



**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:	St Gabriel's Nursing Home
Name of provider:	SGNH Limited
Address of centre:	Glenayle Road, Edenmore, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000174
Fieldwork ID:	MON-0041320

## About the designated centre

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

St. Gabriel's Nursing Home is located in North Dublin and provides residential and respite care for male and female residents over the age of 18 years. The premises is a 68-bedded facility expanding over two floors consisting of 60 single and four double rooms. The ground floor is called the Jasmine suite and consists of 28 rooms. There are 30 residents in total on this floor all of varying dependency. The top floor is called the Lavender suite and consists of 36 rooms. There are 38 residents all from varying dependency. The designated centre has a reception area with seating space and a sun room, which looks onto one of multiple garden courtyards. Multiple communal living rooms are available for residents to relax, socialise, watch TV, read or participate in activities. The building also features a hairdressing salon, a chapel, large dining rooms, and on-site kitchen and laundry facilities.

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

Number of residents on the date of inspection:	67
--	----

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 8 November 2023	08:05hrs to 17:05hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

This inspection took place in St Gabriel's Nursing Home in Edenmore over the course of a day during which time the inspector spent time observing and speaking to residents, visitors and staff. Overall feedback from residents and visitors was positive relating to their experience of life in St Gabriel's Nursing Home. Residents appeared to be comfortable and relaxed within the designated centre and in the company of staff.

On arrival the inspector was met by the person in charge. Following an opening meeting, the inspector was accompanied on a tour of the premises by the person in charge. The centre was built over two floors with stairs and a lift to ensure that all areas were accessible to residents. Residents' bedroom accommodation was located on both floors. Each floor had lounge areas and smaller seating areas available. The ground floor also had additional communal areas available to all residents such as a large dining room, visiting room, conservatory area, hairdresser room, an activity room and a chapel. There was a homely atmosphere in the centre. However, some attention was required in the oversight of cleaning and in the oversight of maintenance where some areas of poor repair were seen which could impact on the homely environment.

The centre has 68 registered beds. Bedroom accommodation comprised of 60 single and four twin bedrooms, all with toilet facilities. Most residents had access to shared showers and toilet facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed linen and personal belongings and furniture to help them feel comfortable and at home. Resident bedrooms were cleaned daily and residents spoken with said they were satisfied with their bedroom and the cleanliness of their rooms.

Residents could attend the dining room on the ground floor or were supported to have their meals in their bedroom or other communal areas as per their preferences. A daily written menu was available and displayed with choices seen for the main meal at dinner time. Dining tables had table cloths and napkins at each setting. Residents reported to enjoy their meals within the centre. Staff were seen to provide assistance in a respectful manner.

Residents had access to television, phone and newspapers. The registered provider had information displayed on notice boards relating to advocacy services available to residents. There was quarterly residents' meetings where residents had the opportunity to provide feedback on the service they received. Records showed that overall residents reported to be happy within these meetings. Activity schedules were displayed throughout the centre which detailed an activity programme available to residents Monday to Sunday. Residents were facilitated to attend activities outside the nursing home. They said that they enjoyed a recent trip to the National Concert Hall. Activities were provided by external facilitators such as a fitness class and mass said by a priest. Other activities were also held and facilitated

by the activity coordinator such as on the day of the inspection, residents were observed enjoying music and art.

A number of positive interactions between staff and residents was observed, including during care, at mealtimes and during activities. It was clear that the staff team knew residents preferences and needs well, and they made time to chat to residents throughout the day. Residents reported to be happy with staffing levels and the care from staff, many described staff as "kind".

Some staff were seen to wear PPE (face masks) throughout the inspection and inspectors were told that despite the mask mandate being removed staff had chosen to continue wearing them. There were no restrictions on visiting and visitors were seen coming in and out of the centre throughout the day. Visitors spoken with said that they were happy with the care their loved ones received and the communication from management and staff within St Gabriel's.

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 impact on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that residents living in St Gabriel's Nursing Home received a good standard of care and residents were supported to live a good life. This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection also followed up on the compliance plan from the last inspection in 2022, reviewed solicited and unsolicited information and was also used to inform the upcoming renewal of registration for the designated centre. Some improvements were required in the management systems in place to ensure that the quality and safety of care provided to residents was safe and consistent which is further discussed within this report.

SGNH Limited is the registered provider for St Gabriel's Nursing Home. The governance structure had changed since the last inspection. There were clear roles and responsibilities outlined with oversight provided by the Group Director of Operations, Group Quality and Clinical Practice Lead and a Group Operations and Procurement Manager.

A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection and was under review. The statement of purpose available at inspection accurately reflected the facilities and services provided within the designated centre. The provider had updated this document to reference the new regulations, however it required further review to ensure that all timeframes for reviews were stipulated.

The person in charge was supported in their role by reception staff, a finance administrator, maintenance staff and two clinical nurse managers. Nursing staff were supported by senior health care assistants, health care assistants, activity staff, household, laundry and catering staff.

There was an ongoing mandatory training programme in the centre. The training matrix provided to inspectors found high levels of attendance at mandatory training such as fire safety, manual handling, infection control and safeguarding. Overall, staff spoken with on the day of the inspection were knowledgeable relating to safeguarding and fire safety measures. There was evidence that staff were supported in their professional development through an induction programme for new starters. The supervision process also included oversight from management such as the sign off of induction, competency assessments and annual performance reviews with staff.

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.

There was evidence of management systems in place such as management meetings and audits. The registered provider had an audit schedule in place. The person in charge reported to their senior manager within monthly operations meetings. This forum was used to discuss and report on areas such as occupancy, finance, human resources, staffing, training, care, facilities, quality, incidents and accidents, health and safety, complaints and the risk register. Meeting minutes provided evidence that there was management oversight occurring within the centre with actions identified and a person responsible. However there were no timeframes identified in audits and meeting minutes in which to complete identified actions. As a result, meeting minutes from August 2022 had some remaining items outstanding relating to the premises which were seen on the day of the inspection. Further evidence of areas where management systems required improvement is discussed under Regulation 23.

The document the inspector was provided with relating to the annual review of the quality and safety of care delivered to residents did not include an overview of the year 2022 or evidence of consultation with residents and their families.

#### Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector of Social Services as part of the renewal of registration of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

There was a sufficient number and skill mix of staff available on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Records reviewed evidenced staff had access to appropriate training and supervision.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The oversight and monitoring systems relating to key areas of the service was not sufficiently robust and did not ensure that care and services were being delivered in line with the centre's own policies and procedures, and the regulations. For example:

- the findings of a medicine audit in April and October 2023 related to the medicine fridge in one treatment room being unlocked. This remained on the day of the inspection.
- the environmental audit of October 2023 did not identify all areas seen by the inspector on the day of the inspection. For example, this audit did not identify any inappropriate storage seen in communal bathrooms on the day of the inspection. In addition, some areas of poor repair relating to flooring and paint work were also not recorded within this audit tool.
- while there was auditing of clinical data occurring, these tools were insufficient as they did not identify or address inspectors findings under Regulations 5, 6 and 7.
- the registered provider needed to ensure that the service residents' received were consistent. For example, the inspector was aware that a staff member

was on leave for a minimum of one week prior to the inspection and their duties had not been re-assigned. Therefore clinical waste was not managed appropriately. In addition, the battery on a fire door was ringing throughout the inspection day.

The annual review for 2022 did not meet the requirements of the regulations. This document did not contain evidence that it was prepared in consultation with residents and their families. Nor was their evidence That it was made available to residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre which had been updated within the last year.

Judgment: Compliant

### Quality and safety

Overall, the quality and safety of care provided to residents was of a good standard. Residents spoke positively about the care and support they received from staff. Staff were respectful and courteous with the residents. However, there was some inconsistencies found within care documentation and some areas required improvement to ensure all residents received high quality care. These areas included care planning, healthcare, managing behaviours that challenge, information for residents and infection control. These are discussed further under the relevant regulations.

From a review of a sample of residents' records, assessments and care plans the inspector observed that resident's health and social care needs were assessed on pre-admission to ensure the designated centre could meet the residents' needs prior to their admission. A variety of evidence based clinical tools were then used at admission to further assess their needs, including mobility, personal care, nutritional risk and skin integrity. Care plans were seen to be set up within regulatory timeframes of within 48 hours of admission and at internals of at least every four months. The inspector noted that not all relevant information collected at pre-admission was seen to have been documented within the care plans set up on admission. In addition, the information within some care plans did not sufficiently guide staff in respect to the management of residents' key needs. This is discussed further under Regulation 5: Individual assessment and care plan.

A general practitioner (GP) visited the centre every Tuesday and Thursday. While evidence was seen within resident records that overall residents had good access to GP services, the registered provider needed to ensure timely access was provided to residents in line with their local policies and procedures. A qualified physiotherapist visited the centre twice a week to conduct regular reviews of resident's mobility and dependency requirements. Residents had good access to evidence-based health and social care services from a range of health care professionals with referrals made to a local hospital for services such as psychiatry of later life, gerontology, dietitian, speech and language therapy, and tissue viability nursing. The oversight to ensure residents who were recommended treatment by a medical practitioner required review, as discussed under Regulation 6: Healthcare.

The provider had systems in place to monitor restrictive practices in the centre and the restraint register identified that all restraints were documented clearly and reviewed regularly. Restraints such as sensor alarms were appropriately assessed prior to use and there was a procedure in place for their regular review, in line with national guidance. Consent was obtained for the use of all restrictive equipment which included the resident or their representative, their GP and a member of nursing management. Corresponding individual care plans were in place for residents using restrictive equipment. However, there was no evidence of alternatives trialled as per national policy and the registered provider's policy on restraint use dated October 2022.

The registered provider had prepared a residents guide in respect of the designated centre which had recently been updated in November 2023. This guide required further review to ensure it contained all required information in line with regulatory requirements.

The layout of the premises promoted a good quality of life for residents. The centre was maintained by a maintenance staff member with oversight provided by a senior manager responsible for facilities. The registered provider had installed clinical hand wash facilities since the last inspection. There was some wear and tear visible on items of flooring, paintwork, furniture and equipment which may impact on cleaning. This is further discussed within this report.

## Regulation 20: Information for residents

A residents' guide was available which included a summary of the services and facilities available, the complaints procedure and visiting arrangements. However the guide provided to the inspector did not contain:

- the terms and conditions relating to the residence in the designated centre
- the procedure for dealing with complaints did not identify all timelines as per the new regulations which came into effect on 1 March 2023.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement. For example:

- some areas were seen to be unclean. For example pipes under sinks were exposed in some rooms and these were visibly dirty
- some communal bottles of shampoo and conditioner were seen in the hairdressing room. In addition, these bottles had been refilled and not cleaned effectively with congealed product visible
- some items of furniture and equipment were seen to be in a poor state of repair. This may impact on the effective cleaning of those surfaces. For example, rust was observed on some bins in communal bathrooms and items of catering equipment
- the management of clinical waste required review. Clinical bins within sluice rooms were full. The inspector was told that the staff member with oversight for clinical waste had been on leave for a week prior to the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Some resident documentation did not provide sufficient or appropriate detail to ensure all staff were aware of how to meet the needs of each resident. For example:

- two care plans did not evidence the detail collected at pre-admission relating to the resident's gender preference for delivering personal care
- one elimination care plan did not provide detail on the management of a urinary catheter
- one wound care plan did not provide detail on the dressing
- a mobility assessment and care plan did not align
- there was a miscalculation of one resident's mobility risk assessment following a recent fall

Judgment: Substantially compliant

### Regulation 6: Health care

Referrals for medical treatment and professional advice from health and social care professionals was not consistent. This could potentially lead to poor outcomes for residents. For example:

- access to timely GP services required review to ensure that all residents had access to a GP within 72 hours following a fall as per the registered provider's policy
- a recommendation by a dietitian for a high-risk resident to commence a nutritional supplement did not commence despite the resident's previous two weight checks indicating a referral to the resident's GP should have been made to ensure this supplement could be commenced.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that there was a low level of restraint within the designated centre. Nonetheless, information reviewed did not provide evidence that the least restrictive measure was trialled in accordance with national policy.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for St Gabriel's Nursing Home OSV-0000174

Inspection ID: MON-0041320

Date of inspection: 08/11/2023

## 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> <ul style="list-style-type: none"> <li>• All the pharmacy medicine audit outcomes are currently being reviewed and the action plans will be completed as required. All outcomes will be shared with the staff nurses for compliance and monitored by CNMs. An SOP has been developed to secure medicine fridges in the treatment room.</li> <li>• All communal toilets/bathrooms are being checked on a daily basis to ensure no inappropriate storage is happening. Meeting completed with management regarding maintenance work including painting and floor works. Audits being completed to priorities works for 2024 and this will form the program of works for that year.</li> <li>• Auditing tools required to monitor regulations 5,6,and 7 have been reviewed and will continue monthly as per audit schedule.</li> <li>• There is a group directive that all maintenance holidays need to be approved by operation manager to ensure all maintenance responsibilities are covered.</li> <li>• An email has been sent to the residents and families informing them about the upcoming annual review for 2023. The annual review will also reflect the results of the residents’ survey.</li> </ul>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> <li>• Updated complaint procedure sent to HIQA following inspection.</li> </ul>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Quote received to cover pipes and will be finished before January 30th 2024. Information passed to household staff regarding strict adhering to deep cleaning procedures.</li> <li>• The bottle of shampoo in the hairdressing room has been removed.</li> <li>• Rusted furniture and bins have been replaced. A property maintenance checklist will be rolled out in 2024 to ensure that equipment is regularly monitored.</li> <li>• Information passed to maintenance staff that the clinical waste bin should be emptied every third day and in her absence one of the senior carers should make sure that it is emptied. A standard operating procedure (SOP) has been developed to guide staff on handling clinical waste disposal.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All important information gathered through the pre-admission assessment will be included in the care plans. The care plan for the specific resident reviewed during the inspection has now been updated with the gender preference for delivering care.</li> <li>• The care plan for urinary catheter has been updated with the corresponding draining solution and frequency.</li> <li>• A full review of all the wounds and care plans has been completed reflecting the correct dressing and frequency of change in both assessments and care plans.</li> <li>• A full review of all mobility assessment was completed and the care plans were updated.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

- Policy reviewed regarding GP services. Following a fall, GP will be informed about the incident by email, and they have to acknowledge regarding the same with any interventions if needed. As per the clinical assessment, if the situation demands immediate GP review resident will be sent to the hospital. Otherwise, if it is deemed safe to wait until the next GP visit this will also be considered.
- All recommendations from allied health care team will be strictly followed and will be reviewed as recommended. Same will be informed to GP on the same day by email and will consider their recommendations as well. Informed staff that even though it is signed in the mar sheets all the medication or treatment changes should be reflected in the care plan related to that.
- Timeframes and status of the action plans of the audits will be added to the upcoming audits on 2024.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Initial assessment and possible available alternatives are always tried out before commencing any form of restraint to any resident. Same carried out for all residents currently using restraints like bed alarm, low-low bed/crash mat. It is now reflected in some resident’s care plan. Informed staff to strictly confirm the assessment data is correctly reflected in the related care plan.

## 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 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	09/11/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	09/11/2023
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	31/01/2024
Regulation 23(e)	The registered provider shall	Substantially Compliant	Yellow	31/01/2024

	ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	09/11/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Substantially Compliant	Yellow	09/11/2023

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	09/11/2023