



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:	Short Notice Announced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0041972

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 eight 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:	80
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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 15 November 2023	09:15hrs to 16:15hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector observed that residents appeared relaxed and those spoken with were satisfied with the care they received.

The inspector walked around the centre with the assistant director of nursing and spoke with several residents in each of the units. Residents said the staff were respectful and kind with one resident describing the staff as 'top class'.

The inspector observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for a reply prior to entering. However, the inspector observed that a number of bedroom and bathroom doors did not have privacy locks in place.

There were enough staff on duty to meet the needs of residents. Call bells were answered in a prompt manner. Residents had their call bell by their side when alone in their bedroom. Residents told the inspector that they were having visitors and could meet them either in their bedroom or in the sitting rooms. They said that the staff were very welcoming to their visitors which was important to them.

The inspector noted that residents had access to a jug of fresh drinking water in their bedroom and at lunch there were different choices of meals on offer. Residents said the food was good, they were very happy with the choice of food served and it was always hot when served to them. Lunch was a relaxed affair and, residents were observed enjoying the dining experience. Staff were available to assist residents with their meals in their bedrooms and in the dining rooms.

The internal and external environment was in the process of being upgraded. A lot of environmental upgrades had taken place since the last inspection, and the final areas for upgrading were in the process of being completed. For example, the inspector observed that the flooring in some bedrooms remained outstanding, however the worst damaged ones had been replaced. Walls, wooden doors, door frames and skirting boards had been repaired in some units and the others were in progress or planned but not yet complete.

Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. Clinical wash hand sink had been installed in each of the four units and the inspector found that infection prevention and control practices had improved. However, the wash hand sinks in the treatment rooms did not meet the required standard.

The inspector observed the level of cleanliness throughout the centre, particularly in store rooms, had improved. However, further improvements were required in the hairdressers room and kitchenettes. In the latter two areas, cupboards and shelves were visibly damaged and could not be cleaned properly.

Residents had access to and were seen enjoying both one-to-one and group activities throughout the day. Residents described the activities as great. They said there was a great variety and those spoken with said they loved the Zumba classes and the live music sessions. Others said they just loved going out into the newly refurbished courtyard, taking walks on the beach and participating in any of the many trips out in the van.

Residents records were noted to be locked in a cupboard which assured the inspector they were safe and secure.

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

The governance of this centre was good. This was a short announced risk inspection during which the compliance plan from the previous risk inspection, dated 15 March 2023, was reviewed. The inspector found that most of the compliance plan responses had been implemented and the remaining were in the process of being implemented. The inspector found that further improvements were required in relation to the premises and infection prevention and control.

Costern Unlimited Company is the registered provider of Gormanston Wood Nursing Home. The person in charge was supported by the provider representative, two operation managers and an assistant director of nursing. One of the operation managers joined the person in charge and assistant director of nursing at the feedback meeting. The inspector found that the staff met were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The inspector observed that the audits completed since the last inspection provided assurance that the oversight of practices had been strengthened and the management team had a clear vision of what needed to be done to bring the centre into compliance. They had worked and continued to progress the improvement plan for 2023 to ensure it was implemented in full.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. Staff vacancies were low and vacant posts were being filled in a prompt manner.

Complaints were well-managed. The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly.

An Garda Síochána vetting reports, identification, full employment history together

with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, certificate of insurance, contracts of care and residents' care records were available for review.

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

Regulation 21: Records

The actual and planned staff rosters were available and they reflected the actual staff on duty.

Staff files reviewed contained all the required documents.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspector to view. These were in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard and many improvements had been made across all areas. The inspector found that the overall condition of the premises, infection prevention and control practices and medication administration practices, together with practices that had the potential to infringe on resident rights had improved since the last inspection. Notwithstanding this, further improvements were required under some areas including the premises, infection prevention and control and medication management.

Residents had access to an inter-disciplinary team through the acute sector and the inspector saw evidence that they had access to their general practitioner (GP) including a medical review every four months. The residents' clinical care needs were met and the standard of nursing assessment on admission had improved. Each resident had a comprehensive assessment completed on admission and those reviewed gave a good reflection of the residents' status on admission. End-of-life assessments and care plans were in place for residents.

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

The medication administration was in line with current best practice. However, the signed prescriptions required review to ensure they included the frequency that medications were to be administered.

The premises was going through a period of upgrading. Several areas had been repaired, including floor covering in a number of areas. Storage facilities were meeting the needs of the service with the provision of appropriate safe storage.

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection notably with the installation of a clinical wash hand sink on each unit. Staff now had access to hand wash facilities thus enabling them to prevent the spread of infection. However, the position of one of these sinks required review as it was located within a toilet area and wash hand sinks in the treatment rooms did not meet the required standard for clinical wash hand sinks.

All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. However, some bedrooms, en-suite and communal bathroom doors did not have privacy locks insitu, which required review to ensure it did not have

adverse impact on residents' privacy rights.

Residents had access to storage for their personal possessions. A key was available to all residents to facilitate the secure storage of personal belongings.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings including a lockable area for safekeeping.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified, which were not in line with Schedule 6 requirements:

The centre was not in a good state of repair inside, for example;

- Wooden doors leading into communal rooms and bedrooms, door frames and skirting boards were heavily chipped with paint missing and inner wood exposed.
- Some furniture including bed frames, bedside tables, and bed side furniture were in a poor state of repair and could not be cleaned properly due to peeling surfaces.
- There were no privacy locks on some bedroom, en-suite and communal bathroom doors.
- Notwithstanding the work completed, some flooring required replacing to ensure safe floor covering. The inspector acknowledges that plans in this respect were in progress of being completed.
- The shelving units in the hairdressers room and acknowledges in the kitchenettes were damaged and could not be cleaned properly.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that all infection prevention and control procedures were consistent with the National Standards for infection prevention and control in community services, 2018 published by HIQA, specifically in the following areas:

- The seals at the base of toilets were not clean and required review.
- Some kitchenette cupboards were chipped and therefore, could not be cleaned thoroughly.
- The position of the clinical wash sink in Beech unit was not directly accessible to staff; they had to enter a toilet area to access the sink which posed a risk of cross-contamination, as well as restricted accessibility when the toilet was in use.
- The clinical wash hand sinks in the treatment rooms did not meet the required specifications for clinical wash hand sinks.
- Some rubbish bins in the centre were not hands free and therefore did not facilitate good infection control practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The computerised medication prescription charts did not reflect the frequency medications were to be administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person centered and reflected the residents whom the inspector had met on the day. Each resident

reviewed had a comprehensive assessment in place, which was completed in detail, the risk assessments were also completed and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gormanston Wood Nursing Home OSV-0000131

Inspection ID: MON-0041972

Date of inspection: 15/11/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Full repaint of internal premises to be completed, damaged doors identified and remedial action will be taken to paint and repair. Audit of premises furniture undertaken and plans to replace damaged furniture in progress. Privacy locks reviewed for residents and plans to ensure all bedrooms have privacy locks in place. Floors completed in bedrooms and Beechunit. Shelving completed in hairdressers room and kitchenettes will be replaced by 31.01.24</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Toilets were audited and damaged seals identified and repairs in progress. Kitchenette presses will be replaced by 31.01.24. The access to the clinical sink is under review to ensure ease of access.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

The frequency was reviewed with the pharmacy provider and it was established that the time is applied by the general practitioner which identifies the frequency required for regular medication. The frequency is identified in all prn medication. The pharmacy provider has determined from NMBI and The Pharmaceutical Society of Ireland that the database meets the regulations.

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	31/03/2023
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	31/03/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Substantially Compliant	Yellow	21/12/2023

	the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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