



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Glenashling Nursing Home |
| Name of provider: | Riada Care Limited |
| Address of centre: | Oldtown, Celbridge, Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 April 2023 |
| Centre ID: | OSV-0000040 |
| Fieldwork ID: | MON-0039136 |

About the designated centre

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

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24-hour nursing care to people with the following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose-built facility. Accommodation consists of 51 single-rooms and 12 twin-rooms. There are 44 beds with en-suite facilities. There are 13 communal rooms available to residents, which include an oratory and a hairdressing room. The centre's stated aims are to provide evidence-based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 71 |
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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 5 April 2023 | 09:05hrs to 16:40hrs | Helena Budzicz | Lead |
| Wednesday 5 April 2023 | 09:05hrs to 16:40hrs | Frank Barrett | Support |

What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents were supported to enjoy a good quality of life, supported by a team of staff who were kind and responsive to their needs. Residents told inspectors they were very satisfied with the standard of care and services provided.

The inspectors were met by the assistant director of nursing (ADON) upon arrival at the centre. Following an introductory meeting, inspectors walked through the centre with the person in charge (PIC) and the ADON and met with a number of residents in communal areas and in their bedrooms. There were a number of spaces for residents to relax in, and these rooms were comfortably furnished with an adequate amount of seating and wall art.

The centre was warm throughout, and there was a relaxed and friendly atmosphere. The inspectors observed that many residents were up and sitting in the day room. There was a respectful interaction and a good personal rapport between staff and residents. It was evident to inspectors that the person in charge was well known to residents as they greeted him warmly during the walk around and that they were knowledgeable regarding the residents' care needs.

Inspectors saw that residents were supported to personalise their bedrooms with items such as photographs, ornaments and prints, to help them feel comfortable and at ease in the home. Inspectors spoke to several residents, who expressed satisfaction with their bedroom accommodation.

Inspectors observed the dining experience in the centre and saw that the meal service was well managed. Residents who required additional assistance with their eating and drinking were provided with discreet, timely support. Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks provided, with one resident commenting that 'the food was always tasty and there is always plenty of food'.

A programme of activities was in place in the centre, which was facilitated by an activity co-ordinator five days per week. Inspectors found that residents were free to exercise choice in how to spend their day.

The centre has well-maintained garden areas with sufficient seating arrangements for the residents to sit and relax in the garden, observing the centre's donkeys and dogs. Residents were seen to be able to access the garden areas on the day of the inspection.

Residents were consulted about the day-to-day running of the centre. Inspectors observed that the residents' meetings took place on the day of the inspection. Residents who spoke with inspectors were looking forward to this meeting and said

that any issues raised by residents in these meetings were promptly addressed.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The centre is operated by Riada Care Limited, the registered provider. The registered provider nominee, who is also the person in charge, is actively involved in the day-to-day operation of the centre. The person in charge is supported in their role by an assistant director of nursing and clinical nurse manager and a team of nurses and health-care assistants. The management team held regular formal management meetings, and minutes reviewed by inspectors indicated that key issues relevant to the running of the centre were discussed and actioned. The inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents were clearly set out.

The centre had sufficient resources to ensure the effective delivery of good quality care and support to residents. On the day of the inspection, the centre had a stable and dedicated team, ensuring that residents benefited from continuity of care from staff who knew them well.

A review of documents relating to training and development confirmed that staff training requirements were kept under review by the person in charge. Inspectors observed that staff were appropriately supervised and supported in their roles on the day of the inspection.

Inspectors reviewed management arrangements in place at the centre to protect residents from the risk of fire and found that there were good systems put in place to manage the risk of fire. The provider had ensured that staff at the centre received up-to-date fire safety training, as well as implemented a detailed programme of fire drills, where fire drills were carried out on a monthly basis. Records of resident personal emergency evacuation plans (PEEPs) were detailed for each resident and available at the nurses' station.

A programme of maintenance of fire safety systems was in place at the centre, and recent upgrade works to the fire alarm system to an "L1" category were recorded and commissioned. As a result of this upgrade, all areas of the centre were covered by fire detection, and an improved early detection of fire was now in place at the

centre.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training record showed that staff members were up-to-date with the training requirements according to their roles and responsibilities. A schedule of training was in place for those due for refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider established and maintained a directory of residents in the centre, and it included all the information as specified in Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems identified within the centre with clearly-defined roles and responsibilities set out. Staff were aware of the line management reporting protocols within the centre.

The provider had management systems in place, such as risk management, auditing and management and staff meetings, to ensure that the service provided was safe and effectively monitored. Clinical audits were routinely completed and scheduled, for example, safeguarding, medication management, falls, nutrition, care planning and other audits monitoring the quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved on a voluntary basis in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Quality and safety

Overall, inspectors found that management and staff promoted a person-centred model of care, which was respectful of residents' wishes and choices. Residents' individual rights were supported, and there was good access to health and social care services, ensuring that good quality and safety of care was delivered to residents. There were many opportunities available for social engagement, and staff were observed to be respectful, supportive and kind towards the residents.

The centre had an electronic resident care record system. The inspectors reviewed a sample of residents' files, and there was evidence that the residents' needs were

being assessed using validated tools. The person in charge ensures that where a resident had specialist communication requirements, such requirements were recorded in the residents' care plans.

Advanced care plans for all residents with outlined residents' wishes and preferences were clearly recorded and documented.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

The premises were suitable for the number and needs of residents at the centre. Bedrooms and day/dining rooms were clean and well maintained. Inspectors observed that the flooring was upgraded in some corridors of the centre. However, not all residents, especially in the multi-occupancy rooms, had access to personal lockable storage space.

Inspectors reviewed the measures that were in place to ensure the safety of residents in the event of a fire. Staff were knowledgeable on the steps that should be taken to safely evacuate residents to a place of relative safety in the event of a fire. Signage throughout the centre was available to guide residents, staff and visitors to the nearest exit or compartment. Inspectors reviewed the record of fire drills and found that while fire drills were available, there was no evidence that the staff practised the evacuation of the largest compartment to give assurances that all residents could be evacuated safely in the event of a fire. Further information was available to guide staff through detailed personal evacuation plans for residents, which was available at the nurses' station.

The provider had recently upgraded the emergency lighting system and provided up-to-date records of servicing and certification of fire safety systems, including the fire detection and alarm system, emergency lighting, fire fighting equipment and the passenger lift. Inspectors reviewed the precautions taken by the provider against the risk of fire. The laundry and the kitchen areas of the centre used propane gas as fuel. There was adequate detection and automatic shut-off on the gas lines. Inspectors noted two electrical distribution rooms, where there were items stored which posed a risk of fire. The provider committed to removing all items from these rooms on the day of the inspection. Inspectors noted that the containment of fires in some storage areas could not be assured due to the absence of fire sealing around the inside of the doors. Inspectors noted that while cooker hoods in the kitchen were observed as being clean, there was no evidence to support that the internal ducting was cleaned. The build-up of grease in the large cooker hoods is a risk of fire due to its flammable nature and the heated area over the cooker. Therefore, the absence of records of the cooker hood cleaning did not give adequate assurances that the risk was being mitigated. Fire safety issues are outlined further under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

Regulation 13: End of life

Residents' personal wishes and preferences at the end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching the end of life.

Residents and, where appropriate, their relatives were involved in the decision-making process with regard to end-of-life wishes and advanced care plans in consultation with the resident's general practitioner (GP).

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors observed a variety of drinks and snacks being offered to residents throughout the inspection. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meals.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained all the relevant information specified in the regulation, such as a summary of services and facilities and the procedure for making complaints.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken precautions against the risk of fire; however, some improvements were required, for example:

- Unsecured propane gas cylinders were standing outside the external wall of the kitchen and laundry rooms. This presented a risk of fire in the event of a collision with a vehicle in the area or from falling over and rupturing.

The registered provider had made arrangements to contain fires; however, inspectors could not see evidence of fire sealing around the storage room door frames on the first-floor corridor. A significant amount of storage material was stored in these storage rooms, such as incontinence wear, paper towels and maintenance material.

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 |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |

Compliance Plan for Glenashling Nursing Home OSV-0000040

Inspection ID: MON-0039136

Date of inspection: 05/04/2023

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 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the day of the Inspection, the Registered Provider confirms that the propane gas cylinders outside the kitchen of the Centre were secured with a strong metal chain to eliminate/mitigate the risk of the cylinders falling over were they to be struck by an external force. Separately, at all material times vehicular access to the area where the cylinders are located is controlled and restricted.</p> <p>With a view to assuring the Inspectors on the day of the Inspection, it was agreed that the Registered Provider would arrange to encase the cylinders with a decorative and secure timber surround and to leave the top open to the air for ventilation. The Registered Provider confirms that the decorative and secure timber encasement has been installed around the cylinders.</p> <p>The Registered Provider welcomes the Inspectors confirmation that the cooker hoods were indeed observed as being clean on the day of the Inspection.</p> <p>Noting that the Inspectors concentrated on the fact that no written records were available on the day of the Inspection to show, on paper, the cleaning the cooker hoods that were observed by the Inspectors were being clean on the day of the Inspection, the Registered Provider confirms that going forward it will have available for inspection the records maintained in the Centre for the ongoing cleaning the hoods.</p> <p>The Registered Provider has taken steps to review the fire sealing around all storage room door frames on the internal aspect on the first-floor corridor and where there is any absence of sealant same will be fully fire sealed.</p> | |

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 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 31/07/2023 |