorial menu was displayed within the dining area, the menu displayed was for the day prior to the inspection. Choices were seen to be offered for the main meal at lunch-time and tea time. Residents confirmed they were offered a choice each day. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. Most residents spoken with were

complimentary regarding the meal time experience within the centre, with one resident reporting that it is as good as you would get at home.

There were arrangements in place to support residents to receive their visitors. Visiting took place within bedrooms and additional communal spaces. Many visitors were seen to meet and spend time with their loved ones throughout the day of the inspection. Residents who spoke with the inspector said they were happy with the visiting arrangements within the centre.

The inspector observed that staff interactions with residents were kind and respectful. The inspector also spoke with four residents throughout the inspection and the general feedback from residents was that staff were kind and caring towards them. One resident said that some staff are excellent and reported to appreciate when they call in to their bedroom to spend some time together on one-to-one activities.

The next two sections of this 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 the quality and safety of the service being delivered.

Capacity and capability

The registered provider had a well-organised management structure in this centre. The provider had ensured the centre was well resourced to ensure that safe and appropriate care was provided for residents.

Cowper Care Centre DAC is the registered provider for Glebe House Nursing Home. The management team comprises a company director, the chief executive officer who also holds the role of head of services- non clinical, a head of services- care and the person in charge. There was evidence that the centre had sufficient resources to ensure that care was provided in line with the statement of purpose. The person in charge worked full-time in the centre and was supported in their management role by an assistant care manager, and other staff members such as nurses, healthcare assistants, activity staff members, catering and domestic staff, maintenance and administration staff. The inspector was informed that recruitment was open for a number of staffing vacancies but these vacancies were being managed internally and through the use of temporary staff.

The registered provider had prepared in writing a statement of purpose relating to the designated centre which had been revised in August 2022. However, this document required a minor change to ensure that all information set out in schedule 1 of the regulations was included to ensure it was accurate. For example, the certificate of registration information was not accurate as this related to seven conditions and not the current three conditions that applied to Glebe House.

Management systems within the centre included regular management and staff

meetings. These meetings discussed key performance indicators and topics relevant to service delivery. The person in charge also compiled a monthly business report to include care and services updates to senior management. Topics discussed at these meetings and within reports included admissions, residents' clinical care, staffing levels, audits, complaints, incidents and quality improvements.

There was a comprehensive audit schedule in place which included audits in relation to infection control, medicines, nutrition, skin integrity and the environment. However, some action plans relating to improvements required were not seen to be measurable, timebound and followed through to completion. In addition, some audits did not identify the findings which the inspector identified on this inspection. This will be further discussed under Regulation 23: Governance and Management.

The annual review of the quality and safety of the service delivered to residents in 2021 had been done in consultation with residents, families and staff. There was an action plan developed for 2022 which included using the feedback to improve the service, such as enhancing the communication families receive and more opportunity to participate in the outside community.

Regulation 23: Governance and management

Action was required to ensure that all management systems in place ensured that the service provided was effectively monitored. For example:

- The hand hygiene audit completed in April, June, July and August 2022 found that the provider had appropriate clinical hand wash sinks that conformed to the standards. However, this was not accurate.
- The environmental audit completed in July 2022 was not complete and had no overall percentage findings. No action plan was developed to follow up with improvements required. In addition, this audit did not identify all of the findings relating to the premises, for example regarding inappropriate storage.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a thorough statement of purpose which had recently been reviewed and revised within the last year. Some minor amendments were required to ensure all information contained within Schedule 1 was clearly outlined.

Judgment: Compliant

Quality and safety

The registered provider delivered good quality clinical care to residents with good access to healthcare. Residents were consulted with and had opportunities to participate in activities in accordance with their interests and capabilities. Some action was required to ensure the premises, infection control and fire precautions arrangements within the designated centre met the requirements as identified within the regulations.

The provider was in the process of moving care plans from paper to computer based. The inspector was told that they hoped this process would be complete in a month's time. The person in charge was also training staff on the new system and the personalisation of residents' records. The inspector reviewed a sample of residents' records and found that comprehensive assessments were available prior to residents being admitted to the designated centre. A range of nursing assessment tools were in place to assist staff to monitor residents' needs such as mobility, malnutrition and manual handling. Relevant care plans were then seen to be created and had been formally reviewed within the last four months.

The inspector was told that one main general practitioner (GP) attended the centre on a weekly basis to facilitate visits for the majority of residents. There was a number of other GPs who attended for a small number of residents. The inspector saw that residents had timely access to their GPs and overall residents reported to be happy with the GP services. Access to specialised services such as psychiatry of later life and palliative care was through a referral system. Residents had good access to services such as physiotherapy, occupational therapy, dietitians and tissue viability nursing. Residents were also facilitated to access the services of the national screening programme.

Residents' rights were seen to be upheld. Advocacy services information was displayed within the centre. Televisions, radios and newspapers were available for residents' use. Activity staff facilitated group and individual activities from Monday to Sunday. The inspector reviewed records where residents had activity care plans detailing their preferences on the activities and hobbies they enjoyed. Records of participation at activities was also recorded. There was evidence where residents were consulted with and participated in the organisation of the centre through quarterly residents' meetings. Residents were provided with information relating to COVID-19, visiting, audits, and resident outings and activities. Feedback was provided on areas such as requests for wipeable or plastic chair covers to allow for more effective cleaning and food portions and variation. Residents reported to be happy with the enhanced wifi coverage.

The registered provider had not ensured that all areas of the premises conformed to the matters set out in schedule 6 of the regulations. For example, inappropriate storage was observed and some areas of the premises were not seen to be kept in a good state of repair. Other gaps identified will be further outlined under Regulation

17: Premises.

There were good examples of infection control processes within the centre. Overall, the centre was clean and there were sufficient resources available such as cleaning staff and products. The provider had a contingency plan for COVID-19 which had been updated in July 2022. This plan identified the person in charge as the COVID-19 lead with support from the senior management team. There was evidence of good vaccination uptake for residents. However, action was required to ensure that infection prevention and control practices in the centre were in line with best practice. For example, gaps were evident in attendance at infection control training as 53% of staff required refresher training, this was scheduled in the following days post the inspection. Gaps evidenced are discussed under Regulation 27 below.

There was evidence of routine service records for the centre's fire detection system and emergency lighting. In addition, records relating to personal emergency evacuation plans (PEEPs) and fire drill records were reviewed and seen to record good information. For example, PEEPs recorded residents' understanding of how to respond to a fire and drills recorded what worked well, what didn't work well and areas for improvement. Although there were good systems in place, further review was required of fire safety to support safe arrangements and ensure adequate precautions were in place against the risk of fire.

Regulation 17: Premises

The inspector noted the following areas required more oversight to ensure they conformed to the matters set out in Schedule 6 of the regulations:

- some areas of the premises had not been kept in a good state of repair. For example, two areas of flooring were badly marked and damaged, and paintwork on some walls and door frames were seen to require repair
- emergency call facilities required review as the external smoking areas did not have call-bells
- inappropriate storage was seen within the centre, for example within toilets and communal bathrooms
- some residents' within the multi-occupancy bedrooms did not have a chair
- there was inappropriate storage of oxygen cylinders seen where these were not secured safely.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with National Standards for Infection Prevention and Control in Community Services 2018

and other national guidance. For example:

- there were barriers to good hand hygiene identified that was evidenced by insufficient hand hygiene sinks. The inspector was told that staff used communal bathrooms to clean their hands. In two cleaner's room the hand hygiene sink was inaccessible and there was no paper towels or soap available in one room.
- there were a large amount of cloth chairs and while the registered provider had a process for cleaning these chairs and the majority appeared visibly clean, the fabric would not lend itself to wipeable cleaning between resident use.
- toiletries were unlabelled in shared bathrooms and therefore staff could not be assured who these items belonged to and it created a risk of cross-contamination
- single use dressings were seen to be open within treatment areas and had not been disposed of.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that staff received suitable training in fire prevention and emergency procedures as on the day of the inspection 19% of staff were overdue training. The inspector was informed that a date for training was scheduled for the following days post the inspection.

The fire safety management and fire drills in the centre did not support the persons working at the designated centre to be aware of the procedure to be followed in the case of fire. For example:

- the inspector reviewed records of simulated fire evacuation drills and found that they did not provide assurances that the registered provider was prepared to evacuate residents incorporating the lowest staffing levels of the largest compartment and the current dependency of residents
- PEEPs were due to be reviewed on a three monthly basis. The inspector reviewed a sample of the PEEP forms and 5 out of 16 had been reviewed within the required time frame as set out by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the care records reviewed detailed that residents had been appropriately

assessed with care plans in place to guide staff on residents' current needs.

Judgment: Compliant

Regulation 6: Health care

Records evidenced that residents had access to appropriate and timely medical and health care, including a high standard of evidence based nursing care.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure that residents' rights were upheld within the centre. Residents reported feeling safe and comfortable to raise a complaint. There were facilities for occupation and recreation, with the inspector observing residents taking part in activities on the day of the inspection. Residents were able to exercise their religious rights with prayer services held twice a week to facilitate different religious beliefs.

Judgment: 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
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe House Nursing Home OSV-0000039

Inspection ID: MON-0037958

Date of inspection: 21/09/2022

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC have completed a training about audit management on 05/10/22 and 09/10/2022 to all Nurses and Service staff who are designated to complete regular audits to ensure its accuracy with clear action plan and timeframe. Also, the PIC will continue to provide an oversight on the proper implementation of audit management.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • There is an on-going repair and refurbishment of the areas that were identified during the inspection by the Maintenance Team. • A call bell is scheduled to be installed at the designated smoking area outside the care centre. • A resident's equipment that was stored in the bathroom was removed. Personal items of residents such as toiletries were labeled and stored properly. Updates are also being communicated to the rest of the care team during handovers and staff meeting. In addition, Team Leaders are allocated to conduct regular checks to ensure consistency of practice. • Missing chairs in some of the shared rooms were replaced. This exclude residents who are using recliner chairs and require tilt in space. • Extra cylinders of oxygen were returned to supplier. Sufficient number of cylinders fit for the number of residents in the care centre are stored safely.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• One of the hand hygiene sinks will be reinstalled to meet the standard height and make it more accessible to staff.
• A soap and paper towel dispenser will be installed in the room identified as lacking during inspection.
• A feasibility study in the Nursing Home to determine appropriate locations will be conducted. The feasibility study will also include a risk assessment on the suitability of each location. Clinical hand wash sinks will be installed if deemed appropriate following the feasibility study and risk assessment.
• The fabrics used in the care centre's communal chairs are Panvelle Stretch and Woolton Plus which has the following features:
· Waterproof
· Stain Resistant
· Breathable
· Anti-Microbial
In addition, a broad spectrum antimicrobial disinfecting product recommended by the chair manufacturer is being sourced. The product is sprayed onto the fabric, allowed to dry, and provides broad spectrum antimicrobial protection on surfaces for up 90 days. It has been proven effective against Coronavirus.
• Residents' toiletries has been labeled right after inspection.
• An education regarding the correct use and disposal of dressing items including single use items were conducted on 23/10/2022 to all relevant staff.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A simulated fire drill evacuation with night staffing scenario in the biggest compartment of the care centre is scheduled on the 15th of October. Also, the Fire Risk Register was updated to reflect the increase in frequency of Fire Drills, from biannually to quarterly. The decision to increase frequency of fire drills is mainly influenced by the increasing dependency level of residents and to capture all staff in a rotational basis.
• Personal Emergency Evacuation Plan for each resident was reviewed and updated as required.

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	31/10/2022
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	09/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	31/10/2022

	followed in the case of fire.			