



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

Issued by the Chief Inspector

Name of designated centre:	Gormanston Wood Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Gormanston, Meath
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0036679

About the designated centre

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

Gormanston Wood Nursing Home is situated across the road from Gormanston beach in Co Meath. It is registered to care for 89 residents both male and female over the age of 18. The centre provides individualised care to residents who require long term residential, convalescent and respite care. The philosophy is to embrace positive aging and place the resident at the centre of all decisions in relation to provision of their care.

The centre is made up of four separate units, Laurel, Cedar, Elm and Beech a dementia specific unit these units are spread over two floors. The centre has 73 single and seven twin bedrooms, all of which have an ensuite bathroom. Residents have access to mature and colourful gardens from each of the four units.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83
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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 13 April 2022	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents in each of the units during the course of this inspection. Their views on what life was like living in the centre were overwhelmingly positive. Residents said it was a good place to live and all those spoken with enjoyed life in the centre.

The inspector spent time observing practices and viewing the different units. The communication between staff and residents was good. Staff were observed conversing with residents in a kind, patient, friendly and respectful manner. Staff appeared to take time to sit and speak with residents throughout the course of the inspection.

Residents were provided with choices, for example a staff member was observed asking a resident if they would like an alternative to the meal served to them and the resident's chosen meal was provided. Residents confirmed they had a choice at all mealtimes and their choice was respected. Mealtimes were quiet and relaxed.

Staff were available to assist residents with their meals and were seen to facilitate some residents in a discreet and unrushed manner. Residents were offered extra portions at lunch. A number of residents commented that they enjoyed their lunch and confirmed that there were lots of choices available to them and that they loved having the choice of fish over meat. The inspector observed a good selection of drinks being offered to residents and observed that residents had access to a jug of fresh drinking water in their bedroom.

Residents independence was promoted. They had access to internal secure gardens. The inspector saw several residents using easy grip cutlery in the dining room which facilitated them remaining independent. The corridors were clutter free and had hand rails which facilitated residents to mobilise around the centre. The inspector observed residents mobilising independently, with walking aids and where required under the supervision of staff.

The inspector found that the centre was clean and tidy. There were memory boxes located outside some of the bedroom doors, these contained personal photos and items of interest to the resident. There were different colour schemes on each of the units and there was a continuous refurbishment plan in place.

The inspector observed the house keeping staff completing their duties throughout the course of the morning. Cleaning lists had been developed for the cleaning of equipment, residents bedrooms, communal rooms and frequently touched surfaces. The records reviewed were signed by staff. The inspector saw that the equipment in use was clean. For example the house keepers cleaning trolleys. Staff were observed using the hand sanitising gel prior to entering and on leaving a residents bedroom.

Staff were aware of the latest guidelines in relation to visitors. There was a station available inside the front door for temperature checks and hand sanitising facilities were also available. Residents confirmed that they were receiving visitors in their bedrooms.

Residents spoken with had no complaints and were keen to stress that there was nothing to complaint about as they felt they were well looked after in the centre.

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

Overall the inspector found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. The services were delivered by a well-organised team of trained competent staff.

Costern Unlimited Company is the registered provider of Gormanston Wood Nursing Home. The Chief Inspector had been notified of two changes made to the senior management team in 2022. The chief executive officer and director representing the provider together with the person in charge had changed in 2022. They were supported by two clinical operation managers and an assistant director of nursing. The full management team were met on inspection and the inspector found that they were aware of their lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

The compliance plans from the last inspection report were followed up upon and the inspector found that provider had taken appropriate actions to bring the centre into substantial compliance. Additional resources had been put into the premises which facilitated the potential risk of cross contamination and enabled safer infection control practices.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had on the whole been addressed by the provider. Some improvements to the annual review completed for 2021 were required to ensure it met the legislative requirements.

The centre was adequately resourced with appropriate staffing levels to meet the needs of residents. There was a full team of staff on duty which assured the inspector that the needs of residents were being met.

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. The training records were clear and well maintained. However, the inspector noted that an increase in staff supervision was required to ensure staff were adhering to best practice in preventing the spread of infection.

Records reviewed including the directory of residents, certificate of insurance, complaints process and policies and procedures all accessible and on review met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and a provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Regulation 15: Staffing

The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 83 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of one qualified nursing staff on at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The supervision of staff was not robust enough. A number of issues were highlighted during this inspection which did not reflect best practice in relation to staff uniform, wearing of jewellery and wearing of incorrect type of facial masks .

Judgment: Substantially compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of 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 resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The annual review for 2021 was reviewed on inspection. It did not include details of the feedback received from residents in relation to the quality of care they received, this was submitted to the inspector post the inspection. It included an analysis of the findings however, an action plan was required to determine how improvements were going to be addressed where they were required.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. However, one sentence in relation to an annual review for activities charge required review.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2022. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on

display. The complaints policy and procedure identified the person to deal with the complaints, the appeals process and the complaint overseer. It outlined the complaints process, how the outcome of the complaint should be communicated to the complainant and it included contact details for an advocacy service.

The records of complaints reviewed assured the inspector that all complaints were fully investigated in a prompt manner. The records included the outcome of the complaint investigation and the level of satisfaction of the complainant. All complaints on file were closed. There was evidence that they were being closely monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in schedule five were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

There was evidence that residents received a good standard of quality and safe care on this inspection. The inspector found that residents' health, social care and spiritual needs were well catered for. A lot of improvements had been made in relation to infection control practices and the premises however some minor actions were required to further enhance infection control practices and residents nursing assessment.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour were being effectively supported by staff.

Improvements had been made to the premises notably the sluice and laundry rooms. The inspector noted that these rooms had now got the required equipment and facilities insitu. This had reduced the risk of cross contamination within the centre and lead to improved Infection Prevention and Control (IPC) practices, thus better outcomes for residents. However, a strengthening of staff supervision would provide further assurances that staff were adhering to the all the centres policies.

Overall, the premises was in a good state of repair. It was well maintained in side

and out with a continuous refurbishment programme in place. Resident bedrooms were personalised and appeared homely, some had personalised memory boxes outside their bedroom door which enabled residents to recognise their bedroom particularly those living with dementia.

Equipment was observed to be clean, with clear processes in place to identify if, and when it was cleaned. The inspector saw records of the servicing of equipment in line with the manufacturers guidelines

Improvements in the production and management of clinical waste were observed. Minimal clinical waste was being produced therefore there was not an excess of waste on site. However the inspector noted that two small bins containing clinical waste were not locked.

Regulation 11: Visits

The inspector saw that the visiting policy reflected the current Public Health guidelines. There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so. The recommended safety check and sign-in process was in place at the reception desk.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of the residents living in the centre.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place which met the regulatory requirements. A risk register was maintained in respect of both clinical and non-clinical risks. The register was continuously updated.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

- The process in place for disposing clinical waste required review to ensure it was safe.
- Staff were not wearing the face masks recommended in the current public health guidelines as issued by Health Protection Surveillance Centre (HPSC). The inspector was assured this issue was addressed prior to the end of the inspection.
- The process for preventing cross infection when storing hoist slings was not always safe. Slings were observed being stored on hoists in the corridor and it was not clear if these slings were clean.
- Exposed chip board in the staff changing room, appeared wet and therefore could not be cleaned properly.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. Fire drills were being completed on a frequent basis with staff and the outcomes of each fire drill was outlined in most of the fire drill records reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents nursing assessments and care plans were reviewed. Residents had a number of risk assessments completed which were updated on a four monthly basis. However, residents did not have a comprehensive nursing assessment completed and therefore it was difficult to get a clear picture of the resident's health status.

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing hospital care when required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Gormanston Wood Nursing Home OSV-0000131

Inspection ID: MON-0036679

Date of inspection: 13/04/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The nurse in charge of each shift will assign IPC champions to ensure policy is followed and audited. The staff uniform policy was updated to include specific requirements for a staff dress code for Trinity care.</p> <p>Further education and training for staff will be delivered in relation to infection, prevention and control practice. The Managers at Gormanston Wood will continue to audit compliance with the policy and guidance monthly. Gormanston Wood have access to IPC specialist nurse from local hospital (Integrated Care Team) who attends on site for staff training and support in all aspects of infection, prevention and control issues .</p>	
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>The annual review did reflect the survey feedback which was attached in an appendices form to the document. This was submitted to the inspector following the inspection as requested.</p> <p>Monthly resident meetings and monthly feedback in relation to the dining experience and meals was also reported on.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The clinical waste company were contacted and asked to remove those clinical waste bins that could not be fully locked and replace with fully lockable bins. The company have been advised that Gormanston Wood will not accept any other type of bins only fully lockable going forward. This has been completed</p> <p>The nurse in charge of each shift will assign IPC champions to ensure staff are wearing appropriate face masks and that staff on duty are bare below the elbow in accordance with hand hygiene policy.</p> <p>Each resident who requires a hoist sling has their own for personal use held within their rooms. Staff have been reminded of the importance of using residents own sling and ensuring it remains within the resident room at all times. DON advised all staff in relation to leaving resident slings with hoist in communal areas. IPC specialist nurse from local hospital (ICT) conducted a meeting onsite with staff to discuss the importance of resident specific equipment in relation to infection prevention and control.</p> <p>Staff room had new shelving put in place for shoes to facilitate ease of access to clean flooring. Paintwork updated as required behind lavatory and sink areas</p>	
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> <p>Nursing is using the current Comprehensive assessment on EPIC system now and going forward for each resident. There is a project in place to develop this to a more robust assessment through the group with a time frame of August 2022.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/05/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/05/2022
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	30/05/2022
Regulation 5(2)	The person in charge shall arrange a	Substantially Compliant	Yellow	30/08/2022

	comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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